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OHIO EPA NEDO

**VERIFICATION FORM FOR COMMUNITY PUBLIC WATER SYSTEMS
CLAIMING NO LEAD SERVICE LINES**

The owner or operator of all community public water systems must identify and map areas of their distribution system that are known or are likely to contain lead service lines. Systems must submit a copy of the applicable map to the Ohio Department of Health and the Ohio Department of Job and Family Services. Systems must also submit a report to the director containing at least both of the following: (1) The applicable map with narrative, and (2) A list of sampling locations used to collect samples as required by Ohio Revised Code (ORC) Section 6109.121 and any rules adopted thereunder, including contact information for the owner and occupant of each sampling site.

Should a water system determine no lead service lines exist in their distribution system, they must provide information stating they reviewed, at the minimum, historical permit records and local ordinances, distribution maintenance records and information pertaining to installation dates or materials for all services lines. This information must be verified below.

I HEREBY CERTIFY THAT THE FOLLOWING METHOD(S) WERE USED TO DETERMINE NO LEAD SERVICE LINES EXIST IN THIS WATER SYSTEM'S DISTRIBUTION SYSTEM, AS REQUIRED BY ORC 6109.121(F):

| LEAD SERVICE LINE VERIFICATION | |
|---|---|
| This PWS states they have no lead service lines and has reviewed the following information (select one or more of the following): | |
| <input type="checkbox"/> | Historical permit records and/or local ordinances |
| <input checked="" type="checkbox"/> | Distribution maintenance records (i.e. meter replacement, waterline break repairs) |
| <input checked="" type="checkbox"/> | Information pertaining to installation dates for all service lines (i.e. after 1986 when lead services lines were banned) |
| <input checked="" type="checkbox"/> | Service line material of all service lines is known (i.e. all service lines are known to be PVC) |

David M. Mullet

02/28/2017

| | |
|--|------|
| Signature of Responsible Person | Date |
| David M. Mullet - Water Operator of Record | |

Printed Name and Title of Responsible Person

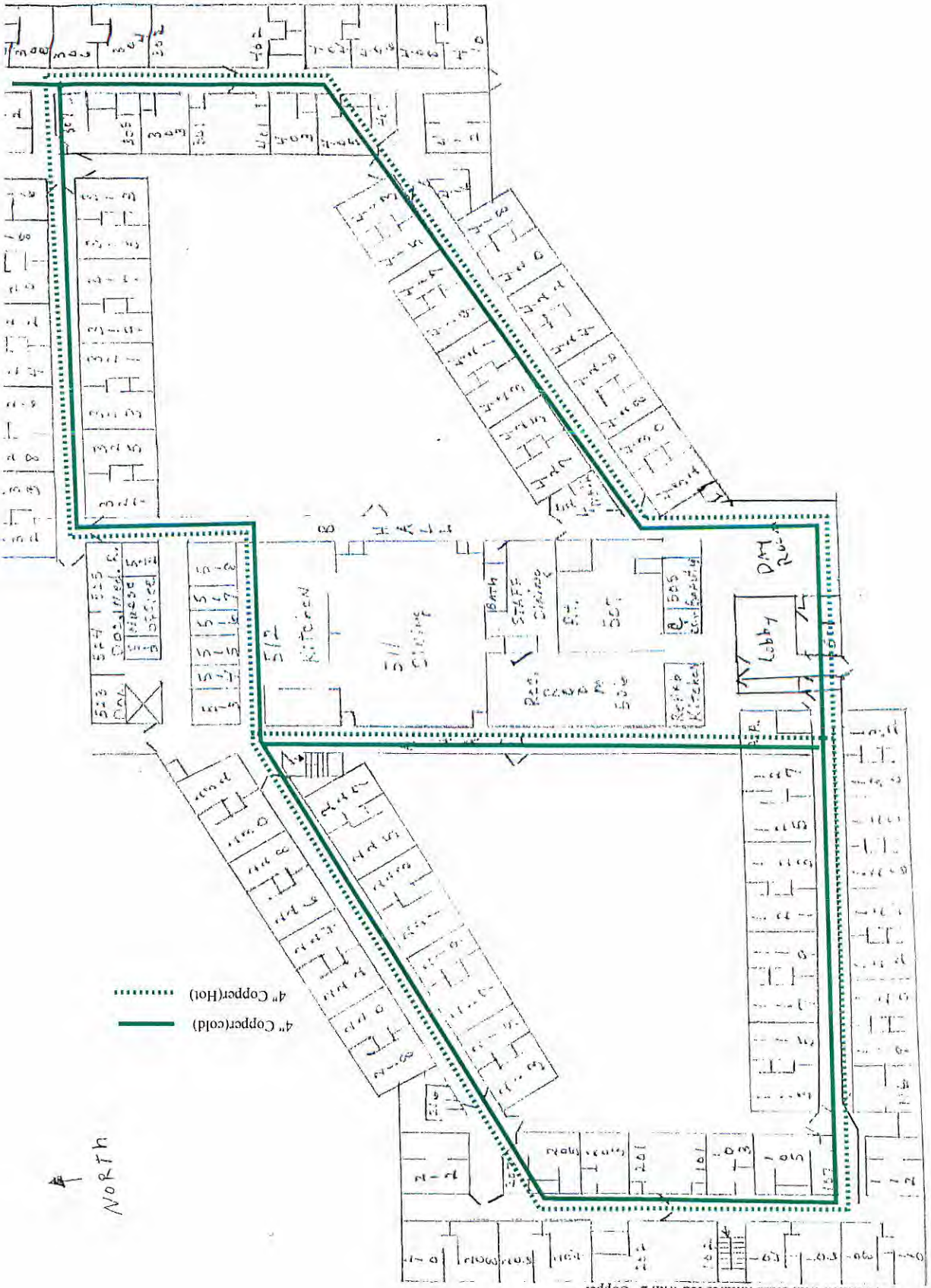
PWS NAME: Castle Nursing Homes Inc
PWS ID: OH 3801112
COUNTY: Holmes

| |
|--------------------------------|
| For Ohio EPA use only: |
| Date Verification Rec'd: _____ |

Entity: Castle Nursing Home
Doc Type: Permit
Doc Subtype: _____
Program: DPAGW
County: Holmes
Secondary ID: JA3801112

eDoc in color





1 kitchen with brass fixtures fed with 2" Copper

2 public restrooms with brass fixtures fed with 1/2" copper

4 nursing stations with brass fixtures fed with 1/2" copper

84 Patients Rooms with brass fixtures fed with 1/2" copper

upgrades with plastic of lead free fixtures upgrades with lead free solder

First Floor - Plan Built 1974 80/20 Solder/Tier 3 CuPB<83 all

8067 TR 334 Millersburg 330 674-0015

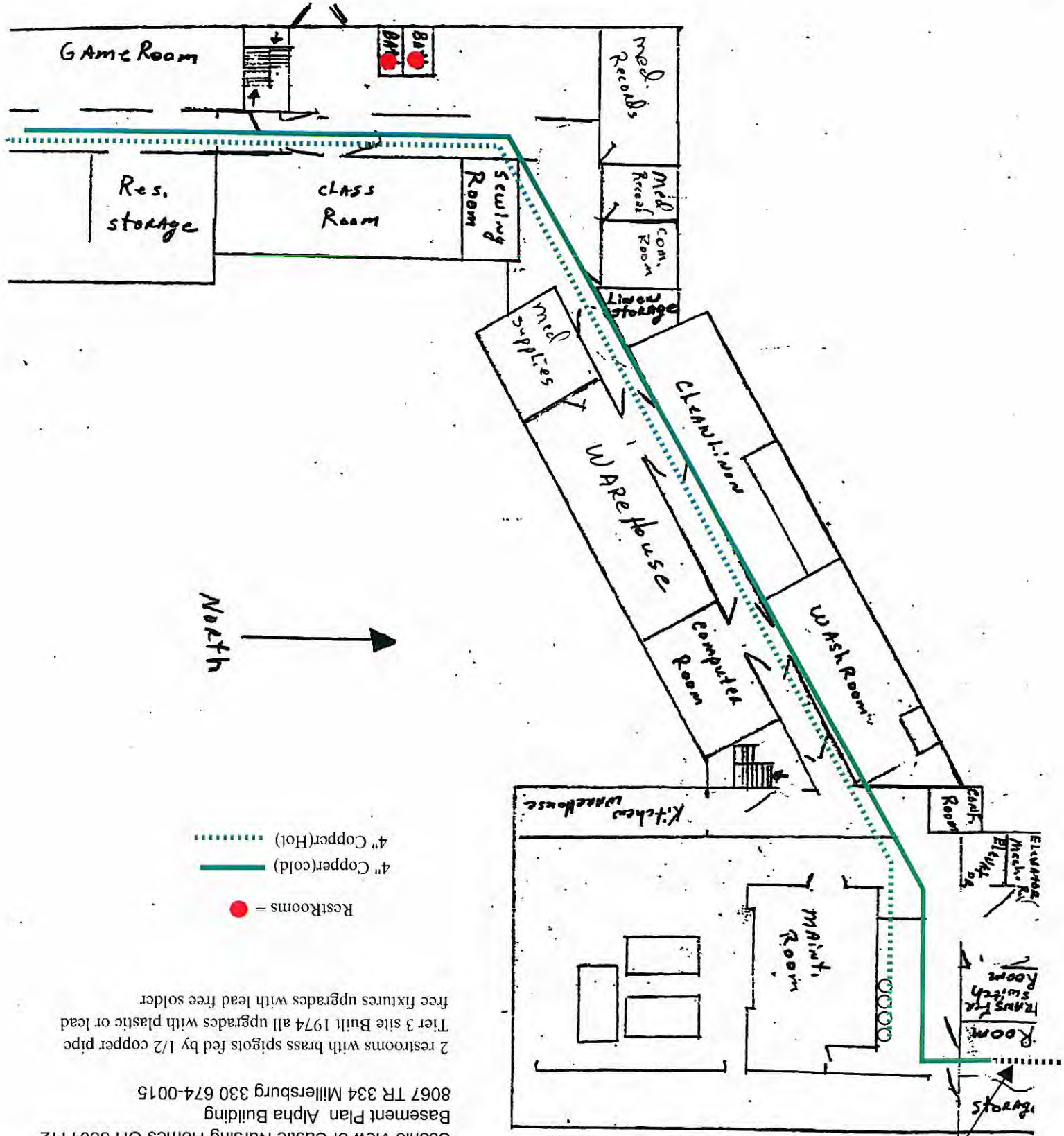
Scenic View of Castle Nursing Homes OH 3801112 Alpha Building

Scenic View of Castle Nursing Homes OH 3801112
 Basement Plan Alpha Building
 8067 TR 334 Millersburg 330 674-0015

2 restrooms with brass spigots fed by 1/2 copper pipe
 Tier 3 site Built 1974 all upgrades with plastic or lead
 free fixtures upgrades with lead free solder

Restrooms = ●
 4" Copper(cold)
 4" Copper(Hot)

North →

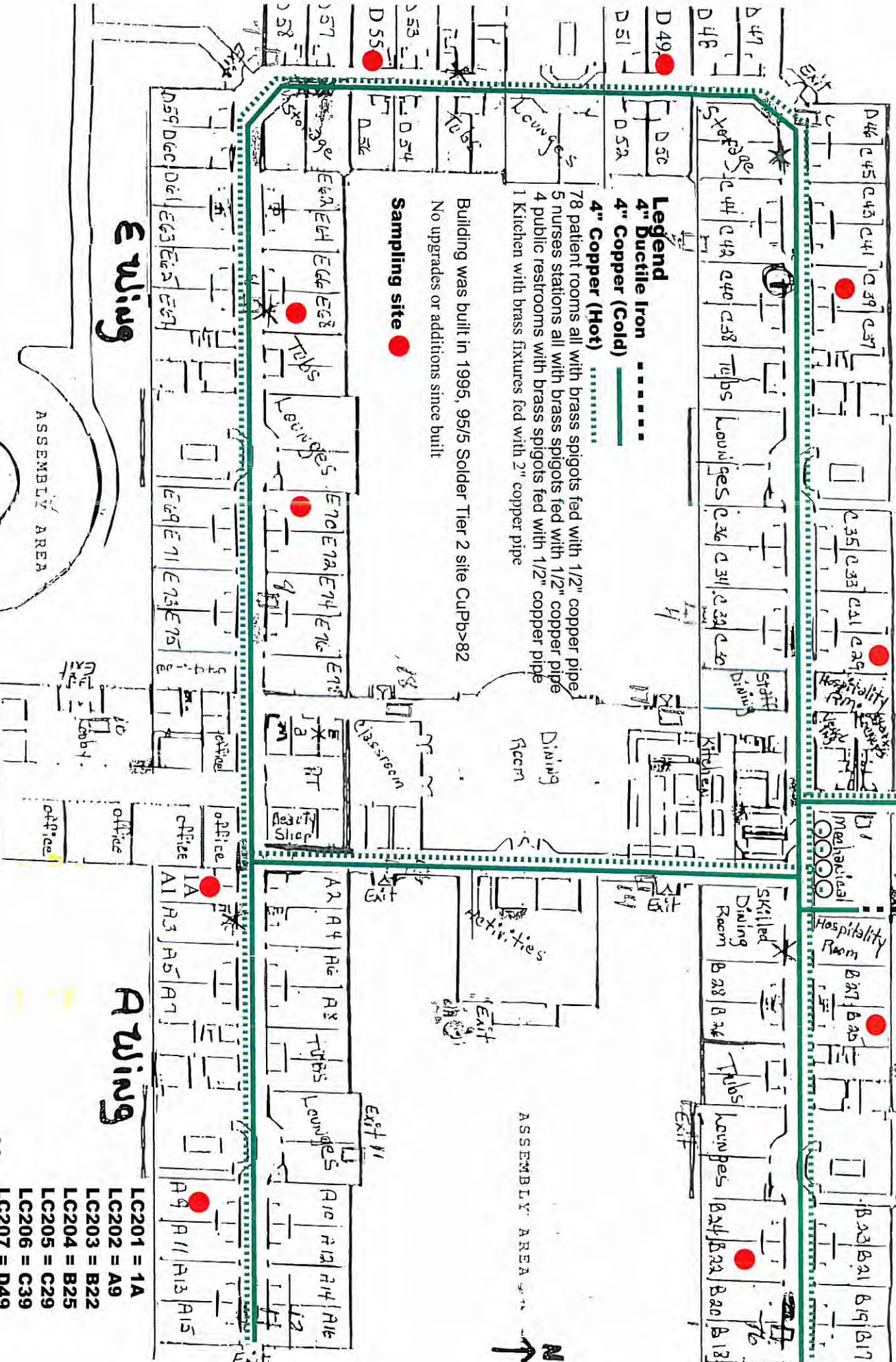


From Tower 4" Ductile

C Wing

B Wing

From Tower



Legend
 4" Ductile Iron - - - - -
 4" Copper (Cold) - - - - -
 4" Copper (Hot) ······

78 patient rooms all with brass spigots fed with 1/2" copper pipe
 5 nurses stations all with brass spigots fed with 1/2" copper pipe
 4 public restrooms with brass spigots fed with 1/2" copper pipe
 1 Kitchen with brass fixtures fed with 2" copper pipe

Building was built in 1995, 95/5 Solder Tier 2 site CuPb>82
 No upgrades or additions since built

Sampling site ●

- LC201 = 1A
- LC202 = A9
- LC203 = B22
- LC204 = B25
- LC205 = C29
- LC206 = C39
- LC207 = D49
- LC208 = D55
- LC209 = E68
- LC210 = E70