



MARYLAND DEPARTMENT OF THE ENVIRONMENT
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Reporting.leadsschoolwater@maryland.gov

DEFERRAL APPLICATION – 3 YEAR
 Lead in Drinking Water– Public and Nonpublic Schools

This is an application for a deferral from testing for lead in a public and nonpublic school in accordance with COMAR 26.16.07. Incomplete applications will result in the request being denied. **Return this application to the address listed above. If emailing, include the word “DEFERRAL” 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

Identification Number

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

Charter Charter School ID #: ____ - ____ - ____

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

II. DESIGNATED RESPONSIBLE PERSON:

Name: _____ Title/Position: _____

Telephone #: _____ Email Address: _____

III. SCHOOL SAMPLING SCHEDULE: Check the appropriate box below that applies to your school building:

July 1, 2018 : Buildings constructed before 1988, and/or school buildings serving students in prekindergarten through grade 5

July 1, 2019: Buildings constructed in 1988 or later and serving students in grade 6 through grade 8.

July 1, 2020: Buildings constructed in 1988 or later and serving students in grade 9 though grade 12.

IV. LEAD TESTING INFORMATION:

Were all drinking water outlets in the school building tested for lead? Yes No

Sample Date(s): _____

Number of water outlets in building: _____

Number of drinking water outlets in building as defined in COMAR 26.16.07.03: _____

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

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

V. DEFERRAL REQUEST CHECKLIST: In order for a deferral to be considered, all tasks in the corresponding checklist must be completed in full. MDE may request supporting documentation, including the laboratory report, during the review process.

Yes No

Were all samples taken after the water had been standing in plumbing for at least 8 hours but no more than 18 hours?
 # of first-draw samples collected: _____
 # hours water stood in plumbing before samples were collected: _____

Were all samples collected in accordance with standard sampling methods as described in **COMAR 26.16.07.07**?
 Sample volume: _____ mL

Were all samples analyzed at a State-Certified Laboratory?
 Name of Laboratory: _____
 Laboratory Certification ID#: _____

Were all results of the most recent testing at a level of 20 ppb (20 µg/L, 0.020 ppm or 0.020 mg/L) or lower?
 Highest sample result: _____ ppb
 Outlet location: _____

VI. CERTIFICATION:

By signing below, I certify that all statements in this deferral 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 deferral upon discovery of incomplete or erroneous documentation.

Designated Responsible Person Signature

Date

Designated Responsible Person Name (Printed)

Title