



OKLAHOMA DRINKING WATER
LEAD TESTING
 IN CHILD CARE FACILITIES

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

FACILITY INFORMATION

Facility Name _____
 Address _____
 County _____ City _____ Zip Code _____
 Facility Coordinator _____
 Telephone # (_____) _____-_____ Cell Phone # (_____) _____-_____
 Email Address _____

BACKGROUND INFORMATION

What is the age range for all attendees _____
 Original facility construction date _____
 Where do you get your water from? Public Water Supply Private Well
 Has your facility tested for lead in drinking water in the past? Yes No
 If yes, when: _____
 Does your facility participate in OKDHS subsidy program? Yes No
 What is the combined number of children and staff in the facility? _____
 What is the Facility Licensed Capacity number? _____
 What is the number of proposed sample locations? _____

LEAD SAMPLING COORDINATOR *

Name _____

Job Title _____

Mailing Address _____

City _____ Zip Code _____

Telephone # (____) _____-_____ Cell Phone # (____) _____-_____

Email Address _____

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

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

Facility Coordinator Name

Facility Coordinator Signature

Date

For questions or assistance, contact us at lwsc@deq.ok.gov

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