



# OKLAHOMA DRINKING WATER LEAD TESTING IN SCHOOLS

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

## SCHOOL INFORMATION

School District Name \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Facility Administrator \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

## BACKGROUND INFORMATION

Does the school contain any of the following:

Preschool       Kindergarten       Grades 1 – 5       Grades 6-12

Original school construction date \_\_\_\_\_

Where do you get your drinking water from?

Public Water Supply       Private Well

Has your school tested for lead in drinking water in the past?       Yes       No

If yes, when: \_\_\_\_\_

What percentage of students are in the Free & Reduced Lunch Program? \_\_\_\_\_



What is the district's Median Household Income? \_\_\_\_\_

What is the combined number of students and staff in the school? \_\_\_\_\_

How many drinking water fountains, classroom sinks used for drinking water, and food preparation sinks are located in the school? \_\_\_\_\_

**LEAD SAMPLING COORDINATOR \***

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address \_\_\_\_\_

Do you wish for your school to be recognized for participating in the DEQ's Certified Lead Free Drinking Water Award Program?  Yes  No

I hereby acknowledge that I have read, understand, and agree to implement the EPA's 3Ts guidance document for establishing a Lead Testing Program.

\_\_\_\_\_  
Facility Representative Name

\_\_\_\_\_  
Facility Representative Signature

\_\_\_\_\_  
Date

For any questions or assistance, contact [lwsc@deq.ok.gov](mailto:lwsc@deq.ok.gov)

\* individual who will be assigned by the child care facility to collect and submit samples