Controlling Lead in Drinking Water for Schools and Day Care Facilities: 
*A Summary of State Programs*
### Controlling Lead in Drinking Water for Schools and Day Care Facilities

#### A Summary of State Programs

July 2004

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Children are susceptible to adverse health effects from lead, such as impaired mental development, IQ deficits, shorter attention span, and lower birth weight. Exposure to lead is a significant health concern, particularly for young children and infants whose growing bodies tend to absorb more lead than the average adult. Testing water in schools and day care facilities is important because children spend a significant portion of their days in these facilities and likely consume water while there.

There is no federal law requiring sampling of drinking water in schools that receive water from other public water systems, although schools that have their own water supply are subject to regulation and sampling as non-community public water systems. Schools served by a public water system may be included as a sampling location (i.e., tap) for a public water system’s lead and copper monitoring program, but there are no federal requirements for more extensive testing. States and local jurisdictions may, however, establish programs for testing drinking water lead levels in schools. EPA has issued guidance designed to help schools develop and implement a sampling protocol to test for lead in their drinking water.

In March 2004, Acting Assistant Administrator for Water Benjamin Grumbles sent a letter to directors of state environmental and health agencies requesting information on state and local efforts to monitor and protect children from exposure to lead in drinking water at school and day care facilities. This paper summarizes the responses received from 49 states, Puerto Rico and the Navajo Nation on actions they have taken to reduce children’s exposure to lead in drinking water. The summary also identifies recommendations made by states for future collaboration with EPA on this issue.

1.0 Background

Lead is a contaminant that EPA takes very seriously. Exposure to lead can have serious health effects, causing delays in normal physical and mental development in infants and young children and slight deficits in the attention span, hearing, and learning abilities of children. The Centers for Disease Control and Prevention (CDC) has identified a blood lead level of 10 micrograms per deciliter as the level of concern for lead in children.

The phase-out of leaded gasoline, lead-based paint, bans on lead in food and beverage containers and reductions in lead in industrial emissions, consumer goods, hazardous waste, and other sources have all helped to dramatically reduce lead exposure in young children. In fact, exposure in children has been dramatically reduced over the last two decades. According to a
2003 CDC report\(^1\), 88% of children between the ages of 1 to 5 were estimated to have blood lead levels that exceeded 10 ug/dl for the period between 1976-1980. By 1999-2000, this estimate had decreased to approximately 2%.

While drinking water can serve as a source of lead exposure, the most common source for children today is lead in paint in older housing (primarily from housing built in the 1950s and homes with pre-1978 paint) and contaminated dust and soil\(^2\). However, EPA’s regulations are focused on reducing exposure to all sources of lead.

1.1 Drinking Water Regulations for Lead

Although lead concentrations leaving a water treatment plant are generally low, corrosive water can result in lead leaching from lead pipes within a distribution system, lead solder used to connect pipe, or brass fixtures which may contain a small percentage of lead. The 1986 Amendments to the Safe Drinking Water Act (SDWA) required EPA to develop regulations to control for lead in drinking water. The Lead and Copper Rule (LCR), issued in 1991, is focused on controlling corrosion within the distribution system that delivers water to customers. The Rule requires that public water systems monitor a fixed number customer taps for lead. If more than ten percent of taps tested exceed 15 parts per billion (ppb), the system must undertake activities to control corrosivity of water, increase monitoring, educate the public, and possibly replace lead service lines within the distribution system. Additional information on the LCR can be found at [www.epa.gov/safewater/lead](http://www.epa.gov/safewater/lead).

The 1986 SDWA Amendments also required that only lead-free materials be used in new plumbing and in plumbing repairs. Solders and flux were only allowed to have 0.2% lead content and other pipes, pipe fittings and fixtures were limited to no more than 8% lead. (SDWA Sec. 1417)

In 1988, the SDWA was further amended by the Lead Contamination Control Act (LCCA), to reduce the exposure of lead to children in schools and day care facilities. The LCCA prohibited the sale of any drinking water cooler that is not lead-free and required that:
- the EPA identify each brand and model of drinking water cooler, indicating which are lead free and which have a lead-lined tank and distribute the list to states (SDWA Sec. 1463),
- the Consumer Product Safety Commission order that manufacturers and importers of all drinking water coolers identified as having a lead-lined tank repair, replace, or recall and provide a refund for such coolers (SDWA Sec. 1462),

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• the EPA publish a guidance document and testing protocol to assist states in determining the source and degree of lead contamination in school drinking water (SDWA Sec. 1464), and
• states establish programs to assist schools and day care facilities to test for and remedy lead contamination problems, with public availability of results of such testing (SDWA Sec. 1464(d)).

In 1989 and subsequent years, EPA released guidance and information to inform states and school systems how to test for and reduce the risk of lead exposure in school drinking water. A list of the publications is provided in Appendix A. EPA’s guidance provides a protocol for testing water in schools and recommends that schools take action at fixtures where the lead concentration exceeds 20 ppb. This concentration differs from the 15 ppb action level that public water systems are required to follow. The 20 ppb action level is based on a smaller sample collection volume of 250 milliliters (ml) and is designed to pinpoint specific fountains and outlets that require attention. When testing fixtures, the levels of lead are expected in the initial flush of water that has been sitting in the pipes. The 15 ppb action level required for compliance with the LCR calls for a tap sample volume of 1000 ml (1 liter), and is designed to identify system-wide problems. If a one liter sample was collected from a drinking water fountain in schools, the initial high concentrations might be diluted by the later part of the sample, which could show lower concentrations. The 20 ppb school level is not inconsistent and likely is more stringent because it reflects a more concentrated sample; 20 ppb in a 250 ml sample would correspond to about 12 ppb in a one liter sample.

States are not required to establish testing programs as a result of a 1996 court decision. In 1996, the Fifth Circuit Court of Appeals decided ACORN v. Edwards, 81 F.3d 1387 (5th Cir. 1996), an appeal of a case in which the Association of Community Organizations for Reform Now (ACORN) had sued the State of Louisiana for failing to carry out several provisions related to section 1464 of the SDWA. In its decision, the Fifth Circuit held that provisions in section 1464(d) were unconstitutional under the Tenth Amendment to the U.S. Constitution because they directly compelled the state to enact and enforce a federal regulatory program and provided no options for the State to decline the program. The decision did not, however, restrict states from developing and carrying out their own programs to assist schools.

1.2 Drinking Water and Schools

The U.S. Department of Education’s 2001-2002 Public Elementary/Secondary School Universe Survey indicated that 53,000 of 91,380 public schools serve kindergarten through 8th grade. The Department’s 1999-2000 Private School Survey indicated that 16,530 of 27,223 private schools in the country are elementary schools. With respect to day care facilities, a 2002

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3 Acorn v. Edwards can be found at http://caselaw.findlaw.com/cgi-bin/getcase.pl?court=5th&navby=case&no=9430714cv0
study sponsored by the National Child Care Association\textsuperscript{a} estimated that there are approximately 500,000 licensed child care providers, 306,000 of which are in homes.

EPA classifies public water systems within three categories: community, non-transient non-community, and transient non-community. Most of the population receives its drinking water from a community water system - a system that serves more than 25 people (or 15 connections) year round. Non-transient non-community water systems are systems that serve at least 25 people for more than 6 months in a year, but not year-round (e.g., schools). Transient non-community water systems generally serve different people every day because they do not spend much time at the location (e.g., gas stations, campgrounds).

Most schools and day care facilities receive water from community water systems. Although the schools are not required to be tested, the water system from which they receive water is subject to the requirements of the LCR. Some schools, however, have their own source of drinking water and are thus considered non-transient non-community water systems subject to drinking water regulations. Monitoring needed to meet requirements of the LCR would thus occur within the school grounds.

EPA collects inventory and compliance information on public water systems in its Safe Drinking Water Information System (SDWIS). The system includes a voluntary field to allow states to indicate whether a public water system is also a school or day care facility. A recent query of SDWIS retrieved 10,246 records for public water system/schools. An alternative estimate is that approximately one-half of the 19,575 non-transient non-community water systems in the country are schools. Using these two methods, EPA estimates that there are approximately 10,000 schools in the country that are also a public water system and which therefore must comply with the requirements of the LCR.

EPA also collects information on violations and exceedances of lead action levels for public water systems in the SDWIS system. Small public water systems that serve fewer than 3,300 must report a 90\textsuperscript{th} percentile value\textsuperscript{b} only when it exceeds the 15 ppb action level. A preliminary review of SDWIS data indicates that 231 of 1647 public water systems identified as a school exceeded the action level during a monitoring period that ended in 2003. Most of the systems (85\%) were non-transient non-community water systems.


\textsuperscript{b}The 90\textsuperscript{th} percentile value is the concentration of lead in drinking water for the sample that represents the 90\textsuperscript{th} percent of samples taken. For example, if a system takes 100 samples and sorts the results from lowest to highest (100 being highest), it would report the concentration of the 90\textsuperscript{th} highest sample to the state.
2.0 State Programs to Control Lead in Schools and Day Care Facilities

Recently there has been heightened awareness of issues associated with lead in drinking water, driven, in part, by elevated levels of lead in drinking water for many homes served by the District of Columbia Water and Sewer Authority (WASA). This awareness prompted many school districts in the greater Washington, D.C. area to carry out testing in schools - even school districts that are not served by WASA. Results found elevated lead levels in drinking water from many school fixtures. Recent testing of lead in school drinking water have also identified problems in other parts of the country, including the Seattle, Baltimore and Philadelphia school systems.

On March 18, 2004, Acting Assistant Administrator Benjamin Grumbles sent a letter to states requesting information on state and local efforts to monitor and protect children from exposure to lead in drinking water at school and day care facilities (Appendix B). In order to ensure that the request reached both state drinking water programs responsible for overseeing implementation of national primary drinking water regulations and other programs aimed at preventing childhood exposure to lead, the letter was sent to directors of state environmental and health agencies. The letter asked states to provide information on:

- actions being taken to ensure that children are not exposed to lead from school drinking water
- any programs the state is currently implementing a program to control lead in the drinking water at schools and day care facilities, including how any programs are structured and their results
- other programs to reduce lead in schools
- suggestions as to how EPA could work collaboratively with states to further their efforts to implement voluntary programs.

As of June 25, 2004, EPA had received a total of 74 responses from 49 states, Puerto Rico, the Navajo nation and EPA’s Region 2 office. Generally, states responded that they implemented the requirements associated with the LCCA and continue to focus on ensuring that schools with their own water system are in compliance with the LCR. A few have expanded existing regulatory authorities to better address schools and day care facilities. Several states have developed specific programs that are focused on improving drinking water quality and environmental health at schools.

Most states agreed that minimizing lead in drinking water consumed by children is important and many are conducting surveys, expanding outreach efforts and taking advantage of partnerships to help them reach schools. However, they also indicated that, in the absence of additional federal funding, it would be difficult to expand programs beyond existing efforts because state drinking water programs are already challenged by funding shortfalls. The summary that follows describes state program highlights under various themes identified in the letters. Brief summaries of each response are included in Appendix C and copies of letters received from state programs are available on the EPA website.
2.1 Implementing the LCCA and the LCR

Most states described efforts they had taken to carry out requirements related to the LCCA in the late 1980’s and early 1990’s, including providing guidance to schools on testing, conducting analysis of drinking water samples, and helping schools to replace lead-line coolers. In South Dakota, the state continued efforts associated with the LCCA by developing the South Dakota Environmentally Safe School Initiative in 1993-94. The state worked with a majority of the schools in the state to see that first draw water samples were collected and tested for lead. Where lead levels were high, the state retested sites to verify and then provided grant funding to help schools replace fountains and coolers that posed problems.

Most states also described the current activities they carry out to implement the LCR for schools that are also public water systems. While many states indicated that they do not have any additional programs beyond those carried out to support the LCCA and LCR, some have placed a special emphasis on ensuring that schools comply with the LCR. Massachusetts works with schools that are non-transient non-community water systems which have drinking water that exceeds the action level. The state provides educational material, training, one-on-one consultation with school officials, and enforcement if necessary.

2.2 Strengthening Existing Regulatory Programs

Clearly, schools that are also public water systems are covered by the LCR. Many states also noted in their letters that schools also benefit from the LCR in that they are customers of public water systems that must meet the requirements. However, some states have modified their requirements to ensure that schools (as customers) are addressed.

Sample locations for lead and copper tap monitoring are selected in order to identify those sites that are high risk. For example, if a system has lead service lines, it must ensure that at least one half of the sample locations are served by lead service lines. Florida has added day care facilities to the definition of Tier 1 lead and copper sampling sites, and thus, made Florida’s youngest citizens a priority in its lead and copper sampling strategy. The state also has a regulatory program to evaluate lead levels in drinking water provided by “limited use” public water systems, which serve fewer than 25 people (which is the population cut-off for the federal definition). This allows the state to monitor drinking water at many day care facilities that may serve fewer than 25.

Connecticut also has regulatory provisions that ensure that drinking water in day care facilities is monitored. There are approximately 1,400 licensed day care facilities in the state. State regulations require that all water supplies at day care facilities be tested every two years for lead content and the results submitted to the local and state health departments. The drinking water program generally gets 10-15 referrals a year due to elevated lead levels. If the facility is over the action level, it must provide approved bottled water until the situation is resolved.
2.3 Directing Programs at Schools

Many states described efforts that are focused specifically on schools. Some focus on lead in drinking water or drinking water generally while others look more broadly at environmental hazards within schools that could affect children.

**Minnesota** has a program to keep schools informed about the potential risks from exposure to lead in drinking water. All of Minnesota’s schools receive written guidance material every five years regarding the reduction of lead in drinking water. The guidance manual, *Reducing Lead In Drinking Water: A Manual for Minnesota’s schools*, provides detailed lead testing instructions and options for corrective actions. This program complements the state’s general “Get the Lead Out” education campaign that has been implemented above and beyond the public education requirements of the LCR which informs the public of simple steps they can take to reduce their exposure to lead in drinking water.

**Arizona**’s Department of Environmental Quality is addressing the issue of exposure to lead from drinking water through its *Children’s Environmental Health Project* by developing a curriculum module for schools. This module will provide education about lead in drinking water to both students and administrators. It is intended to actively engage children in conducting drinking water lead investigations at their schools and also provide practical ways administrators and other school personnel can reduce potential risks to children.

The **Alaska** Department of Environmental Conservation has developed a *Safe Drinking Water for our Schools* project designed to address issues of noncompliance regarding testing of drinking water at schools around the state. The department provides a customized handbook for each school that includes simple step by step procedures for taking compliance samples. The state also provides a quarterly report card to each school system that grades the school based on whether it has completed scheduled monitoring and is meeting drinking water standards and other operating requirements.

**Washington** has several programs that speak to various aspects of maintaining safe drinking water and healthy schools. The Office of Environmental Health and Safety, through its School Health and Safety Program, publishes a guide for schools that has a component that directs schools to comply with drinking water requirements. The Department of Health is currently working with other state and local health agencies to train agency staff and potential licensees of day care facilities on safe drinking water requirements.

In 2000, **Vermont** passed the School Environmental Health Act, the goal of which is to provide schools with the resources necessary to develop and adopt environmental management plans. The state is currently working with eight schools in finalizing environmental management plans that include reducing exposure to lead and environmental asthma triggers.

In 1994, **California**’s Department of Health Services (DHS) developed a study to investigate the extent of lead contamination in paint, soil, and drinking water in state schools.
Based on investigations of 200 schools between 1995-1997, the DHS estimated that 18% of the schools in the state were likely to have drinking water lead levels higher than the action level. After release of the study, the state provided $1 million to the Department of Education in 1998-99 to test for the presence of lead in public schools. In 2000, a multi-agency effort within the state established the Lead Safe Schools Project. Although the program is focused on lead-based paint hazards which were identified as posing the greatest risk, it also recognizes water as a potential route of exposure. About 70% of the state’s public school districts have received training through the program, including all districts with significant enrollments.

2.4 Conducting Studies and Surveys

Following passage of the LCCA, many states carried out surveys to determine lead levels in school drinking water. Several states indicated that they are making a renewed effort to reach out to schools. In Arizona, the Departments of Health Services and Environmental Quality are collaborating on a study of lead in drinking water in Arizona schools. The state is asking some 96 schools from throughout Arizona to participate in the study which will be funded through a cooperative agreement grant from the U.S. Agency for Toxic Substances and Disease Registry.

In 2003, Maryland conducted a survey to evaluate the current status of lead testing efforts within Maryland’s public schools. The survey was prompted by the 2003 lead testing in Baltimore City Public Schools which revealed elevated levels of lead in drinking water. In response to the survey, the Department of the Environment has been contacted by several local Boards of Education for guidance on testing for lead in drinking water at schools that are supplied by municipal water.

The New York Departments of Health and Education have a joint effort underway to look at lead in school drinking water. The state identified a subset of systems it deemed were vulnerable to elevated lead levels because they had a 90th percentile lead concentration of greater than 10 ppb. In May 2004, the state distributed a survey to schools served by those public water systems. The state will be reviewing the results during the summer of 2004 and will share them with EPA.

2.5 Developing Partnerships are Critical

It is readily apparent from several the examples above that partnerships and collaboration are critical in addressing the issue of lead in school drinking water. Although state drinking water programs have responsibility for carrying out regulations related to drinking water, many of the efforts in schools are not subject to regulatory oversight. Further, there are other agencies (e.g., Education, Social Services) that have a more direct line of contact with schools and day care facilities. Finally, addressing risks to children posed by lead requires a multi-media approach that considers all of the potential avenues of exposure.

Many states described the efforts to address lead that are carried out by state Lead Poisoning Prevention Programs that are funded, in part, by the U.S. Centers for Disease Control
and Prevention. States such as Louisiana and Hawaii work together to identify whether drinking water is a potential sources of lead when children test high for blood lead levels. In Alaska, when a school PWS tests above the action level for lead, the Department of Health and Social Services will follow up to test blood lead levels in children. Fortunately, none of the tests have indicated high blood lead levels where there are action level exceedances.

Like other states, Massachusetts worked to fulfill the requirements of the LCCA and to mitigate lead levels in Massachusetts. However, in recent years, the Department of Environmental Protection (DEP) has begun to coordinate initiatives with several partners for a lead in school drinking water abatement program that responds to the needs of schools in Massachusetts. The DEP has entered into an agreement with the Department of Public Health to routinely review and follow-up with the local public water supplier and homeowner on all DPH drinking water results from the homes of children with elevated blood lead levels. The department provides school administrators, public health officials, public water suppliers, plumbing inspectors and other interested parties with educational materials and recommendations to assist in the schools’ efforts to reduce the levels of lead and copper in their drinking water. At the end of March, 2004, the DEP Commissioner sent out an information package to all Superintendents of Public Schools, Private and Parochial School Principals, Collaborative Directors, all Public Water Superintendents, and day care providers with information about lead and drinking water.

3.0 EPA Regional Activities

Although this report is focused on actions being taken by states to address lead in drinking water, several EPA regional offices have also had initiatives in this area over the past several years. As part of its Healthy Schools Initiative, EPA’s Region I office has been working with Massachusetts and the Boston Public Schools to ensure that water used in food preparation at Boston's public schools does not contain lead. The Region has also been working with the state Department of Environmental Protection to communicate with all public and private schools in the state.

As part of its Children’s Health Initiative, EPA’s Region II office worked with the New York City Board of Education to perform sampling at all 1,200 public schools under the Board’s jurisdiction. At least one tap in 370 of the schools was removed from service because the lead concentration exceeded the 20 ppb guidance level. Based on its success with this program, the Region has extended its efforts to additional communities including Syracuse and Rochester, NY and Newark and Paterson, NJ.

EPA’s Region III office has worked with many school districts under its jurisdiction, including Philadelphia and Baltimore for excessive lead levels in school drinking water. Recently the Region has been providing technical assistance to school districts in the greater Washington, D.C. area that are conducting sampling in schools.
4.0 Recommendations on Collaboration

Many states indicated that they would be interested in increasing their efforts in ensuring that school drinking water is safe. However, almost all who did so indicated that such an effort would not be possible for them to carry out in the absence of additional federal funding. One state indicated that the key to a successful collaborative effort to implement a voluntary program will require both human and financial resources and indicated that EPA must be willing to create new additional funding through the federal public water system supervision grant. However, the state also noted that, for a program to be truly successful, it must be established as a mandatory program, complete with an enforcement and compliance component, and then adequately funded through the public water system supervision grants.

A few states indicated that EPA could revise the current federal LCR monitoring requirements to allow regulated drinking water systems to collect samples from schools and other buildings rather than just from residences or by including them for consideration as Tier 1 sites (note: Florida has done in its state regulations). One state also recommended that EPA consider a sampling protocol for schools that would determine if the fixtures at kitchen taps are a problem.

However, some states also expressed that they would oppose requirements making sampling of drinking water inside schools mandatory due to concerns that it would be impracticable and difficult to enforce.

Several states acknowledged that EPA has done much by providing a method for the detection of lead in school drinking water, an action level for drinking water in schools and a guidance as to how to respond to identified problems. Some states expressed appreciation for EPA regional staff efforts with schools with elevated drinking water lead levels and others indicated that EPA’s most effective role will be to continue to provide technical assistance documents for states to use. The last guidance released by EPA on lead in school drinking water was released in 1994. Several states indicated that they would like to see this guidance updated and reissued and training made available. States also suggested that EPA provide guidance for schools on how to address other non-acute water quality issues, such as taste, odor, color, and sediment.

With respect to funding, states expressed a need for funding to cover costs associated with technical assistance and laboratory costs for analysis of water samples. Another state indicated that funding would be useful to help compile and analyze data to facilitate assistance to schools and day care facilities. One state indicated that supplemental funding and guidance would be useful on the design and implementation of a cost-effective, statistically significant flushing/sampling programs in large buildings, such as schools. The state also envisions a study focusing on the effects of temperature and time of travel of drinking water from main to remote taps in facilities and what effect these play on effective flushing and representative sampling programs.
While finding a problem related to high lead levels is easy, it is difficult for a school or day care facility to address the cost of remediating a lead exposure problem. Some states indicated that they would like to see funding made available for repairs related to school replacement of water distribution systems and assistance in identifying cost-effective means of remediating the problem. One suggested providing for expanded funding mechanisms through state Drinking Water State Revolving Fund programs as an incentive for water systems to work with their school district customers.

5.0 Future Activities

EPA is currently considering how it will move forward in enhancing support for state and local efforts to address lead in school drinking water. Several regional offices already have developed initiatives, as described above, and may look to see how they can extend their efforts. EPA’s Office of Water (OW) has been in contact with the Office of Children’s Health Protection to learn how it can work with existing initiatives aimed at assisting schools in managing environmental hazards, such as the Tools for Schools program and a school health and safety self-assessment software tool. Further, OW is working to collect existing lead in drinking water in schools and day care facilities brochures, guidance, and tools in order to provide a central location for access.

EPA will also look to see how it can work with other Federal agencies – mainly the Departments of Housing and Urban Development, Health and Human Services, and Justice through the President's Task Force on Environmental Health Risks and Safety Risks to Children – on implementing a federal strategy to prevent childhood lead poisoning. The Agency will also work to identify potential opportunities for partnerships with the Department of Education.

It is important to note that many water utilities are not waiting for additional state or federal guidance on this matter before moving forward. Many water utilities are working closely with school districts to help them develop sampling plans and conduct analyses. EPA is working with the American Water Works Association, Association for Metropolitan Water Agencies and American Water (a multi-utility provider of drinking water) to learn how water utilities have been working with local governments to address school drinking water. In addition, EPA plans to develop complementary products to enhance the materials these organizations are currently developing to assist utilities and schools understand their roles and responsibilities in carrying out effective lead protection programs in schools and day care facilities.

EPA appreciates the responses provided by state programs. The information has helped the Agency to better understand the actions taken by states in the past and the needs and challenges for the future. The Agency will provide additional information on its activities as they are developed in the coming months.
Appendix A

EPA Material on Managing Lead in School Drinking Water


(Note: this list was also included as an enclosure to the letter in Appendix B)
March 18, 2004

Ms. Ernesta Ballard, Commissioner
Alaska Department of Environmental Conservation
410 Wiloughby Avenue, Suite 105
Juneau, AK 99801-1795

Dear Ms. Ballard:

I am seeking your help in learning more about state and local efforts to monitor and protect children from exposure to lead in drinking water at schools and day care facilities and to share information about EPA's efforts to date in this area.

Washington, D.C. is experiencing seriously elevated levels of lead in drinking water in many homes served by the District’s public water system. An investigation is underway to identify a solution to the problem, which appears to be the result of an increase in the corrosivity of drinking water due to changes in water treatment. Increased corrosion is causing excessive leaching of lead from lead service lines serving homes and from plumbing fixtures into drinking water at the tap.

While this event has placed a national spotlight on the issue of lead in drinking water, we believe the situation in the District is unique. However, I have also seen news reports from across the country focused on concerns related to elevated lead levels in school drinking water. I would like to better understand the actions states are taking to ensure that children are not exposed to lead from drinking water in schools.

Children are most at risk from health effects associated with lead exposure. Elevated blood lead levels can delay normal physical and mental development in infants and young children, and cause slight deficits in the attention span hearing, and learning abilities of children. The Centers for Disease Control and Prevention (CDC) has identified a blood lead level of 10 micrograms per deciliter as the level of concern for lead in children.

EPA regulates lead in drinking water through the Lead and Copper Rule, authorized by the 1986 Amendments to the Safe Drinking Water Act. When results from tap sampling indicate that more than 10 percent of homes tested have lead concentrations that exceed a 15 micrograms
per liter (ppb) action level, public water systems must take actions to control corrosion and to inform the public about steps they should take to protect their health. However, schools are only subject to the requirements of the rule if they have their own water system.

The Lead Contamination Control Act (LCCA) of 1988 recalled drinking water coolers with lead-lined water reservoir tanks and banned new drinking water coolers with lead parts. The Act also established a technical assistance program to support state activities to reduce lead contamination in schools. In 1989, EPA issued guidance recommending that schools receiving water from public water systems take remedial action on an individual outlet whenever the lead levels exceeded 20 ppb at that outlet. EPA has also released several other documents on lead control programs for drinking water over the past several years (enclosed).

I would like to better understand if your state is currently implementing a program to control lead in drinking water for schools and day care facilities. If the state does have such a program, I would like to know how it is structured and the results of the program. If the state is not implementing a program, has the state taken other steps to reduce lead exposure in schools? I would also be interested in hearing how you see EPA working collaboratively to further your state’s efforts to implement this voluntary program.

I would very much appreciate it if you could provide a response to this letter by May 1, 2004. If you have any questions, please contact me or Cynthia C. Dougherty, the Director for the national drinking water program in the Office of Ground Water and Drinking Water at (202) 564-3750. I have also requested that Ms. Dougherty work with our Office of Enforcement and Compliance Assurance to undertake a national review of compliance with the Lead and Copper Rule. I thank you for your attention to this important public health matter.

Sincerely,

/s/

Benjamin H. Grumbles
Acting Assistant Administrator

Enclosure

cc. State Department of Health Commissioner
    EPA Regional Administrators
    State Drinking Water Administrators
Appendix C
Brief Summaries of State Letters

The letter from the Acting Assistant Administrator asked states to describe:
• State and local efforts to monitor and protect children from exposure to lead.
• Actions being taken to ensure that children are not exposed to lead from school drinking water.
• Programs the state is currently implementing to control lead in the drinking water at schools and day cares including how they are structured and the results.
• How it could see EPA working collaboratively to the state’s efforts to implement this voluntary program.

Acronyms

SDWA - Safe Drinking Water Act
BLL - blood lead level
AL - action level (for lead in drinking water)
ALE - action level exceedance
PWS - public water system
LCR - lead and copper rule
LCCA - Lead Contamination Control Act
NTNC(WS)- non-transient non-community water system
CWS - community water system

Note: The brief summaries that follow are based upon a staff review of the responses received from states. They are not intended to be representative of the full content of each response. Interested parties should review the state’s complete response and any accompanying material.
### Issues Addressed in State Letters

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<th>Discussed Implemented LCCA/LCR</th>
<th>Indicated No Additional program (LCCA/LCR only)</th>
<th>Conducted or Planning Special Sampling/Studies</th>
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State Summaries

**Alabama:** Department of Environmental Management
- In response to the recent DC events, the state initiated its own special lead sampling study that looked at 14 PWSs which had tested above the action level in the past. The state tested schools in older, low income areas and found low lead levels. The state will be asking PWSs to replace some sampling locations with public school and day care facility sites.
- Currently no water systems in the state are using chloramines. The state will be working with those that are considering converting to chloramine to ensure that simultaneous compliance issues are addressed.

Department of Public Health
- The state has a Childhood Lead Poisoning Prevention Program that includes blood lead level testing.
- The state follows up at homes of children who have high BLLs. They annually inspect about 300 residences and find that less than 5% of homes have lead in drinking water, the majority of which are attributed to lead components in pumps for private wells.
- Lead in drinking water has not generally been found to be a problem in the state.

**Alaska:** Department of Health and Social Services
- ADHSS has been active in a state workgroup that has successfully and dramatically improved compliance by schools statewide.
- ADHSS maintains an active lead surveillance database, and investigates all reports of blood lead levels over 10 ug/dL. When a school PWS tests above the AL, the department follows up with BLL tests. No tests have indicated high BLLs where there are action level exceedances.

Department of Environmental Conservation
- The LCR applies to 645 PWSs, 96 of which are schools and 26 serve day care facilities.
- The department has developed a Safe Drinking Water for our Schools project designed to address issues of non-compliance regarding testing of drinking water at schools around the state. A customized handbook was developed for each school that contains compliance information specific to their school.

**Arkansas:** Arkansas Department of Health
- The state fully complied with the requirements of the LCCA without financial support from EPA. Limited blood lead screening program was instituted at local health units. Schools that were delinquent in monitoring or notification were reported to the local newspapers. For daycares, if a center didn’t have a cooler, testing was encouraged.
- Most schools receive their drinking water through purchasing from an existing PWS that are regulated under the LCR, although there are some schools that own and operate their water supply system.
- Outside the LCR there are no special programs in place to monitor for these contaminants in PWSs, including schools. If there is reason to believe a school had high lead/copper levels - the department will collect samples upon request if they have adequate lab capacity.
Arkansas Department of Environmental Quality
• The state’s focus is on a lead-based paint program that conducts outreach to schools.

Arizona: Department of Environmental Quality
• ADHS administers the Arizona Lead Poisoning Prevention Program; consisting of: lead poisoning blood studies, a physician’s guide for medical case management for lead poisoned adults, brochures on childhood lead poisoning, a reporting requirement for elevated blood lead levels, and a targeted lead screening plan.
• ADEQ is addressing the issue of exposure to lead through drinking water through its Children’s Environmental Health Project by developing a curriculum module for schools. This module is intended to provide education about lead in drinking water to both students and administrators. It will actively engage children in conducting drinking water lead investigations at their schools and also provide practical ways administrators and other school personnel can reduce potential risks to children.
• Although a very small percentage of PWS have ALEs. ADHS and ADEQ are currently collaborating on a study of lead in drinking water in Arizona schools. Some 96 schools from throughout Arizona have been asked to participate in the study. Arizona expects the results by the fall pursuant to a cooperative agreement grant from the US Toxic Substances and Disease Registry.

California: Health and Human Services Agency
• The state conducts several activities to prevent childhood lead poisoning
• In 1998, the state conducted “Lead Hazards in Schools” study to determine how common lead and lead hazards were in CA public schools and daycare facilities. The results of the survey were used to help develop and implement a multi-year California Lead Safe Schools Program

Department of Health Services - Follow-up letter
• CA has taken several steps to address lead in drinking water for schools and day care facilities.
  • From 1987-1989, the CA Dept of Education issued advisories regarding drinking water fountain testing. Another advisory was issued in 1994, warning of lead hazards in paint, soil, and drinking water. Schools were provided guidance on identification and testing of lead exposure hazards.
  • DHS requires all schools and day cares that are PWSs to meet the provisions of the LCR.
  • DHS also has a Childhood Lead Poisoning Prevention Program whose mission is to eliminate childhood lead poisoning by identifying and caring for lead burdened children and preventing environmental exposures to lead.
  • In 1994, DHS developed a study to investigate the extent of lead contamination in paint, soil, and drinking water in CA schools. Between 1995-1997, 200 schools were investigated. DHS estimated that 18.1% of the schools are likely to have lead levels over the action level.
  • After release of the study, the state funded $1 million in 1998/9 to the Dept of Education to test for the presence of lead in public schools.
In 2000, a multi-agency effort established the Lead Safe Schools Project. Although focused on lead-based paint hazards, it also recognizes water as a potential route of exposure. 70% of the state’s public school districts have received training through the Lead-Safe School Project, including all districts with significant enrollment.

Environmental Protection Agency:
- The letter noted that DHS has primary responsibility for implementing drinking water laws in CA. However, CA EPA pointed to the Proposition 65 program as helping to reduce lead levels in fixtures, solder and paint.

Connecticut: Department of Public Health, Drinking Water Division
- The state regulates 195 daycare centers as NTNC PWSs. Lead exceedances have been identified in 17 NTNC daycare centers since Jan. 1, 2002, systems are in varying stages of achieving compliance with the LCR.
- There are 1400 licensed daycare facilities in the state. Facilities are required to be tested for lead every two years as part of the license renewal process. The drinking water program generally gets 10-15 referrals a year due to elevated lead levels. If the center is over the AL, it must provide approved bottled water until the situation is resolved.
- State regulates 205 schools with onsite water supply systems. 175 are classified as NTNC PWSs and 30 as CWSs. In 2002, the state instituted a capacity building project for schools.
- An additional 833 schools receive water from a community water system. No consistent sampling has been carried out in the 833 schools since 1988-89 when the LCCA was implemented.
- Collaboration: EPA should provide grant money to primacy programs to cover costs associated with technical assistance and laboratory costs.

Delaware: Health and Social Services
- In response to recent events, the state is sending schools and daycare facilities a packet of information which includes information on the water fountains that were known to have used lead as well as information on how to further reduce children’s exposure.

Florida: Department of Environmental Protection
- The state implemented the LCCA from 1988 to the mid 1990's. Received 100% cooperation from all Florida’s 67 counties and their school districts. Broward Country currently has a proposal to require annual lead monitoring in schools.
- In 1993 adopted LCR with 2 significant and important improvements 1. Added day care facilities to the definition of Tier 1 sampling sites. 2. Required all regulated water systems to notify each customer whose individual sample result for lead exceeds the lead action level.

Department of Health
- Florida has proactive programs to evaluate the lead content in drinking water and works to actively identify and protect children from lead exposure in the environment.
• The state has a regulatory program to evaluate lead levels in drinking water provided by limited use PWSs, which are systems that serve less than the federal definition of PWS. This brings in day care facilities that may serve fewer than 25.

**Georgia:** Dept. of Human Resources Division of Public Health
• The Childhood Lead Poisoning Program does not currently include a program to address lead exposure from drinking water. The state has not identified water as a significant source of lead. The Dept of Education assesses for presence of lead when schools are renovated, but have not identified lead in drinking water as an issue.

**Department of Natural Resources**
• The Dept of Education had responsibility for the responsibilities under the LCCA.
• The state has no programs to control lead in school drinking water since 1992.

**Hawaii:** Department of Health
• The state implemented the LCCA in 1989. Schools are generally served by PWSs. In 1994, testing showed that only 6 of 233 samples failed the first flush test.
• Each year DOH issues an advisory for schools to flush all systems before the start of school, and after vacations if necessary. There is no other current program for reducing lead in schools’ drinking water
• The Dept of Health currently administers a Childhood Lead Poisoning Prevention Program - funded by CDC grants. The state conducts blood lead level tests and investigates “Hot Spots”.
• Collaboration - State acknowledged that EPA has done much by providing a method for the detection of lead in school drinking water, an action level for drinking water in schools and a guidance in the response to identified problems.
• Recommendations: EPA will need to address the cost of remediating a lead exposure problem. Although finding the problem is easy, correcting it is hard because it is too costly for the school or daycare facility. There has been no funding with LCCA. State would like to see EPA work toward making funding available for repairs related to school replacement of water distribution systems and identify cost effective means of remediating the problem.

**Idaho:** Department of Environmental Quality
• The state promulgated and implemented the Lead Ban in 1988 and the LCR in 1992.
  Department of Health and Welfare
• The state did not provide information on drinking water in schools.

**Illinois:** Illinois Environmental Protection Agency and Illinois Department of Health
• IEPA oversees CWSs. The state describes LCCA and LCR activities through 1992, highlighting public education efforts that take special steps to protect children from exposure to lead in drinking water.
• Collaboration – EPA’s most effective role will be to continue to provide technical assistance documents for states to use.

**Illinois Department of Public Health**
• IDPH regulates approximately 200 schools and day cares that are NTNCWS.
Indiana: Department of Environmental Management
- The state has 263 schools are PWSs, 16 of which have exceeded the 90th percentile action level.
- The state describes its “2000 Lead-Safe Families for 2000 Project” - which had the goal of reducing lead exposure to children and focusing on the primary prevention of lead poisoning. The state conducted ~1200 assessments and did not identify drinking water as a significant source of lead in the home.

Iowa: Department of Public Health
- IDPH Lead Poisoning Prevention Program (1989) - provides guidance to school, preschool, and day-care centers, follows up to see how the information is being utilized, and offers technical support to schools, preschools, and day-care centers that have questions or problems. No funds were allocated in the LCCA for this, but IDPH and Iowa Dept of Education worked together to get the information out. Informational mailings were sent out in 1989 and 1990 to comply with LCCA.
- The state’s primary focus is on reducing exposure to lead based paint in housing. The state’s follow up with children with high BLLs has not pointed to drinking water as a source, even in homes with higher levels of lead in drinking water.

Department of Natural Resources (Same letter)
- The state provided a general description of implementation of the LCR.

Kansas: Department of Health and Environment
- The State has a childhood lead poisoning prevention program focused on lead-based paint exposure. It does not have a program that specifically targets lead in drinking water.
- Most schools are provided water by on municipal PWS.

Kentucky: Cabinet for Health and Family Services
- The Department of Health does not provide proactive testing of water in schools. Water is tested in homes where children have high BLLs and other sites where they spend considerable time.

Louisiana: Department of Health and Hospitals
- The Department used to have an active program, but the staff and resources were shifted to the Lead and Copper program in 1996 due to a lawsuit.
- The state was sued because the plaintiff did not feel the state was doing enough to implement the LCCA. The judge ruled that the provision requiring states to establish remedial action programs to remove lead from schools and daycare facilities was unconstitutional. The lawsuit had the unintended effect of ending the lead program in LA. The state’s focus is now on the LCR - schools that are NTNC water systems.

Louisiana Department of Environmental Quality
- According to DEQ - DHH is implementing the Childhood Lead Poisoning Prevention Program across the state. The program identifies high risk areas and targets efforts and resources to reduce the number of children with elevated blood lead levels.
**Maine:** Department of Human Services
- The state is not currently implementing a program to control lead in drinking water for schools and day care facilities. Schools that are a PWS must meet the LCR requirements. If a PWS exceeds the AL, the state also recommends that the PWS sample for lead at schools.

**Maryland:** Department of Health and Mental Hygiene
- The Dept of Health does not conduct monitoring and testing of lead in the drinking water at schools and day care facilities - it is conducted by the Dept of the Environment.
- DHMH is actively involved in the Maryland Lead Poisoning Prevention Commission that is appointed by the governor and is involved in the Maryland Childhood Lead Screening Program.

Department of the Environment
- In the past year, blood lead levels were tested in over 1300 students from 15 Baltimore City elementary schools. Although all of the schools had fountains with elevated lead levels, no students had elevated blood lead levels.
- The state is actively involved in assisting schools to reinitiate programs for lead testing in their drinking water welcomes any assistance that the EPA can provide. The state indicated it would be helpful if the EPA could assist states with funding to compile and analyze data, and provide technical assistance to schools and day care facilities.
- In 2003, Maryland conducted a survey to evaluate the current status of lead testing efforts within Maryland’s public schools. This was prompted by the 2003 lead testing within Baltimore City Public Schools that revealed elevated levels of lead in the drinking water.
- In response to the survey, Maryland’s local Boards of Education have begun contacting MDE for guidance on testing for lead in the drinking water at the schools that are supplied by municipal water.

**Massachusetts:** Department of Environmental Protection
- DEP has worked to fulfill the requirements of the LCCA and to mitigate lead levels in Massachusetts.
- DEP coordinates initiatives with several partners for a lead in school drinking water abatement program that responds to the needs of schools in Massachusetts. The letter outlines several activities carried out by DEP.
  - The DEP has an agreement with the Dept of Public Health to routinely review and follow-up with the local public water supplier and the homeowner on all DPH drinking water results form the homes of children with elevated blood lead levels. Results are reported to EPA in DEP’s annual LCCA report as well as routine Performance Partnership Agreement reports.
  - DEP works with schools that are NTNCWS whose drinking water exceeds the action level to mitigate exposure to children. This work involves providing educational material, training, and one-on-one consultation with school officials and enforcement if necessary. DEP also works with any other schools known to have elevated lead levels to mitigate exposure to children.
The department provides school administrators, public health officials, public water suppliers, plumbing inspectors and other interested parties with educational materials and recommendations to assist in the schools’ efforts to reduce the levels of lead and copper in their drinking water.

On March 30, 2004, the DEP Commissioner sent out an information package to all Mass. Superintendents of Public Schools, Private and Parochial School Principals, Collaborative Directors, all Public Water Superintendents, and day care providers with information about lead and drinking water.

**Michigan:** Department of Environmental Quality
- The state has 900 NTNC PWSs that are schools and day care facilities. All rely on ground water as their source. The state has implemented the LCCA and LCR, but has no specific lead in school drinking water program.
- Recommendations: EPA should consider schools as Tier 1 sampling sites so that more information on lead exposure in schools can be gained. The state also recommended that EPA consider a sampling protocol for schools that would determine if the fixtures at kitchen taps are a problem.

**Minnesota:** Department of Health
- The state provides all MN schools written guidance materials every five years regarding the reduction of lead in drinking water - “Reducing Lead in Drinking Water: A Manual for Minnesota’s Schools.”
- MDH has a general education campaign that urges the public to “Get the Lead Out” by taking simple steps to reduce lead in drinking water.

**Mississippi:** Department of Health
- The state has 25 schools identified as NTNCWS and is working with 5 that are over the AL to determine an appropriate course of action.
- The state will conduct environmental testing when children are identified with high BLLs.
- The MSDH Office of Childcare Licensure and Division of Water Supply are working to identify the sources of drinking water for all day care facilities in the state, with special attention to those served by private wells.
- The state will be contacting the Dept of Education for a list of schools in order to arrange monitoring in districts served by PWSs that do not have corrosion control in place.

**Missouri:** Department of Health and Senior Services
- The state has a multi-tiered system to ensure all citizens are not exposed to lead in drinking water. A majority of schools and childcare centers are connected to PWSs.
- Missouri Department of Natural Resources
- The state performed testing under LCCA in the early to mid 1990's. Since 1992, the focus has been on the LCR. The state tests more than 1600 PWSS for lead and copper - 96 of which are schools and day centers with their own water supply and has not identified problems with lead exceedances.
**Montana**: Department of Environmental Quality
- Many rural schools and daycare facilities have their own public water supplies and are directly regulated under the LCR. Schools supplied by larger water systems have a more limited degree of coverage, depending on the selection of sample sites by the public water utility.
- County and local governments have provided lead education and assistance, especially in connection with Superfund sites. Some counties perform blood lead testing by request, but recent budget cuts have reduced the effectiveness of these local efforts.

**Nebraska**: Health and Human Services System
- The state does not have a program that targets schools and day care facilities. The letter discusses results of testing carried out by the program in 1989-1991 to meet the LCCA.

**Nevada**: Dept. of Human Resources - Health Division
- The state does not currently have a special program to control lead in schools and daycare facilities. If a school is served by a CWS, the water is monitored under the LCR.
- Schools with their own water source are regulated as NTNC water systems and are subject to the LCR, with the sampling points on the school campus.

**New Hampshire**: Department of Health and Human Services
- The state described the Childhood Lead Poisoning Program funded by the CDC.
- Department of Environmental Services
  - The state regulates 190 PWSs that are schools.
  - This past May DES contacted all CWSs that provide drinking water to schools and requested that they sample for lead levels at representative sites at those schools. The state is also holding seminars about lead in drinking water for schools and CWS this summer and fall.

**New Jersey**: Department of Health and Senior Services
- The state collects blood lead data under State regulations mandating childhood and occupational screening.
- The NJ DEP has a current agreement with the USEPA R2 to share public school testing in some school districts, so survey the remainder of the extent of their testing under the LCCA. This activity is being conducted in coordination with the DHSS and NJDOE. DHSS contribution is a brochure simplifying the steps in the EPA guidance.

**New Mexico**: Environment Department
- The state will work with EPA to identify and ensure that school and day care facilities classified as PWSs meet the requirements of the LCR.

**New York**: Department of Health and Department of Environmental Conservation
- The state describes on-going measures and future actions to control lead in drinking water at schools and daycare.
Department of Health
- The state regulates more than 400 schools that operate and maintain their own drinking water supply.
- The DOH and Dept of Education have a joint effort underway to assess vulnerable systems (those with 90th percentile greater than 10 ppb). In May 2004, a survey was sent to schools served by those systems. The results are expected in the summer of 2004 and will be shared with EPA.
- The state has worked with Region 2 and the NYC school district to test water supplied to all 1200 public school in NYC (total of 33,857 drinking water outlet samples collected). In NYC mitigative measures were taken at outlets in 370 schools. A similar effort in Syracuse tested 137 schools (2351 samples) and remediated 289 outlets. The program is being expanded to Rochester and other larger cities.

North Carolina: Department of Environment and Natural Resources
- The state has no programs beyond that required by SDWA. Schools that are regulated as a PWS must comply with LCR.
- The state indicates that voluntary program are currently beyond the program’s means.

North Dakota: Department of Health, Environmental Section
- The state implemented the LCCA in 1988, but found the program did not enjoy the success typically seen in other drinking water initiatives due to funding problems and because the entities were typically unregulated. The state abandoned all but the technical assistance portion of the program.
- The state noted that the key to a successful collaborative effort to implement a voluntary program is both human and financial and indicated that EPA must be willing to create new additional funding through the PWSS grant. The state also noted that, for a program to be truly successful, it must be established as a mandatory program, complete with an enforcement and compliance component, and then adequately funded through the PWSS grants.

Ohio: Ohio EPA
- The state does not have a program directed exclusively at lead in drinking water at school and day care facilities, although there are a number of State and local programs that address lead in drinking water as part of their overall efforts to reduce lead exposures.
- Ohio requires all CWS and NTNCWS to monitor for lead and copper in their distribution systems - this include 469 schools and day care facilities that operate their own PWS.
- Some schools and day cares are served by a larger PWS, owners and operators may choose to sample schools and day cares, but it is not common.
- The Ohio Childhood Lead Poisoning Prevention Program provides funding, public and professional education, environmental consultation and investigation, case management, and data collection and analysis. The program addresses needs of children from birth to age 6. The state collects all blood lead screening reports and provides data analysis to the federal government.
- The state expressed concerns that the current increased attention given to lead will result in unnecessary additional burden on state drinking water programs.
**Oklahoma:** Department of Environmental Quality

- The state implemented the LCCA and continued sampling for lead at schools through the implementation of the LCR by the public water supply systems. 65 schools and day cares have their own water supply systems and are regulated under the LCR.
- The state indicated that lead has not been a major concern in the state and has no indication that a special monitoring program would be warranted to investigate lead contamination in OK.

**Oregon:** Department of Environmental Quality

- The DEQ indicated that it is not involved with this type of program. Drinking water is overseen by the Dept of Human Services.

**Department of Human Services**

- The state described activities undertaken in the 1990's to respond to the LCCA. Updates are provided to schools through the Dept of Education.

**Pennsylvania:** Department of Health

- The DOH currently funds 10 local community-based Childhood Lead Poisoning Prevention Projects serving targeted identified high-risk areas. The state has not found lead in drinking water to be a problem in Pennsylvania

**Department of Environmental Protection**

- The state carried out the requirements of the LCCA and oversees implementation of the LCR for the 10% of schools in PA that are public water systems.
- The state indicates that further involvement is constrained by a lack of federal funding. The state supports EPA regional staff efforts with schools with elevated drinking water lead levels, particularly efforts in the Philadelphia district to test and remediate.

**Puerto Rico:** Departamento de Salud (Department of Health)

- There are currently no programs specifically addressing lead control in drinking water for schools or day care facilities. The department is interested in collaborating with EPA to implement lead control programs for schools and day care facilities and receiving more information regarding EPA’s voluntary lead control program for schools and day cares.

**Rhode Island:** Department of Health

- The state implemented the LCCA since 1991, but is not currently implementing a program to control lead levels. The state is considering the possibility of sampling day care facilities as well as re-sampling schools that showed levels about 15ppb in initial testing.
- As for a collaborative effort with the EPA, the DOH would seek assistance in the form of supplemental funding and guidance on the design and implementation of a cost-effective, statistically significant study of flushing/sampling program in large buildings, such as schools. The state also envisions a study focusing on the effects of temperature and time of travel of drinking water from main to remote taps in facilities and what effect these play on effective flushing and representative sampling programs.
**South Carolina:** Dept. of Health and Environmental Control
- The state does not have an ongoing program that specifically addresses lead in drinking water in schools, which are generally under the authority of the Dept of Education. However, there are numerous activities in other programs that address this issue. The Childhood Lead Poisoning Prevention Program provides educational materials, presentations, and training upon request to a variety of groups.
- The Bureau of Water routinely samples water supply systems for schools that are also PWSs. Although the department has regulatory authority over school sanitation, they do not have the funding to conduct routine inspections. Day care facilities are subject to lead hazard assessment inspections as a requirements for licensing, and could have water tested as part of that process.

**South Dakota:** Dept. of Environment and Natural Resources
- The state described a South Dakota Environmentally Safe School Initiative in 1993/94. A majority of the schools in the state collected first draw water samples to test for lead. Where levels were high, the state retested to verify, and provided grant money to replace fountains and coolers that posed problems.
- Collaboration: 1. States must be included in the effort and there must be federal funding to pay for all the work. 2. EPA could revise the current federal LCR monitoring requirements to allow regulated drinking water systems to collect samples from schools and other buildings rather than just from residences.

**Tennessee:** Department of Environment and Conservation - Division of Water Supply
- The state implemented the LCCA, but didn’t establish a program to continue with a specific training and sampling program because of funding. The Division of Water supply does provide technical assistance to school systems/daycares upon request.
- The DEC does not plan to increase activity in this area.

Department of Health
- The department is not involved with a program to control lead in schools.

**Texas:** Department of Health
- TDH is not aware of any committees or work groups specifically focusing on the issue of lead in drinking water in schools and day care facilities. Other than identifying lead-lined water cooler reservoirs in 1988, lead in drinking water in school has not been identified as issue in Texas.
- As part of the lead poisoning prevention program in Texas, the TDH established a Lead Work Group to discuss strategies to eliminate lead poisoning from all sources of exposure.

Texas Commission for Environmental Quality
- Since 2002, TCEQ’s drinking water program has sent EPA booklets on lead to the administrators of schools or day care facilities that are also a PWS before schools starts each fall. Currently, no schools or day care facilities are exceeding the action level.
Utah: Department of Health
- The state does not have a program to control lead levels in drinking water for school or day care facilities. If water monitoring revealed elevated lead levels, the Department of Health would be able to assess the impact on BLLs of children who drink the water.

Department of Environmental Quality
- In 1988, in response to LCCA, the state provided 42 school districts and childcare facilities with all the available information to aid in lead lined drinking water tank recall.
- BLLs for children in the state are very low. Where they are elevated, they are attributed to Superfund sites and lead paint.
- Lead in drinking water is not a problem in the state, but the letter outlines the state’s plan ensure that what happened in DC does not happen in Utah.

Vermont: Department of Environmental Conservation
- The state carried out the LCCA between 1988-1994. In 1994, the voluntary testing program for lead in drinking water had very low participation. The state will shortly initiate another effort focused on lead in schools.
- The state would like to work closely with EPA in determining approaches to ensuring that lead is as low as possible in schools.

Department of Health
- The state’s Childhood Lead Poisoning Prevention Program provides environmental sampling for families of children with elevated blood lead levels. This may include some sampling from homes, day cares and schools.
- In 2000, passed the School Environmental Health Act, the goal of which is to provide schools with the resources necessary to develop and adopt environmental management plans. Currently 8 schools are participating in finalizing environmental management plans that include reducing exposure to lead and environmental asthma triggers.

Virginia: Department of Health
- Following the LCCA, the Dept of Health provided technical assistance to schools and day cares and distributed the EPA guidance, the Dept of Education distributed a guidance. The state would like to see the existing EPA guidance updated.
- There are no ongoing special program beyond the scope of LCCA and LCR for schools. This summer the state is working with other state agencies to test for lead in selected schools and day care facilities statewide.

Washington: Department of Health
- The state has several programs that speak to various aspects of maintaining safe drinking water and healthy schools. The Office of Environmental Health and Safety, through its School Health and Safety Program, publishes a guide for schools that has a component that directs schools to comply with drinking water requirements.
- The DOH is currently working with the DSHS and local health agencies to train agency staff and potential licensees on safe drinking water requirements.
• The state suggests that EPA consider updating and expanding its technical assistance including: existing publications and references, providing specific funding, providing Drinking Water Academy courses, hosting workshops, providing expanded funding mechanisms (DWSRF) as an incentive for water systems to work with their school district customers, and providing schools with guidance for addressing non-acute water quality issues, such as taste, odor, color, and sediment.

West Virginia: Department of Health and Human Resources, Bureau of Public Health
• The state does not have the resources to conduct a sampling program targeted specifically to schools other than those that have their own water system.
• There are 68 NTNCWS serving schools in WV. All but one are in compliance with the LCR (one has high copper levels).
• The state is interested in providing a higher level of surveillance to include all schools, but there is not enough funding at this time.

Wisconsin: Department of Natural Resources
• The state indicates that only NTNCWS that are schools/day cares exceeding a lead or copper action level are taking action to reduce lead and copper levels. There are no other monitoring programs specifically aimed at school or daycare facilities served by a CWS.
• The state has a program that seeks to reduce the exposure to lead paint in school, but activities associated with this program are generally complete. The state indicates that if EPA is going to mandate additional efforts on lead in drinking water, funding will be needed to implement it.

Wyoming: Department of Health
• Region 8 has jurisdiction for drinking water in the state because the state does not have primacy.
• The WDH collects results from blood lead tests performed on all children but there is no Wyoming state program that addresses lead exposure in children. The state would be interesting in a voluntary program, but resources are not currently available to support activities.

The Navajo Nation NNEPA
• The LCCA was implemented in the early 1990's. NNEPA does not have a program that requires sampling in schools unless the school owns/operates a public water system.
• The Indian Health Service conducts inspections of schools and other facilities. IHS requires school facilities to sample their drinking water in accordance with LCCA.
• Collaboration: More funds are needed to conduct broader and effective assessments. The LCCA needs to be revisited in terms of becoming a regulatory requirement.