

HEBERT WATER SYSTEM

6252 Hwy561

Columbia, Ia. 71418

Public water systems are required to comply with La. Department of Health and Hospital Regulations. These regulations come down from the Environmental Protection Agency.

Hebert Water is required to complete a lead service line inventory and submit it to La. Department of Health and Hospitals. We are now mandated to inventory lead service lines on our side of the meter and on the customer's side. We will identify any lead lines on our side of the meter.

Please help us identify customer lead service lines .Most service line connections in the area will be non-lead but we must have a written record for each connection. Please answer the following questions concerning your water connection. Any connection listed as unknown will be considered a lead connection. Any service connection without a returned survey will be subject to disconnection, therefore please return and complete by July 1st 2023.

La. Department of Health and Hospitals will release lead service line replacement guidelines as they come down from E.P.A. We understand this is a burden on both the customer and the water system. Thank you for your understanding.

Sincerely,



Dale Sellers, Board President

Water Service Connection Survey ADDRESS

LOCATION

6/12/23
Was your water line connection to your home installed after 1988? YES or NO or DON'T KNOW

If yes, this is after the lead ban on water supply materials. Your connection would be non lead. Go to bottom of form and certify the data.

In no, please tell us the estimated date of installation. _____

Circle the material used in the installation

LEAD NON-LEAD (TYPE) _____ PVC, GALVANIZED, PECS, UNKNOWN

IF YOU DON'T KNOW INSTALLATION DATE, STILL PROVIDE MATERIAL USED AT YOUR CONNECTION.

I CAN BE REACHED AT _____ MY DRIVERS LICENSE # IS _____

PLEASE ADD LEGAL SPOUSE TO BILLING RECORD. _____ (SIGNATURE must match billing record. Contact us immediately if customer has deceased.)

I CERTIFY THAT THIS INFORMATION IS CORRECT.

CUSTOMER NAME (PRINT)

SIGNATURE _____

DATE _____