



MARYLAND DEPARTMENT OF THE ENVIRONMENT
 Water Supply Program, 1800 Washington Blvd, Suite 450, Baltimore, MD 21230
 410-537-3729 • 1-800-633-6101 x 3729 • Fax: 410-537-3157
Reporting.leadsschoolwater@maryland.gov

WAIVER APPLICATION TYPE 1 — Prior Testing
 Lead in Drinking Water— Public and Nonpublic Schools

To qualify for this waiver, all drinking water outlets in the school building must have been tested for lead after April 8, 2013, by a state-certified laboratory. All test results must have been at a level of 5 ppb or lower in all drinking water outlet samples.

Please send the following information along with the completed application form to the address listed above:

- A. The Laboratory Results Reporting Form with most recent testing results; and
- B. A copy of the laboratory analysis report signed by the Laboratory Director

If emailing, include the words “WAIVER Type 1” and school name in subject line.

I. GENERAL SCHOOL INFORMATION:

School Name: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

School Building Name/ID #: _____

School Type (Check Below):

School Type

Public

Charter

Nonpublic

Identification Number

Public School Construction Number (PSC#): ____ - ____ - ____

Charter School ID #: ____ - ____ - ____

Nonpublic School ID #: 09 - ____ - ____ - ____

II. DESIGNATED RESPONSIBLE PERSON:

Name: _____ Title/Position: _____

Telephone #: _____ Email Address: _____

III. LEAD TESTING INFORMATION:

Were all drinking water outlets in the school building tested for lead after April 8, 2013? Yes No

Sample Date(s): _____

Number of water outlets in building: _____

Types and number of outlets sampled (Check all that apply and indicate number of each type):

| Outlet Type | # of Outlets |
|--|---------------------|
| <input type="checkbox"/> Water Fountains (Bubblers) | _____ |
| <input type="checkbox"/> Water Fountains (Water-Cooler Type) | _____ |
| <input type="checkbox"/> Kitchen Sinks | _____ |
| <input type="checkbox"/> Bathroom Sinks | _____ |
| <input type="checkbox"/> Nurse's Office/Health Room Sinks | _____ |
| <input type="checkbox"/> Teachers' Lounge Sinks | _____ |
| <input type="checkbox"/> Home Economic Sinks | _____ |
| <input type="checkbox"/> Classroom Sinks | _____ |
| <input type="checkbox"/> Special Education Classroom Sinks | _____ |
| <input type="checkbox"/> Ice Machines | _____ |
| <input type="checkbox"/> Vending Machines | _____ |
| <input type="checkbox"/> Other (Specify): _____ | _____ |

V. CERTIFICATION:

By signing below, I certify that all statements in this waiver application are true and correct, and that all indicated tasks and activities have been completed in full. I acknowledge that MDE and/or MSDE may request documentation at any time, may enter school buildings upon reasonable notice, and may immediately revoke a waiver upon discovery of incomplete or erroneous documentation.

Designated Responsible Person Signature

Date

Designated Responsible Person Name (Printed)

Title