

System Name Caston School	PWSID 2250003	Date (Month, Day, Year) 11/19/24
------------------------------	------------------	-------------------------------------

Nontransient Lead and Copper Site Plan

To complete the table below and fill in the columns, please see the below instructions.

1. In column one of Table 1, identify sample name to give to the lab. Using LCR001, LCR002, etc will allow us to identify each location.
2. In column two of Table 1, identify sampling locations. Note: this location should be different for each sample taken.
3. In column three of Table 1, identify pipe material. The material may be the same or different from other locations based on when the installation occurred.
4. In column four of Table 1, identify the age of the pipe, or when the installation occurred. A building may be older but have had their plumbing upgraded.
5. If the age of the pipe is unknown, try to get the age of the building.

Table 1

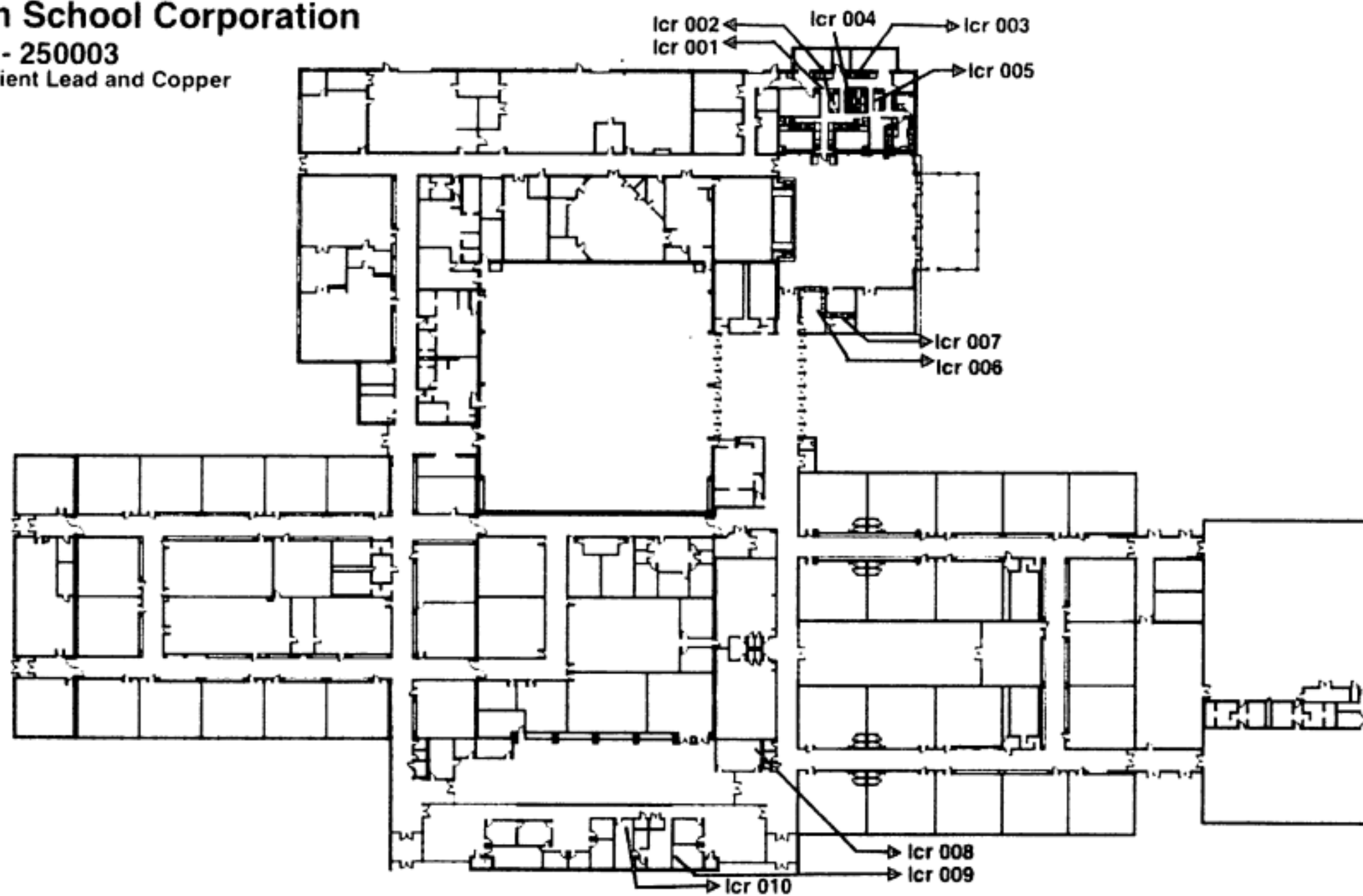
Example:

Site Number	Location	Pipe Material	Age of Pipe
LCR000		Lead, Copper (penny colored), Plastic, or Galvanized (holds a magnet)	Year Installed
lcr 001	kitchen 1	Copper (Penny Colored)	2017
lcr002	Kitchen 2	Copper (Penny Colored)	2017
lcr003	Kitchen 3	Copper (Penny Colored)	2017
lcr 004	Kitchen 4	Copper (Penny Colored)	2017
lcr005	kitchen 5	Copper (Penny Colored)	2017
lcr006	south lobby concession 1	Copper (Penny Colored)	2017
lcr007	south lobby concession 2	Copper (Penny Colored)	2017
lcr008	guidance office elementary	Galvanized(Hold Mag.)	1967
lcr009	elementary copy room	Galvanized(Hold Mag.)	1967
lcr010	nurse office	Galvanized(Hold Mag.)	1967

Caston School Corporation

PWSID - 250003

Non-transient Lead and Copper
Site Plan



System Name Caston School Corporation	PWSID 225003	Date (Month, Day, Year) 11/19/24
--	-----------------	-------------------------------------

6. Draw a map of your system showing the locations of the lead and copper sample locations. If you used LCR000 (Sample Location), you can put LCR001, LCR002, etc., on your map. These should match your list in Table 1.

Schematic Map

Once completed, submit this form to the Indiana Department of Environmental Management Drinking Water Branch via e-mail, mail, or fax. Retain a copy for your records.

Signature <u>Dan Ringen</u>	Date (Month, Day, Year) <u>12-12-2024</u>	Mail or e-mail to: Indiana Department of Environmental Management 100 N. Senate Ave, IGCN Room 1201 Indianapolis, IN 46204 DWBMGR@idem.in.gov
Printed Name <u>Dan Ringen</u>	<u>12-12-2024</u>	