



OKLAHOMA DRINKING WATER  
**LEAD TESTING**  
 IN PUBLIC SCHOOLS

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

**SCHOOL INFORMATION**

School District Name \_\_\_\_\_  
 School Name \_\_\_\_\_  
 School Address \_\_\_\_\_  
 County \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Facility Coordinator \_\_\_\_\_  
 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 Coordinator Name*

\_\_\_\_\_  
*Facility Coordinator Signature*

\_\_\_\_\_  
*Date*

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

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

