## Attachment F - Pre – Sampling Water Use Certification

(Complete for each school)

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| **TO BE COMPLETED BY THE <<SCHOOL NAME>> DISTRICT REPRESENTATIVE:** |
| School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Sample collection address: |  |  |
| Water was last used: | Time: | Date: |
| Sample commencement: | Time: | Date: |
| I have read the (**INSERT SCHOOL DISTRICT NAME)** Lead Drinking Water Testing Sampling Plan and Quality Assurance Project Plan and I am certifying that samples were collected in accordance with these plans. |
| Signature | Date |