



Ann Arbor Water Treatment Plant
919 Sunset Road Ann Arbor, MI 48103
734-994-2840

Instructions for Lead & Copper Sample Collection

Dear Resident:

Thank you for helping us to monitor for lead and copper in your drinking water!

If you follow the procedure below, you will be providing us with a water sample that has remained in your pipes for 6-10 hours so we can measure the amount of lead and copper that your plumbing materials may be leaching into your drinking water.

Please call **734-994-2840** if you have any questions. If you forget to set your sample on your porch on your scheduled pick up date, please call us to schedule another time.

1) Prepare

Select a faucet in the kitchen or bathroom that is **commonly used for drinking**. The water **cannot go through any filters** before it reaches the collection container. If you don't have a faucet without a filter, or if you are unsure how to bypass the filter, please contact us at 734-994-6526.

2) Flush

Flush the faucet with **cold water for 5 minutes**.

3) Let water sit

Turn off the water and **let your water sit, unused, throughout your home, for at least 6 hours but no more than 10 hours**. Most people do this overnight or while at work.

4) Collect the sample

NOTE: **DO NOT** turn on the faucet until you are ready to collect your sample. **We need the water that has sat in your pipes.**

Fill the sample bottle to the neck with the **"first draw"** of water from the cold water faucet that you flushed at least 6 hours previous. Cap the bottle tightly.

5) Fill out the form

Fill out the back of this form and place it on your doorstep with the sample.

We will be picking up in your area on: _____

Please call us at 734-794-6526 if you need to schedule a different pickup date.



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Important Information about Your Sample

If the following data isn't provided, we cannot process your sample.

Please answer the following questions:

Name: _____

Address: _____

Phone: () _____

When did you flush the faucet ?	Date :	Time:	AM / PM
Did you flush the water in that faucet for at least 5 minutes <u>prior to letting it sit</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you let the water sit unused for 6-10 hours before you filled the bottle ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When did you fill the bottle ?	Date :	Time:	AM / PM
Did you fill the bottle from the same faucet that was flushed 6-10 hrs before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO , explain):			
Which faucet did you use to fill the bottle? <input type="checkbox"/> Kitchen <input type="checkbox"/> Main Bathroom <input type="checkbox"/> Other (If OTHER , describe):			
What is the approximate age of this faucet ?			
What type of plumbing/piping connects to this faucet?			
What is the approximate age of this plumbing/piping ?			
Is this faucet connected to a home treatment device such as a water softener, a reverse osmosis unit, an iron removal device, OR is any kind of additive used in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES , describe):			
If YES , did you bypass this device before sample collection? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Thank you again for your help! Results will be mailed to you within 30 days.