



**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](mailto:Reporting.leadsschoolwater@maryland.gov)

**SAMPLE SUMMARY CERTIFICATION**

**Lead in Drinking Water—Public and Nonpublic Schools**

Within 30 days after receiving the laboratory report(s) with the lead sample analysis results or 30 days after the end of the school calendar year (whichever is sooner), send this completed form to the address listed above. If emailing, include the words “SAMPLE CERTIFICATION” and school name in the subject line.

**I. GENERAL SCHOOL INFORMATION:** *(Attach list for multiple schools)*

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

School Building Name/ID #(s): \_\_\_\_\_

**School Type**

**Identification Number**

Public

Public School Construction Number (PSC#): \_\_\_\_ - \_\_\_\_

Charter

Charter School ID #: \_\_\_\_ - \_\_\_\_

Nonpublic

Nonpublic School ID #: 09 - \_\_\_\_ - \_\_\_\_

**II. LEAD SAMPLE COLLECTION INFORMATION:**

School Year of Lead Testing: \_\_\_\_\_

Number of School Buildings Tested: \_\_\_\_\_

Sample Collection Begin Date: \_\_\_\_\_

Sample Collection End Date: \_\_\_\_\_

Laboratory Name: \_\_\_\_\_

Laboratory Certification ID#: \_\_\_\_\_

**III. CERTIFICATION:**

*I certify that (check items completed):*

- All drinking water outlets as defined in **COMAR 26.16.07.03(B)(6)** located in the school building(s) where a student or staff member has or may have access to were sampled according to **COMAR 26.16.07.07**.

Total # drinking water outlets: \_\_\_\_\_ Total # of 1st-draw lead samples collected: \_\_\_\_\_

- A Floor Plan identifying all drinking water outlets and all schools buildings has been submitted to MDE (previously or attached).
- Each first-draw sample has been collected while school was in session during the regular school year.
- Each person who collected lead samples has been properly instructed in the approved methods for collecting lead samples according to **COMAR 26.16.07.07**.
- Each sample collected was analyzed by a laboratory certified by MDE for lead analysis.
- All lead sample results were reported electronically to MDE using the State Laboratory Results Reporting form or using an alternate electronic method approved by MDE.
- The State Sample Collection Form(s) were completed and submitted to MDE.

\_\_\_\_\_  
Name of Designated Responsible Person (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email