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| gRANTEE regional ORGANIZATIONSouth Community Action Center |
| CONTACT PERSON & tITLESally Smith, Director  | PHONE #660-123-4567 |
| school NAMEABC Learning Center |
| **ARE THERE BLUEPRINTS OF THE BUILDING AVAILABLE?X**X Yes [ ]  No |
| **CREATE A BUILDING MAP THAT INCLUDES ALL OF THE FOLLOWING INFORMATION:** * Date the original building was constructed, years of additions added to the building, and years and locations of any plumbing repairs. See Map.
* Identify all faucets and fixtures used for drinking water and cooking and include the location of any water outlets with filters or aerators, if appropriate. See Map.
* Location of where water enters the facility to include how it flows throughout the building and location of any tanks in the plumbing system (pressure or storage). See Map.
* The location of water pipes and include material the pipes are made of in the facility (Lead, plastic, galvanized metal, cast iron, copper, other). See Map.
* Location of a lead service line, if appropriate and include any fixtures on EPA’s list of lead coolers that should be immediately removed. N/A
* Provide location of pipes, faucets and fixtures showing signs of corrosion, such as frequent leaks, rust-colored water or stained dishes. N/A
* Location of any electrical equipment grounded to water pipes. N/A
* List any records of previous lead water testing on any water outlets. May 10, 2017
 |
| **LIST SAMPLING LOCATIONS. Starting with the fixture closest to the incoming water source, moving along the flow to the farthest fixtures from the source. This is the order in which samples shall be collected. Continue on another sheet if necessary.** |
| **1.** K-KP-1 | **11.** BR2-HW |
| **2.** K-KP-2 | **12.** CR2-HW |
| **3.** BR6-HW | **13.** CR1-HW |
| **4.**  BR5-HW | **14.** BR1-HW |
| **5.** H-BF-1 | **15.** H-BF-3 |
| **6.** CR4-HW | **16.** CFR-DF  |
| **7.** BR4-HW | **17.** |
| **8.** CR3-HW | **18.** |
| **9.** BR3-HW | **19.** |
| **10.** H-BF-2 | **20.** |
| **WHO IS COLLECTING SAMPLE****X** **STAFF [ ]  CONTRACTOR** **NAME: Sally Smith, Director**  |
| **SUBMIT PLAN TO DHSS, BUREAU OF ENVIRONMENTAL EPIDEMIOLOGY, PO BOX 570, JEFFERSON CITY, MO 65102 OR** **HEALTHYDRINKINGWATER@HEALTH.MO.GOV****.**  |



BR- Bathroom

CR-Classroom

CFR-Conference Room

K-Kitchen

H-Hallway

DF – Drinking Fountain HW – Handwashing Station

BF – Bottle Fill KP – Kitchen Prep Location of Pipes

Hallway

Hallway

Hallway

Exit

 **ABC LEARNING CENTER: Built in 1978,**

 **GYM Constructed Added in 1985**

*Utility Room*

*Office 1 1*

*Office 2*

*Conference Room*

*Classroom 4*

*Gym*

Exit

BR1-HW

Bathroom 1 (BR1)

CFR-DF

CR1-HW

*Classroom 1*

*(CR1)*

*C*

Exit

H-BF-3

Filter

Exit

Exit

Exit

*Classroom 2*

H-BF-1

Filter

BR4-HW

BR3-HW

BR2-HW

K-KP-2

*Kitchen*

*Classroom 3*

CR3-HW

CR2-HW

CR4-HW

BR5-HW

BR6-HW

Bathroom 4

Bathroom 3

Bathroom 2

Water Flow

K-KP-1

Bathroom 6

Bathroom 5

H-BF-2

**NOTE:** Below is an **EXAMPLE** of the Test Request Form. Note how the sample description matches the list of the sampling locations. This form is NOT part of the sampling plan, but submitted with the testing kit when returned to the lab for analysis. The example provided is to show how the sample description is consistent with the sample location list and map.

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