



	S Name:	PWSID:		County:	Population:	
Kenston Intermediate School		011001	10.10		3.000 ■ \$2.00±0.00000000000000000000000000000000	
21/4/0	A delegan	OH284	4612	Geauga		
	S Address: 25 Snyder Rd	Phone: 440-543-	9722	Sampling begin date: 7-5-18	Sampling end date: 7-5-18	
	Monitoring Schedule: □	"6 month" or "o	ptional"	X□ "annual" or "trie	ennial"	
later	ern this completed form by mail or fa than 10 days after the end of the m porting documentation for a minimu	onitoring perio	od). Ret	hio EPA district office (ain a copy of this repor	receipt being no t in your files with	
L	ead and Copper Tap Mon	itoring (Fi	rst-Dra	aw Samples)		
a.	Number of sampling sites required:	5	Number	of samples analyzed:5		
	If the number of samples analyzed is less than the si water system, then explain why:			number of sampling sites	s required for your	
D.	Were all sampling sites tier 1 sites? () Yes (X)No		If no, explain: They are Tier 2			
C.	Were 50% of your lead samples from sites with Lead Service Lines? () Yes X) No		If no, explain: Copper			
d.	Have any of your sampling sites changed since the last monitoring period? () Yes (X) No	If yes, state which sites and explain:				
e.	90 th % Lead Level (mg/L): <.002		90 th 9	% Copper Level (mg/L):		
mg/laddi addi l cert taker motio that e proce	en the 90 th % Lead Level is 0.0 L (or higher), contact your (itional requirements. If that each first-draw lead and copper from a kitchen or bathroom cold-water onless in the service line and in the interest tap sample collected by residents and the collected by residents and	Thio EPA description of the collection of the collection of a drink description of the collection of t	istrict eted for outling founts of the san er the wat	office within three or water system was one ain, and, to the best of my appling site for at least six er system informed them accordinge	business days for liter in volume, was y knowledge, had stood hours. I further certify	
	V					
For C	Ohio Received Monitoring use Date: Period:	Approv	/ed: () Y	'es ()No		





DRINKING WATER LEAD AND COPPER MONITORING REPORT

PWS Name:	PWSID:	County:	Population:	
Timmons Elementary School	OH 2861312	Geauga		
PWS Address:	Phone:	Sampling begin date:	Sampling end date:	
9595E.Washington St Chagrin Falls, Oh. 44023	440-543-8241	7-5-18	7-5-18	
Monitoring Schedule:	'6 month" or "optional"	☐ "annual" or "trie	nnial"	

Return this completed form by mail or fax to the appropriate Ohio EPA district office (receipt being no later than 10 days after the end of the monitoring period). Retain a copy of this report in your files with supporting documentation for a minimum of 12 years.

Lead and Copper Tap Monitoring (First-Draw Samples)

a.	Number of sampling sites required:	10	Number of samples analyzed: 10	
	If the number of samples analyzed is water system, then explain why:	less than t	he standard number of sampling sites required for	your
b.	Were all sampling sites tier 1 sites? () Yes (χ)No	If no, exp	lain: They are Tier 2	
C.	Were 50% of your lead samples from sites with Lead Service Lines? () Yes (X) No	If no, exp	lain: Copper	
d.	Have any of your sampling sites changed since the last monitoring period? () Yes (X) No	If yes, sta	ate which sites and explain:	
е.	90 th % Lead Level (mg/L):	002	90 th % Copper Level (mg/L): 0.22	

When the 90^{th} % Lead Level is 0.0155 mg/L (or higher) or the 90^{th} % Copper Level is 1.350 mg/L (or higher), contact your Ohio EPA district office within three business days for additional requirements.

I certify that each first-draw lead and copper sample collected for our water system was one liter in volume, was taken from a kitchen or bathroom cold-water tap or a drinking fountain, and, to the best of my knowledge, had stood motionless in the service line and in the interior plumbing of the sampling site for at least six hours. I further certify that each tap sample collected by residents was taken after the water system informed them of proper sampling procedures.

Josh Goodridge

Signature of Operator of Record		Record	Date	Prir	nted Name		
For Ohio EPA use	Received Date:	Monitoring Period:		Approved:	()Yes	() No	

7-12-18

FDA	EINE	(Day)	4/16)

only:





PWS Name: Gardiner Center		PWSID: OH2832	2512	County: Geauga	Population:	
PWS Address: 9421 Bainbridge Rd Chagrin Falls, Ohio 44023 Phone: 440-785		Phone: 440-785-3	3585	Sampling begin date: 7-5-18	Sampling end date: 7-5-18	
	Monitoring Schedule: □	"6 month" or "	optional'	' X annual" or "trier	nnial"	
later	ern this completed form by mail or fax than 10 days after the end of the mo porting documentation for a minimum	nitorina perio	priate C	thio EPA district office tain a copy of this repo	(receipt being no rt in your files with	
L	ead and Copper Tap Moni	toring (Fi	rst-Dr	aw Samples)		
a.	Number of sampling sites required:		Number	of samples analyzed:		
	If the number of samples analyzed is less than the standard number of sampling sites required for water system, then explain why:					
b.	Were all sampling sites tier 1 sites? () Yes (X)No	If no, explain: No Tier 2				
C.	Were 50% of your lead samples from sites with Lead Service Lines? () Yes (X) No	If no, explain: Copper				
d.	Have any of your sampling sites changed since the last monitoring period? () Yes (X) No	If yes, state v	which sit	es and explain:		
e.	90th % Lead Level (mg/L): .002		90 th	% Copper Level (mg/L):	.020	
mg/l addi I cert taken motio that e proce	en the 90 th % Lead Level is 0.0° L (or higher), contact your O itional requirements. ify that each first-draw lead and copper of from a kitchen or bathroom cold-water onless in the service line and in the interesent tap sample collected by residents and its properties.	hio EPA di sample collect tap or a drinki ior plumbing of was taken after	ed for our or	office within three or water system was one ain, and, to the best of m inpling site for at least six ter system informed then coodridge	liter in volume, was y knowledge, had stood hours. I further certify	
	ignature of Operator of Record Date		Printed Na	ame		
For O EPA only	use Date: Period:	Approve	ed: ()\	/es () No		





PWS	Name:	PWSID:		County:	Population:		
Kenston High School		OH2873	712	Geauga			
PWS Address: 17419 Snyder Rd Chagrin Falls, Ohio 44023		Phone: 440-543-9821		Sampling begin date 7-5-18:	Sampling end date: 7-5-18		
	Monitoring Schedule: ☐ "6	6 month" or "op	otional"	X□ "annual" or "t	riennial"		
later supp	rn this completed form by mail or fax than 10 days after the end of the mo porting documentation for a minimum	nitoring perion of 12 years.	d). Ret	ain a copy of this repo			
L a.	ead and Copper Tap Moni Number of sampling sites required:10			aw Samples) of samples analyzed:1	0		
	PERSONAL DE LA PROPERTIE DE LA		the standard number of sampling sites required for your				
b.	Were all sampling sites tier 1 sites? () Yes (X)No	If no, explain: They are Tier 2					
C.	Were 50% of your lead samples from sites with Lead Service Lines? () Yes (X) No	If no, explain: Copper					
d.	Have any of your sampling sites changed since the last monitoring period? () Yes (X) No	If yes, state	If yes, state which sites and explain:				
e.	90th % Lead Level (mg/L):<2		90 th	% Copper Level (mg/L)			
	.00	02			.190		
mg/ add I cert taken motion that	en the 90 th % Lead Level is 0.0 L (or higher), contact your O itional requirements. This ify that each first-draw lead and copper or from a kitchen or bathroom cold-water onless in the service line and in the intereach tap sample collected by residents edures.	hio EPA di r sample collect r tap or a drinki rior plumbing o	istrict ted for or ing fount of the sar	office within thre ur water system was on ain, and, to the best of a	e business days for the liter in volume, was my knowledge, had stood ix hours. I further certify		
		7-11-18	Josh G	Goodridge			
,	bigrature of Aecord Date		Printed N	anie			
For 0		Approv	ed: ()	/es () No			
FPA	use Date: Period:						





PWS Name: Kenston Middle School PWS Address: 17425 Snyder Rd		PWSID: OH2844412 Phone: 440-785-3585		County:	Population:
				Geauga	
				Sampling begin date: 7-3-18	Sampling end date: 7-3-18
	Monitoring Schedule: "6	6 month" or "o	ptional"	X□ "annual" or "ti	iennial"
later	rn this completed form by mail or fax than 10 days after the end of the mo orting documentation for a minimum	nitoring perio	od). Ret	hio EPA district office tain a copy of this repo	(receipt being no ort in your files with
L	ead and Copper Tap Moni	toring (Fi	rst-Dr	aw Samples)	
a.	Number of sampling sites required:10)	Number	r of samples analyzed:1	0
	If the number of samples analyzed is less than the standard number of sampling sites req water system, then explain why:				
b.	Were all sampling sites tier 1 sites? () Yes (X)No	If no, explain: They are Tier 2			
C.	Were 50% of your lead samples from sites with Lead Service Lines? () Yes X) No	If no, explain: Copper			
d.	Have any of your sampling sites changed since the last monitoring period? () Yes (X) No				
e.	90 th % Lead Level (mg/L): <.002		90 th .170	% Copper Level (mg/L)	
mg/ add I cert taker motio	en the 90 th % Lead Level is 0.0 L (or higher), contact your O itional requirements. If that each first-draw lead and copper or from a kitchen or bathroom cold-water onless in the service line and in the interest tap sample collected by residents and the service line and in the interest of the sample collected by residents	Phio EPA of sample collect tap or a drink rior plumbing of was taken afte	listrict cted for o king fount of the sai er the wa	office within thre	e business days to be liter in volume, was my knowledge, had stock ix hours. I further certify
that e	7-12-18 Signature of Operator of Record Date		Printed N		