



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

LEAD WATER SAMPLE COLLECTION FORM

Lead in Drinking Water – Public and Nonpublic Schools

Any time sampling occurs at a school, this form should be completed by the person who collected lead sample(s). Per the [regulations](#), a first-draw sample is to be collected after an extended period (8 to 18 hours) of non-use of water within the building. This means the water in the building cannot be used for any reason, including toilet flushing, hand washing, etc. A flush sample is only required when the laboratory report shows an elevated level of lead at a particular outlet and may be collected at any time.

Please submit this completed form to the Maryland Department of the Environment (MDE) within 30 days after the samples were analyzed by the laboratory. If multiple people are collecting samples for the same school, each sample collector must fill out a separate form. If emailing, please send to testresults.leadschoolwater@maryland.gov and include school name and school identification number in the subject line.

I. GENERAL SCHOOL INFORMATION:

School Name: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

School Building Name/ID #: _____

School Type (Check Below):

School Type	<u>Identification Number</u>
<input type="checkbox"/> Public	Public School Construction Number (PSC#): _____
<input type="checkbox"/> Charter	Charter School ID #: _____
<input type="checkbox"/> Nonpublic	Nonpublic School ID #: 09 - _____

II. SAMPLE COLLECTOR INFORMATION AND CERTIFICATION:

Collector Name (Printed): _____

Organization: _____ Title: _____

Phone #: _____ Email Address: _____

Sample Collection Dates: _____

Samples Collected (whether or not sent to the laboratory):

of First-Draw Samples Collected: _____

of Flush Samples Collected: _____

Total Samples Collected: _____

I have read the [sample collection instructions](#) and have collected samples on the dates indicated above in accordance with [COMAR 26.16.07](#).

Signature

Date

Complete sampling information on next page (if applicable).

III. SAMPLE COLLECTION INFORMATION: (This page must be submitted if it was used by the sample collector during sample collection; otherwise, it is optional as long as the [Laboratory Results Reporting Form \(EDD\)](#), Laboratory Chain of Custody (COC) form, or similar form contains this information including the date/time of the water last used at the outlets prior to sample collection. For additional samples, please make copies of this page.)

Outlet ID (corresponding to Floor Plan ID)	Laboratory Sample ID/ Sample Bottle #	1st Draw	Flush	Outlet Type	Outlet Use Code	Building Name/ID #	Outlet Room Function/Area Type	Outlet Description/Location	Is sample collected pre- or post-filter (if the outlet has filter)?	Date and Time Water Last Used	Date and Time Sample Collected
XYZ-001	AA12345-001	✓		Faucet, Cold	<input type="checkbox"/> CO <input type="checkbox"/> NC	01 Main	Teachers' Lounge kitchenette	Sink closest to the door, right faucet	<input type="checkbox"/> Pre-Filter <input type="checkbox"/> Post-Filter <input type="checkbox"/> Outlet does <u>not</u> have filter <input type="checkbox"/> Not sure	Date: 03/24/2021 Time: 4:00PM	Date: 03/25/2021 Time: 6:05AM
					<input type="checkbox"/> CO <input type="checkbox"/> NC				<input type="checkbox"/> Pre-Filter <input type="checkbox"/> Post-Filter <input type="checkbox"/> Outlet does <u>not</u> have filter <input type="checkbox"/> Not sure	Date:	Date: Time:
					<input type="checkbox"/> CO <input type="checkbox"/> NC				<input type="checkbox"/> Pre-Filter <input type="checkbox"/> Post-Filter <input type="checkbox"/> Outlet does <u>not</u> have filter <input type="checkbox"/> Not sure	Date:	Date: Time:
					<input type="checkbox"/> CO <input type="checkbox"/> NC				<input type="checkbox"/> Pre-Filter <input type="checkbox"/> Post-Filter <input type="checkbox"/> Outlet does <u>not</u> have filter <input type="checkbox"/> Not sure	Date:	Date: Time:
					<input type="checkbox"/> CO <input type="checkbox"/> NC				<input type="checkbox"/> Pre-Filter <input type="checkbox"/> Post-Filter <input type="checkbox"/> Outlet does <u>not</u> have filter <input type="checkbox"/> Not sure	Date:	Date: Time:
					<input type="checkbox"/> CO <input type="checkbox"/> NC				<input type="checkbox"/> Pre-Filter <input type="checkbox"/> Post-Filter <input type="checkbox"/> Outlet does <u>not</u> have filter <input type="checkbox"/> Not sure	Date:	Date: Time:
					<input type="checkbox"/> CO <input type="checkbox"/> NC				<input type="checkbox"/> Pre-Filter <input type="checkbox"/> Post-Filter <input type="checkbox"/> Outlet does <u>not</u> have filter <input type="checkbox"/> Not sure	Date:	Date: Time:
					<input type="checkbox"/> CO <input type="checkbox"/> NC				<input type="checkbox"/> Pre-Filter <input type="checkbox"/> Post-Filter <input type="checkbox"/> Outlet does <u>not</u> have filter <input type="checkbox"/> Not sure	Date:	Date: Time:

Common Outlet Types:

- Faucet, Cold
- Utility Sink Faucet, Cold
- Commercial Sprayer, Cold
- Commercial Kitchen Kettle, Cold
- Spigot (with threads for hose connection)
- Ice Machine
- Soda Machine
- Hot Drink Machine

Room Function/Area Types:

- Hallway
- Kitchen
- Classroom
- Classroom (Art)
- Classroom (Home Economics)
- Classroom (Photo Lab/Dark Room)
- Classroom (Science Lab)
- Classroom (Special Education)
- Classroom (Wood/Metal/Tech Shop)
- Science Lab Prep Room/Area
- Student Workroom/Maker Space
- Staff Workroom
- Office
- Teachers' Lounge/Break Room
- Conference Room
- Nurse's Office/Health Room
- Bathroom
- Locker Room
- Weight/Training/Fitness Room
- Auditorium
- Cafeteria
- Gymnasium

Outlet Use Codes:

CO:	Consumption (Regularly used for drinking, food/drink preparation)
NC:	Non-consumption (Regularly used for hand washing, dish cleaning, or any other non-consumption use)

Rev. 10/19/2023