

**WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DRINKING WATER TREATMENT REVOLVING FUND  
LEAD SERVICE LINE REPLACEMENT RECIPIENT CHECKLIST**

**Loan Recipient:** \_\_\_\_\_  
**Project Name:** \_\_\_\_\_  
**DWTRF Project #:** \_\_\_\_\_  
**Customer Address:** \_\_\_\_\_ **Installation Type:** \_\_\_\_\_  
**Installer:** \_\_\_\_\_ **License #:** \_\_\_\_\_  
**LSL Training Date:** \_\_\_\_\_ **Installation Date:** \_\_\_\_\_

Have the following required documentation have been received, reviewed, and recorded for this LSL Replacement (LSLR):

	Yes	N/A
1 Agreement between customer and installer?	<input type="checkbox"/>	
2 Copies of permits?	<input type="checkbox"/>	
3 Copy of plumber or contractor's license?	<input type="checkbox"/>	
4 Approval of costs above the funding cap, if necessary?	<input type="checkbox"/>	<input type="checkbox"/>
5 Photographs of the installation (before, during, and after construction)?	<input type="checkbox"/>	
6a Installer's invoice?	<input type="checkbox"/>	
6b If complete installation, were both sides completed within 6 months?	<input type="checkbox"/>	
7 Build America Buy America certifications for all materials?	<input type="checkbox"/>	
8 De Minimis tracking sheet included?	<input type="checkbox"/>	
9 Compliance with Davis Bacon Act?	<input type="checkbox"/>	
10 Inspections completed by recipient to verify and certify installation?	<input type="checkbox"/>	
11 Was LSL abandoned in-place, removed and disposed of, or removed and recycled?		
11a If disposed of, was disposal in accordance with 40CFR261?	<input type="checkbox"/>	
12 Customer's lines have been flushed and tested?	<input type="checkbox"/>	
13 Customer given a filter pitcher with instructions?	<input type="checkbox"/>	
14 If partial replacement, documentation of:		
14a Required attempts to have customer with a LSL replaced and their refusals prior to partial replacement?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If 14a is marked Yes, 14b through 14g must be completed.</b>		
14b Initial Refusal <input type="checkbox"/> Three Follow-Up Attempts <input type="checkbox"/>		
14c Describe each follow-up attempt below (Note: One must be in-person):		
14d Information given to homeowner discussing the health effects of lead lines?	<input type="checkbox"/>	
14e Information given to homeowner indicating that the LSLR will be made at no cost to them?	<input type="checkbox"/>	
14f After a minimum of two follow-up attempts, did the homeowner sign a certification of refusal?	<input type="checkbox"/>	
14g Customer's side of the service line is lead-free obtained prior to completion of the Utility's side?	<input type="checkbox"/>	<input type="checkbox"/>
14h Utility's side of the service line is lead-free obtained prior to completion of the Customer's side?	<input type="checkbox"/>	<input type="checkbox"/>

Note: General information at the top of the form plus items 1 thru 6a and items 14 thru 14h must be submitted along with the DWTRF LSL Replacement Payment Certification for reimbursement.

**Comments:**

Note: This checklist and attached documentation must be made available for review by WVDEP and/or USEPA during inspections.

Recipient's LSLR Reviewer: \_\_\_\_\_  
Date: \_\_\_\_\_