



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 2 — Bottled Water
Lead in Drinking Water— Public and Nonpublic Schools

To qualify for this waiver, all drinking water outlets in the school building must have been rendered inaccessible to all students, faculty, staff and visitors, and bottled water must be the only source of water for drinking water, ice making, and food and drink preparation in the school building.

Please send the Bottled Water Certificate of Analysis along with the completed application form to the address listed above. If emailing, include the words “WAIVER Type 2” and school name in subject line.

If a school switches to a bottled water manufacturing company that is different from the one identified on this application, the school must submit a new waiver application and Bottled Water Certificate of Analysis to MDE within 30 days of the change.

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. INFORMATION ABOUT YOUR PIPED WATER SYSTEM:

Average population served (students and staff): _____

List uses of the piped water (i.e. toilets, process water, hand washing, showers, etc.): _____

Are signs posted in areas such as bathrooms and kitchen sinks and any other areas with piped water outlets indicating that the outlets are not for drinking (e.g. "Hand washing only" or "Do not use for drinking")?

Yes No If 'Yes', attach copy of sign.

IV. BOTTLED WATER USE:

Date you began using bottled water at the school building: _____

Reason(s) for using bottled water at the school building: _____

Name and location of bottled water manufacturer: _____

Number of gallons purchased monthly: _____

V. WAIVER REQUEST CHECKLIST: In order for a waiver to be considered, all items in the checklist must be filled out.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are all drinking water outlets in the school building inaccessible to students, faculty, staff and visitors? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have vending machines or cooking facilities that use piped water for drinking water consumption? If 'Yes', please specify:
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is bottled water the only source of water for drinking water, ice making, and food and drink preparation in the school building? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the school have a Certificate of Analysis from the bottled water supplier or manufacturer? Attach certificate to this form. |

VI. 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