



Reducing Lead in Drinking Water

**A TECHNICAL GUIDANCE AND MODEL PLAN FOR MINNESOTA'S
PUBLIC SCHOOLS**



DEPARTMENT OF EDUCATION

DEPARTMENT OF HEALTH

Reducing Lead in Drinking Water

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Manual revised to incorporate changes made to the Environmental Protection Agency guidance, *3T's: Training, Testing and Telling* now known as *3T's: Training, Testing and Taking Action* and additional modifications.

A listing of applicable references is located at the end of this Model Plan in the order they appear.

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Upon request, this material will be made available in an alternative format.

Foreword

Reducing potential lead risks in school drinking water

We are pleased to present this guidance and model plan, Reducing Lead in Drinking Water: A Technical Guidance and Model Plan for Minnesota’s Public Schools. This plan reflects the commitment of public health, education, and legislative leaders, as well as those directly responsible for operating public school drinking water systems, to reduce the chance that children are exposed to the health hazards of lead through school drinking water. It provides information on both required steps (testing, reporting) and flexible guidance that schools can consider to meet their individual needs. Reducing lead exposure is a high priority for all of us.

When children take in even small amounts of lead, there can be detrimental health effects. The longer children are exposed to lead, or the higher the dose, the greater the impact. While current science has not found a safe level of lead exposure, lead is still present in many areas of our environment, making it very difficult and costly to reach a point of zero exposure. That is why it is so important for those of us who are concerned for the health and safety of our children to do what we can to reduce lead exposures for children.

While the greatest risks, by far, for children to be exposed to lead are typically in their own homes from a source such as lead paint, under certain conditions children can be exposed to lead through school drinking water. This manual builds on existing guidance that schools have used since 1989. It is designed to help schools develop and implement plans to test for lead in drinking water and communicate results to parents and the public – fulfilling the requirements of Minnesota Statutes, section 121A.335. Further, the manual describes steps schools may take to reduce lead in drinking water.

We recognize the challenges school managers will face in executing lead testing, communicating results, and taking action to reduce lead in drinking water. Many schools have already taken steps to reduce lead in drinking water and we are learning from their experience. If all schools take appropriate actions and continue to follow best practices, potential exposures across the State can be greatly limited and children protected from the life-long negative impacts of lead exposure. Staff in both of our agencies are available to provide assistance to help school staff to address these challenges.

We look forward to working with all schools in Minnesota to create a more lead-free future for our children.

Brenda Casselius
Commissioner of Education

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Contents

Foreword.....	ii
Reducing potential lead risks in school drinking water	ii
Introduction	1
Purpose of this Technical Guidance and Model Plan	1
Who is Required to Use this Technical Guidance and Model Plan?.....	1
Health Information	2
Why Worry About Lead?.....	2
Health Risks of Lead	2
Common Sources of Lead	3
How Does Lead Get Into Drinking Water?.....	3
Why is Lead a Special Concern for Schools?.....	4
What Can Be Done to Reduce Lead Levels in Drinking Water?.....	4
Regulations and Guidance	6
Minnesota State Statute 121A.335.....	6
The Safe Drinking Water Act, Lead and Copper Rule	7
The Lead Contamination Control Act.....	7
The Safe Drinking Water Act, Reduction of Lead in Drinking Water Act.....	8
MDH Guidance.....	8
<i>Reducing Lead in Drinking Water – A Technical Guidance and Model Plan for Minnesota’s Public Schools</i>	8
EPA Guidance	8
<i>3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities</i>	8
Guidance Values of Lead.....	9
Model Plan for Lead Testing	10
Required Components of a Model Plan.....	10
MDE Support for Lead Reduction Activities	11
MDH Support for Lead Reduction Activities.....	11
MDH Lead Testing in Schools.....	11
MDH Hydration Station Grants.....	11
Step 1- Sampling Program Development.....	11

REDUCING LEAD IN DRINKING WATER

Step 2- Conduct First Draw Tap Monitoring	14
Step 3- Communicate Results	15
Lead Hazard Reduction Options	16
Guidance on Interpreting Results and Recommended Lead Hazard Reduction Options	17
Step 4- Interpret Sample Results	18
Step 5- Take Corrective Actions	20
Step 6- Reassess	23
Glossary of Terms and Abbreviations	24
References	27

Introduction

Purpose of this Technical Guidance and Model Plan

This technical guidance is designed to assist Minnesota’s public school districts and charter schools in minimizing the exposure of students and staff to lead in drinking water. It also contains the model plan for lead testing of school drinking water as required under Minnesota Statutes, section 121A.335. The specific text of the statute can be found at [Lead in School Drinking Water](#).

Minnesota Statutes, section 121A.335 requires schools to either adopt the model plan outlined in this document or develop and adopt an alternative plan that accurately and efficiently tests for the presence of lead in water in public school buildings serving students. The statute further directs that this technical guidance be based on “standards established by the United States Environmental Protection Agency (EPA)” and current Minnesota Department of Health (MDH) guidance. In addition to describing required aspects (planning, testing, reporting), the manual also presents flexible guidance that schools can consider to meet their individual needs most efficiently.

The Minnesota Department of Education (MDE) and MDH intend that school administrators consult this technical guidance and model plan when testing for lead in their drinking water and implement activities as needed to reduce exposure to lead. The school district is responsible for adopting and retaining the model plan/alternative plan and test results records, as well as making those results available to parents and the public.

Who is Required to Use this Technical Guidance and Model Plan?

This technical guidance and model plan are intended for use by all public school districts and charter schools subject to requirements of Minnesota Statutes, section 121A.335.

School administrators, school boards and others in positions of governance should review this guidance. Beyond the model plan for lead testing, this technical guidance includes recommendations to reduce lead levels at taps used for drinking water and food preparation. The instructions for testing and suggested lead hazard reduction options are designed for school health, safety, and maintenance personnel, as well as consultants working with educational agencies.

If your school is served by a Community Public Water System (CPWS), i.e. municipality, you should contact your CPWS to learn more about lead in your water supply before testing your facility. It’s important to develop a working relationship with your CPWS, including having a coordinated communications plan.

MDH recommends that other facilities such as private schools or child cares serving infants, preschoolers, and children test for lead to identify and reduce lead in drinking water. However, state statute does not require private schools or child care facilities to test or to follow the Model Plan.

Health Information

Why Worry About Lead?

Lead is a toxic material known to be harmful to human health if ingested or inhaled. Research has shown that exposure to lead is associated with adverse mental, physical, and behavioral effects on children. The current scientific consensus is that there is no safe level of lead exposure. More background can be found at [Centers for Disease Control and Prevention](#). Therefore, any blood lead level can have negative health effects. While water is just one potential source of exposure to lead in the environment, reducing lead in school drinking water can decrease an individual's overall exposure to lead.

Health Risks of Lead

While we have known that lead is toxic for many centuries, there has historically been a level of exposure presumed to be "safe." Over the years, the safe level has been reduced based on new research, but it was always there. However, in 2012, the Centers for Disease Control and Prevention dramatically changed the way lead toxicity is assessed. Instead of setting a safe level, the new approach acknowledges the fact that there is no currently known safe level of lead exposure and recommends a primary prevention approach (i.e., preventing a problem before it occurs) to reducing risk. This concept of "no safe level" is similar to the way we assess risks from carcinogens.

Health risks from carcinogens are managed by setting an acceptable risk probability (not zero) that balances the need to reduce exposure with the practicality of avoiding chemicals that are widely distributed in our environment. The current approach for lead hazard reduction is similar in that it balances the need to reduce exposure (i.e., primary prevention) while recognizing that lead is still present in many areas of our environment.

Children

Children are more susceptible to lead exposure because their bodies absorb metals at higher rates than the average adult. Children younger than six years old are most at risk due to their rapid rate of growth and ongoing brain development. Exposure to lead can cause damage to the brain, nervous system, red blood cells, and kidneys. Lead also has the potential to cause lower IQs, hearing impairments, reduced attention span, hyperactivity, developmental delays, and poor classroom performance.

The damage from lead exposure in children is permanent. Fortunately, the impacts of lead exposure can be minimized with good nutrition, a stimulating education, and a supportive environment.

Adults

High blood lead levels in adults have been linked to increased blood pressure, poor muscle coordination, nerve damage, decreased fertility, and hearing and vision impairment. Pregnant women and their fetuses are especially vulnerable to lead exposure since lead can significantly harm the fetus, causing lower birth weight and slowing normal mental and physical developments. [MDH Lead Program](#) has more information on the health impacts of lead on children and adults.

Common Sources of Lead

There are a number of pathways of exposure to lead in the environment. While this guidance focuses on lead in drinking water at schools, it is important to reduce exposure from all potential sources of lead. These include:

- Lead-based paint in older homes (i.e., built before 1978). This is the most common source for childhood lead poisoning;
- Lead-contaminated dust and soil;
- Imported spices, cosmetics, and medications contaminated with lead;
- Pottery or ceramics with lead glazes;
- Exposure through lead dust from a household member who has a job or hobby that involves lead, such as construction or shooting firearms;
- Swallowing items that contain lead, such as fishing sinkers; and
- Corrosion of plumbing materials including brass, solder and pipes.

Therefore, while water is not typically the most prominent source of lead exposure for an individual, reducing lead in drinking water can help in lowering an individual's overall exposure.

How Does Lead Get Into Drinking Water?

Lead found in drinking water comes primarily from materials and components associated with the water distribution system and plumbing. While public water distribution systems may have lead components, the highest concentrations of lead are typically found nearest to the tap.

Lead may be present in various materials in a building's plumbing system such as lead solder, brass fixtures, valves, and lead pipes. Corrosion of these materials allows lead to dissolve into the water passing through the plumbing system. The amount of corrosion depends on the type of plumbing materials, water quality characteristics,

electrical currents, and how water is used. The longer water remains in contact with lead materials, the greater the chance lead can get into the water.

Why is Lead a Special Concern for Schools?

Children are more vulnerable to lead

Children typically have higher intake rates for environmental materials (such as soil, dust, food, water, air, paint) than adults. They are more likely to play in the dirt and put their hands and other objects in their mouths. Children tend to absorb a higher fraction of ingested lead than adults, which can slow the normal physical and mental development of their growing bodies. In addition, the physical and behavioral health effects from lead can impact student success and classroom performance. While the most vulnerable age for lead exposure is for children less than six years old, the brains of school-age children are still developing and can be significantly impacted by lead exposure.

Plumbing materials and water use patterns at schools

Lead levels in the water within the plumbing system of schools can vary greatly from tap to tap. Plumbing materials influence the amount of lead in drinking water due to the variety of materials in the system (e.g., lead or copper pipes, lead solder, and brass fixtures). The amount of time and usage patterns the water is in contact with various materials in the plumbing system may have a significant effect on the concentrations found as well. The “on-again, off- again” water use patterns of most schools can contribute to elevated lead levels in drinking water. Water that remains stagnant in plumbing overnight, over a weekend, or during a vacation has longer contact with plumbing materials and therefore may contain higher levels of lead.

What Can Be Done to Reduce Lead Levels in Drinking Water?

This section is relevant to any tap used for drinking water or food preparation. These are best practices in reducing lead concentrations and can be used at home, school, or at work.

When evaluating the best approach for protecting against lead exposure in schools, it is important to balance a number of factors:

- Current research has not identified a safe level of exposure to lead;
- Lead is still present in many areas of the environment, making it very difficult to eliminate all exposure;
- The risks of developing irreparable damage from lead in water increase with higher concentrations of lead and longer exposure times;

REDUCING LEAD IN DRINKING WATER

- School buildings across the state are very different, being old/new, big/small, busy/limited, targeted/multi-purpose, which impacts the likelihood of lead exposure; and
- Local school districts have the best understanding of their buildings and how they are used; they can work with parents, students, teachers, and administrators to come up with the best approach for their specific situation.

An effective response to lead in water must consider all of the factors listed above. Both MDE and MDH are readily available for technical assistance and consultation, but the local school district is in the best position to understand and implement an effective strategy for their specific situation.

Use only cold water for drinking and food preparation

Use only cold water for drinking, preparing food, and making baby formula. Hot water releases more lead from pipes than cold water. The water may be warmed before use in formula.

Let it run before use

Running water at a tap, prior to using it for drinking or food preparation, will typically help reduce lead levels in the water. This works by removing the water that has been in the longest contact with the plumbing materials, thus removing the water with the highest concentration of lead. The amount of time and frequency to let it run will be unique to each building.

The only way to know if lead has been reduced after letting it run is to check with a test.

Other routine maintenance

Like any appliance, water systems require routine maintenance to function properly. Steps to help reduce the presence of lead in your water include:

- Clean faucet aerators on a quarterly basis - more often if debris buildup is observed - as lead-containing materials may accumulate in aerator screens;
- Use only certified lead-free materials when performing plumbing work. More information can be found in [How to Identify Lead Free Certification Marks for Drinking Water System & Plumbing Products](#); and
- Follow the manufacturer's recommendations for water softener settings to ensure an appropriate level of hardness. The hardness of the incoming water may have to be determined by asking your water supplier or having a sample analyzed.

Test the water for lead

The only way to determine how much lead may be present in drinking water is to have the water tested. Each tap or fixture providing water for drinking or food preparation must be tested at least every five years. Some form of lead hazard

reduction should be implemented for taps where lead is found. Detailed instructions on testing water for lead and recommended lead hazard reduction options can be found later in this document.

Regulations and Guidance

Due to lead’s health effects and the special circumstances that make lead a concern in schools, a number of legal requirements and guidance materials exist that are applicable to reducing lead in school drinking water.

Table 1 displays the rules, regulations, and guidance applicable to schools. They represent a range of laws, rules (enforceable) and guidance (not enforceable) developed over the past 30 years. Much has been learned over that time regarding lead health impacts, requiring an ongoing evolution in the way we address lead hazards. Each rule, regulation or guidance is explained in detail in the sections following the table.

Table 1: Regulations and Guidance Governing Lead in Schools Drinking Water

Type	State Statutory Requirement	Federal Law and Rule	Federal Law and Rule	Federal Law and Rule	State Guidance	Federal Guidance (EPA)
Name	Minnesota Statute 121A.335	Lead and Copper Rule (SDWA)	Lead Contamination Control Act	Reduction of Lead in Drinking Water Act (SDWA)	Reducing Lead in Drinking Water	3Ts (Training, Testing and Taking Action formerly Training, Testing and Telling).
Effective Date	2018	1991/2007/2021	1988	2014/2020	1989/2014	1994/2006/2018
Applicability	All public and charter schools in Minnesota	Directly applies to schools served by their own water source (e.g., well) and serving 25 or more people	All schools	All schools	All schools	All schools

Minnesota State Statute 121A.335

The document you are reading was developed in response to Minnesota State Statute 121A.335. It requires public and charter schools to have a plan for efficiently and accurately testing for lead in drinking water using the model plan developed by MDE and MDH or by adopting an alternative plan. The law applies in addition to any other current testing requirements.

Although recommended, there is no requirement for childcare facilities or private schools to implement the Minnesota State Statute 121A.335. The full statute is [Lead in School Drinking Water](#).

Under the statute, **school districts must:**

- Adopt the model plan from this document or develop and adopt an alternative plan to accurately and efficiently test for lead in school buildings serving students from prekindergarten to grade 12;
- Create a schedule for testing that includes all school district buildings and charter schools serving students where there is a source of water that may be consumed by students (used in cooking or directly by drinking). Testing must have begun by July 1, 2018 and complete testing of all buildings serving students must be done within five years. **Each tap must be tested at least once every five years thereafter.**; and
- Make the results of testing available to the public to review and notify the parents and guardians of the availability of the information.

The Safe Drinking Water Act, Lead and Copper Rule

The Lead and Copper Rule (LCR) of the federal Safe Drinking Water Act (SDWA) was first passed in 1991, was updated in 2007, and applies to the public water system (PWS) supplying drinking water to a school building. Compliance with the LCR is based on the 90th percentile concentration value from samples collected at different points in the PWS. Compliance is a statistical calculation used to determine when a PWS must explore options to reduce lead in the water in the whole system.

Testing under the current LCR is conducted based on a tier system, with the highest priority being individual residences. Therefore, a school served by a community water supply will not be tested under the LCR. However, if a school has a private well and has 25 or more staff and students, they are classified as a PWS and must test for lead under the LCR.

In 2021, the Lead and Copper Rule was revised. The revisions require public water systems to offer limited testing and provide public education to schools and child cares. This testing would require a water system to identify all schools and licensed child cares and provide 20% of schools and child cares with testing. Water systems will be required to provide five samples per school building and two samples per child care. This testing does not replace state requirements and is designed to prompt schools to start their own testing programs using state guidance or the EPA 3Ts. Testing under the new rule will not begin until 2024. More information on the LCR is at [Lead and Copper Rule](#).

The Lead Contamination Control Act

The Lead Contamination and Control Act (LCCA) - Public Law 100-572 was passed in

1988 and applies to all schools. The intent of the LCCA is to identify and reduce lead in drinking water at schools and relies on voluntary compliance by individual schools and school districts. In particular, it focuses on certain models of water coolers in existence at the time of the law's enactment, while also addressing lead risk reduction generally. Although compliance with the LCCA is voluntary, schools are encouraged to review its recommendations and consider implementation where appropriate. More information in [Lead Water Coolers Banned in 1988 \(PDF\)](#).

The Safe Drinking Water Act, Reduction of Lead in Drinking Water Act

The Reduction of Lead in Drinking Water Act (Public Law 111-380 amending Section 1417 of the Safe Drinking Water Act) became effective in January 2014. This law applies to all schools. The most common source of lead in drinking water is the corrosion of pipes and plumbing fixtures. In an effort to reduce this contamination source, the EPA amended the SDWA to mandate that all pipes, solders, fittings, and fixtures be "lead free." The Act revised the definition of lead free to lower the allowable amount of lead to a weighted average of 0.25% percent of the wetted surfaces of plumbing products and established a statutory method for calculating lead content; it retains a 0.20% lead limit for solder and flux. The law also created exemptions from the lead-free requirements for plumbing products used exclusively for non-potable services as well as for other specified products. All plumbing fittings and fixtures must meet the NSF/ANSI Standard 61, Annex G. More information on the [Final "Lead Free Rule"](#).

MDH Guidance

Reducing Lead in Drinking Water – A Technical Guidance and Model Plan for Minnesota's Public Schools

In 1989, MDH developed its first guidance document addressing lead in school drinking water based on the information in the 1988 EPA Lead Contamination Control Act. The latest revision in 2014 was based on new information in the 2014 EPA Reduction of Lead in Drinking Water Act. All previous versions are superseded by this 2021 guidance.

EPA Guidance

3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities

In 1994 the EPA developed the Lead in Drinking Water in Schools and Nonresidential Buildings guidance to assist schools and childcare facilities in reducing the lead concentrations in their drinking water. In 2006, it was updated to become technical guidance titled "3Ts for Reducing

Lead in Drinking Water in Schools and Child Care Facilities.” In 2018 the EPA updated the 3Ts title changing it from “Training, Testing and Telling” to “Training, Testing and Taking Action”. The most notable update was the removal of 20 parts per billion (ppb) as an action limit. The 2018 3Ts guidance indicates that schools should “examine the permanent remediation options and select those most appropriate to their situation” rather than using an arbitrary action limit.

The 3Ts were designed to aid schools with the following:

- Establishing partnerships;
- Determining current water quality;
- Identifying potential problem areas;
- Developing a monitoring plan;
- Collecting and submitting water samples;
- Implementing corrective actions if lead is detected in any sample result; and
- Communicating and conducting public outreach. More information on the [3Ts for Reducing Lead in Drinking Water Toolkit](#).

Guidance Values of Lead

Lead is still present in many areas of our environment, including materials that were commonly used in plumbing systems. To help in understanding the risks posed by environmental lead, a variety of guidance values have been developed at different times by different organizations. Some of the values are relatively recent, others much older; some are health-based, while others are for statistical assessment of a water system. Table 2 summarizes guidance values frequently identified with public health protection.

Table 2: Lead in Drinking Water - by the Numbers

Guidance Value: ppb (parts per billion)	Description
0 ppb	EPA has set a maximum contaminate level goal (MCLG) of zero for lead in water. <i>Note: analytical tests can only measure down to their detection limits; it is not possible to actually measure down to 0 ppb.</i>
1 ppb	The American Academy of Pediatrics recommends this level be used as a standard for school drinking water taps. <i>Note: The minimum repeatable detection limits achieved by laboratories today are typically between 0.5 and 2.0 ppb.</i>
5 ppb	Illinois, Michigan, and Washington DC use this value as a trigger for schools to implement lead hazard reduction or provide notification. Health Canada has proposed this value, as their new Maximum Allowable Concentration. The International Bottled Water Association’s (IBWA) <i>Bottled Water Code of Practice</i> established 5 ppb as their finished water quality product standard.

Guidance Value: ppb (parts per billion)	Description
10 ppb	<p>Public water systems sample for lead following the EPA Lead and Copper Rule (LCR). The LCR describes actions public water systems are required to take when lead is found at different levels. These levels are not health based. There is no safe level of lead.</p> <p>In 2021 EPA revised the Lead and Copper Rule to add a trigger level at 10 ppb. If more than 10 percent of water system's samples are above the trigger level the system must take required actions to reduce lead by beginning corrosion control, lead service line replacement and increase monitoring.</p>
15 ppb	<p>In addition to the 10 ppb trigger level the LCR sets an action level with additional required actions systems must take if lead exceeds 15 ppb. No more than 10 percent of a water system's samples are allowed to be above this level, or the system will receive a Notice of Exceedance. However, this is not a health-based value, there is no safe level of lead.</p> <p>Systems are required to provide public education, follow corrosion control treatment steps, and follow mandatory replacement of Lead Service Lines. This action level has not been updated since 1991 although EPA has now added an additional trigger level at 10 ppb. Several states have adopted this value in their school guidance to match the Lead and Copper Rule value.</p>
20 ppb	<p>This was the trigger value used in EPA's 2006 3Ts. EPA updated their guidance and the new 2018 3Ts document does not contain a specific trigger value for taking action. There is no safe level of lead.</p>

Model Plan for Lead Testing

This section presents the model plan as required by Minnesota Statute 121A.335. If schools adopt the model plan, all steps should be implemented. If there are questions regarding the model plan, contact MDE at 651-582-8779 or MDH at 651-201-4700 for further information.

Required Components of a Model Plan

The model plan includes three required steps:

- Step 1. Sampling Program Development
- Step 2. Conduct First Draw Tap Monitoring
- Step 3. Communicate Results

All schools must complete these steps or formulate a plan that addresses the core concepts of a sampling plan, testing, and communicating results. An alternative plan must accurately and efficiently test for the presence of lead in water in school buildings serving pre-kindergarten students and students in kindergarten through grade 12.

Recommendations for interpreting results and possible hazard reduction steps, which must be tailored to meet specific local needs and conditions, are presented later in this document. The recommendations are presented as guidance and are not a required part of Minnesota Statute 121A.335 unless required by subdivision 5.

MDE Support for Lead Reduction Activities

MDE administers the Long-Term Facilities Maintenance Revenue program under Minnesota Statutes, section 123B.595. This program may be utilized to reimburse costs associated with lead testing and remediation. Funding does not cover staff time used to perform daily flushing or water use utility cost associated with flushing procedures. Memorandums from MDE, program guidance documents, spreadsheets and forms used to obtain approval to receive revenue are available at [Long Term Facilities Maintenance](#).

MDH Support for Lead Reduction Activities

MDH Lead Testing in Schools

MDH received a Water Infrastructure Improvements for the Nation (WIIN) grant to develop a lead testing program for eligible schools and childcares. This program is designed to provide sample kits and laboratory analysis for lead in drinking water. MDH also provides technical assistance to interpret results and provide education about the results to their communities. More information on the [WIIN Grant: Lead Testing in School and Child Care Program Drinking Water](#).

MDH Hydration Station Grants

MDH is committed to improving the health of Minnesotans by encouraging people to drink more water. Filtered water units, in the form of hydration stations, provide a healthy alternative to sugary drinks, especially in communities with limited access to healthy, affordable beverage choices. Properly certified hydration stations remove lead and other contaminants associated with plumbing materials. For more information on Hydration Station grants see [Drinking Water Protection Grant Information](#).

Step 1- Sampling Program Development

A program to assess and sample for lead in drinking water must incorporate, at a minimum, the following actions:

- Inventory drinking water taps used for consumption (i.e., drinking water and food preparation)
 - A drinking water faucet or tap is the point of access for people to obtain water for drinking or food preparation. A faucet/tap can be a fixture, faucet, drinking fountain or water cooler. Drinking water taps typically do not include bathroom taps, hose bibbs, laboratory faucets/sinks or custodial closet sinks; these should be clearly marked not for drinking.
 - Taps used for human consumption should only be cold water taps.

REDUCING LEAD IN DRINKING WATER

- Hot water taps should never be used to obtain water for drinking water or food preparation.
- Check all drinking fountains to ensure not identified as having a lead-lined tank. More information in [Lead Water Coolers Banned in 1988 \(PDF\)](#).
- If a drinking fountain within the school is found on this list, it should be removed from use immediately.
- Determine a schedule for sampling
 - All taps used for drinking water or food preparation must be tested at a minimum of once every five years.
 - If budget or resources do not allow all taps to be tested in the first year, it is suggested that taps be prioritized, with all high priority taps tested the first year, medium priority the second, and low priority the third. The fourth year should be used as a “make up” year, if needed.
 - Recommended priority levels are:
 - High priority: taps used by children under the age of six years of age or pregnant women (e.g., drinking fountains, nurse’s office sinks, classrooms used for early childhood education and kitchen sinks);
 - Medium priority: other taps regularly used to obtain water for drinking or cooking (e.g., Family and Consumer Science sinks, classroom sinks, and teacher’s lounges); and
 - Low priority: other taps that could reasonably be used to obtain water for drinking but are not typically used for that purpose
- Determine logistics for sampling
 - Water testing should be done consistent with the established schedule. Prior to testing it must be determined if school staff or a contractor will conduct the testing.
 - If the school will be doing the testing itself, it will need to contact a laboratory or purchase field testing equipment.
 - Schools will also need to decide if they will use field analyzers or laboratories to analyze results. Either method is acceptable with appropriate quality control and experience.
- Analysis by an Accredited Laboratory
 - Laboratory analysis typically involves a school district or consultant contracting with an accredited lab to obtain sample bottles. The laboratory will send instructions for sampling, sample bottles, and a chain-of-custody form to document time and date collected, collector name, and sample location.
 - Limitations

REDUCING LEAD IN DRINKING WATER

- Analytical costs. These vary from lab to lab. Currently, typical per sample costs for lead and copper analysis may range from \$20 - \$50, depending on a variety of factors;
- May take longer to get results than using a field analyzer; and
- Typically requires shipping.
- Benefits
 - District and/or consultant will not need to maintain instrument calibration records;
 - Uses a Chain-of-Custody to ensure integrity of sample analysis process;
 - Analysis done by third-party may provide more independent review/transparency;
 - Accredited labs use EPA-approved methods and have met industry standards for analysis. A listing of accredited laboratories may be found at [Accredited Laboratories](#); and
 - Analysts are certified and trained.

Figure 1 presents a screen shot from the MDH website on search terms for finding an accredited lab using a customized search.

Program = Safe Drinking Water Program

Analyte = Lead

Matrix = Drinking Water

Figure 1: Screenshot of Customized Searches from MDH website

Environmental Laboratory Accreditation Program - Search for Accredited Laboratories

Common Searches Customized Searches

Identification:

Laboratory Name: Laboratory Number:

Location:

State/Province: -- All -- County: City:

All Other Programs and Test Parameters:

Program: Safe Drinking Water Program

Analyte: Lead

Matrix: Drinking Water

Method: -- All --

Category: -- All --

Technology: -- All --

Accepts samples from private home owners:

- Analysis Using Field Analyzers
 - A Field Analyzer can be a great tool for quickly and efficiently testing for lead in drinking water. If you or your consultant uses a field analyzer, it is important that you understand its limitations and proper use.

- Limitations
 - Some analyzers may not measure all forms of lead in drinking water. It is important that the instrument you use measures *total* lead (particulate and dissolved). If the instrument does not measure all types of lead in drinking water, your result could be biased low;
 - Staff using an instrument need to ensure that the instrument is properly calibrated and maintained according to manufacturer’s specifications, and that records of calibration and maintenance are kept;
 - Instruments may require chemicals which will need to be stored and that can expire;
 - Field instruments may not have limits of detection that are as low as an accredited laboratory. Be sure that the method you use can identify concentrations as low as 1 ppb; and
 - Some instruments may have interferences with other contaminants and, therefore, under or overestimate the lead level. This may require that additional tests for iron, manganese, hardness, alkalinity, or other contaminants be done prior to use of the field analyzer, to ensure that the instrument will be operated to meet manufacturer’s specifications.

- Benefits
 - Get results faster;
 - Useful when doing large numbers of samples or investigative sampling where many samples might be taken from one tap;
 - Can be done on-site (no shipping needed); and
 - Can be more cost efficient depending on frequency of use.

Step 2- Conduct First Draw Tap Monitoring

Once the plan from Step 1 is set, water sampling must be conducted according to the established schedule and priority. Water from taps used for drinking or food preparation must be tested for lead using “first draw” samples. First draw means that the samples are collected before the fixture is used or flushed during the day. Use only cold water for collecting lead samples. It is necessary to consider the order in which tap samples are collected to avoid the potential of accidentally flushing a tap. Always start at taps closest to where the water enters the building.

Sample site preparation and sample collection must be performed consistent with the following conditions:

Preparation and Planning

- It may be necessary to collect samples over a number of days to ensure only first draw samples are collected;

- The day before sampling - normal usage of the sampling tap should occur;
- The night before sampling - secure the fixture from being used (e.g., hang a “Do Not Use” sign);
- Do not use sampling taps for a minimum of six hours. MDH recommends not exceeding 18 hours; and
- Do not remove aerators or attachments.

Sample Collection

EPA recommends schools use a 2-step sampling procedure.

Step 1

Collect a 250 mL first draw sample. Be sure to start sampling at taps closest to where the water enters the building so that other taps are not accidentally flushed;

Step 2

If the result from Step 1 is high, collect a 30-second flush sample to attempt to identify if the lead is coming from the plumbing behind the fixture or if flushing will help reduce lead. To collect a 30-second flush sample, after the water has been stagnant, as in the sample in Step 1, turn on the tap and allow the water to run for 30 seconds and then fill the sample container.

Some schools may find it more cost effective to take these samples during the same sampling event rather than wait to evaluate the results of Step 1. Collecting these at the same time will also reduce the response time for investigating a high first draw result. Schools with active flushing programs or considering flushing may want to consider conducting Steps 1 and 2 during the same sampling event to verify flushing effectiveness.

If not taking these samples at the same time, and elevated lead levels are found in Step 1, the water **should not be consumed** while preparing follow-up actions.

Have samples analyzed by sending to an accredited laboratory or conduct analysis using field analyzers. Be sure to follow instructions from the lab or field analyzer manufacturer.

Step 3- Communicate Results

Minnesota Statutes section 121A.335, subdivision 5 creates a reporting requirement for schools as follows - “A school district that has tested its buildings for the presence of lead shall make the results of the testing available to the public for review and must notify parents of the availability of the information. **School districts and charter schools must follow the actions outlined in guidance from the commissioners of health and education.** If a test conducted under subdivision 3, paragraph (a), reveals the presence of lead above a level where action should be taken as set by the guidance, the school district or charter school must, **within 30 days of receiving the**

test result, either remediate the presence of lead to below the level set in guidance, verified by retest, or directly notify parents of the test result. The school district or charter school must make the water source unavailable until the hazard has been minimized.”

In addition to testing for lead and meeting the reporting requirements, a lead hazard reduction program should include a comprehensive communication plan. The purpose of a communication plan is to provide a process for school employees, students, and parents to address questions, report results and provide ongoing, up-to-date information regarding sampling efforts.

School management should:

- Assign a designated person(s) to be the contact;
- Notify affected individuals about the availability of the testing and results; not to exceed 30 days. School employees, students, and parents should be informed and involved in the communication process. Results of initial and any follow-up testing should be easily accessible along with documentation of lead hazard reduction options. Posting the information on a website is preferred, but the information should also be available to those without easily accessible internet access. Examples of other information venues are meetings, open houses, and public notices; Whenever lead is detected, identify, and share specific activities taken to minimize lead exposure by following the guidance in Step 4 – Table 3 or refer to EPA 3Ts for additional remediation strategies. MDE and MDH have developed an [Education and Communication Toolkit \(PDF\)](#) to aid schools in implementing this Model Plan. MDH recommends schools retain records of results and communication by following the Environmental Health records retention guidelines. Keeping records is useful for identifying trends/anomalies in results at any drinking water fixture or the school distribution system as a whole. Refer to EPA 3Ts module on recordkeeping.

The three steps presented above constitute the required portions of the Model Plan. Guidance provided in the remaining sections of this manual, which are highly recommended but not statutorily required, can be used by schools to help ensure that results from required sampling are appropriately reviewed, interpreted, and communicated. Information is also presented to help school districts assess and implement effective and reasonable lead hazard control measures when they are required by MN 121A.335 subdivision 5.

Lead Hazard Reduction Options

Information gathered as part of the required three steps of the model plan can be used to formulate actions to address and mitigate lead exposure. The options presented here are recommended unless required by Minnesota Statutes, section 121A.335 sub-section 5. Recommended lead hazard reduction options include:

- Step 4. Interpret Sample Results

- Step 5. Take Corrective Actions
- Step 6. Reassess

Because individual school buildings vary tremendously across the state, it is imperative that final decisions on hazard reduction options are driven by local conditions and considerations. Actions that may be ideal in one district may not be appropriate for another district.

The recommendations in this section were compiled by MDE and MDH to assist school districts in choosing the best lead hazard reduction option to reduce exposure to lead in their schools. Options may be implemented individually, in combination, or not at all, depending on the specific situation at an individual school. Because no two districts or buildings are exactly alike, best management practices will likely vary across the state.

Guidance on Interpreting Results and Recommended Lead Hazard Reduction Options

It is widely understood that there is no safe level of lead exposure from any environmental hazard, including water. When confirmed evidence of a lead hazard is identified, some response to manage the exposure (risk or harm) is necessary and appropriate. MDH encourages some level of response be taken for any plumbing fixtures identified as producing a detectable level of lead.

Districts should be prepared to communicate with parents about decisions made to address lead hazards. In their communication plan, schools should be prepared to speak to taking some action at every level. However, given that lead is still found in many environments and products, it is also important to recognize that attaining zero exposure to lead may not be reasonable, or even possible, under some circumstances.

In addition, it is critical to understand that health risks from lead do not abruptly change at varying concentrations of lead. As lead concentrations, the duration of exposure, or the number of taps impacted (i.e., distribution) steadily increases, the risks posed to students steadily increase. Response options should consider vulnerability of those exposed, concentration of lead, duration of exposures, and current practices to reduce lead, among other things. The most accurate relationship between lead risk and appropriate responses follow a smooth path (i.e., solid line) as concentration increases (Figure 2). Therefore, a result of 19 ppb is not appreciably safer than a result of 21 ppb. The dashed line represents a standards-based approach (e.g. responses are similar up to a threshold, and then abruptly change). Both the risk present and response options needed for lead exposure should be evaluated as a continuum and not be driven by specific numbers.

Figure 2: Relationship between Lead Risk and Risk Response



Key: The solid line represents real world lead risks, and the dashed line represents a standards-based approach to risk management.

Mitigation strategies used will depend on the site-specific conditions of the school building such as building age, plumbing materials, water use pattern, incoming water quality, and population served. It may take a combination of options and multiple steps over a period of time to manage/remove lead in drinking water. Analytical results can be highly variable, and a clear pattern should be identified before implementing any strategy. Schools may consider prioritizing strategies to prevent exposures to students and staff most at risk. The following discussion provides the most common hazard reduction options but is not intended to be all-inclusive. EPA’s 3Ts guidance document is also an excellent resource for strategies on finding lead sources and implementing mitigation.

Step 4- Interpret Sample Results

Once a school receives its sample results, it should verify that all results are expressed in ppb. For water samples, this will sometimes be stated as micrograms per liter ($\mu\text{g/L}$), which is equivalent to ppb.


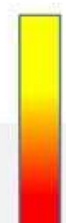
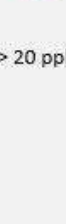
Table 3 presents possible lead hazard reduction options for various lead levels. The intention of presenting the information is to provide perspective on possible actions in response to increasing lead concentrations in water. The concentration ranges represent increasing levels of lead and should not be used as strict thresholds. More

REDUCING LEAD IN DRINKING WATER

comprehensive actions may be necessary to address health threats from higher concentrations. As there is no safe level of lead, it is important to incorporate lead hazard reduction options and communicate at all levels of lead in order to raise awareness and reduce exposure.

EPA 2018 3Ts no longer uses 20 ppb as an action level and currently recommends that if lead is found at elevated levels, the water **not** be used for consumption. EPA does not provide a definition for elevated levels. Schools are encouraged to choose a lead level as low as is practicable to trigger removal of a tap from service, incorporating their knowledge of the plumbing system and other risks of lead exposure to their student population. **Schools should identify the level of lead they use as a trigger value in their testing plans for transparency to their community.** MDH recommends taking action to minimize lead exposure at every level using a tiered approach as in Table 3.

Table 3: Recommended Lead Hazard Reduction Options

Lead Level At The Tap	Lead Hazard Reduction Options
 < 2 ppb or Non-Detected	<ul style="list-style-type: none"> ▪ Lead was not detected. Tap may be used as normal; ▪ Record result and test again in 5 years; and ▪ Make all test results and lead education materials accessible to the community, such as on a website, or annual report, and available upon request.
 2 ppb to 20 ppb	<p>The tap may be used for cooking and drinking water while steps are taken to reduce overall exposure. A higher number of taps with elevated results increases the urgency to implement hazard reduction.</p> <p>Options include:</p> <ul style="list-style-type: none"> ▪ Retest the sample tap and attempt to more accurately determine the source of the lead; consider monitoring tap more frequently until the source of lead is found and removed; ▪ Consider the feasibility of flushing or other steps to minimize lead exposure, including limiting softened water supplies to hot water taps only, taking into account other actions that the school may already have in place; and ▪ Make all test results and lead education materials accessible to the community, such as on a website, or annual report, and available upon request.
 > 20 ppb	<p>Action should be taken to reduce exposure. The specific action(s) taken will be dependent on individual school conditions.</p> <p>Options include:</p> <ul style="list-style-type: none"> ▪ Remove tap from service until problem is demonstrably corrected by replacement, a flushing program, filtration, or treatment; ▪ Do <i>not</i> use tap for cooking or drinking water; ▪ Retest the tap and attempt to determine the source of the lead; If the tap is not replaced, consider monitoring the tap more frequently, such as annually, until the source of lead is found and removed; ▪ Implement a flushing protocol or other lead hazard reduction option; sampling should be use to evaluate effectiveness; ▪ Make all test results and lead education materials accessible to the community, such as on a website, or annual report, and available upon request; and ▪ Provide targeted communication and education to individuals, parents, and staff members that routinely use that tap.

Step 5- Take Corrective Actions

In addition to possible lead hazard reduction options outlined in Table 3, the options further described here are in priority order (with the highest priority listed first and lowest priority last) of long-term effectiveness in reducing lead hazards. Some lead hazard reduction option needs to be implemented when lead is detected. **For additional information, see Appendix D: Detailed Fixture Evaluation found on page 59 of the 2018 [3Ts Revised Manual \(PDF\)](#).**

If the school receives its water from a Community Public Water Supply (such as a municipal water supply), the school is encouraged to work with them to assess the source contribution of lead coming into the school and if the school has a lead service line. For schools on their own well, the only way to characterize lead contribution from the water source is to do a test of water coming into the building.

Option 1. Removal of Lead Sources

Engineering plans and specifications for the plumbing system are useful for identifying sources of lead and helpful in determining if sources of lead can be removed from service or replaced with lead free fixtures. Options for eliminating lead sources include:

- Remove tap/fixture from service. If the tap is seldom used, it may be disconnected or removed from the water supply line, but first verify the tap is not required for local building code compliance;
- Replace with lead-free fixture/plumbing component in accordance with Reduction of Lead in Drinking Water Act;
 - If the existing tap is suspected to be the source of contamination, replace with a lead free tap;
 - Replace other sources of lead, including lead pipe, lead solder joints, and brass plumbing components with lead free materials; and
 - To minimize the introduction of lead into drinking water systems, go to EPA's website to identify lead free certification marks for drinking water systems and plumbing materials. More information can be found in [How to Identify Lead Free Certification Marks for Drinking Water System & Plumbing Products](#).

Option 2. Implement a Flushing Program

Flushing the drinking water taps (letting the water run for a set amount of time on a regular basis) can effectively reduce lead concentrations in drinking water. A flushing program works to reduce lead concentrations by clearing the taps of water that has been in contact with plumbing components that may contain lead.

While flushing can work to reduce lead, it requires staff time, diligence, and commitment to ensure effectiveness. Verify the effectiveness of your flushing program by conducting follow up lead testing.

There are two primary types of flushing programs: Individual Tap Flushing and Main Pipe Flushing.

Individual Tap Flushing Program

- May be implemented if lead concentrations are found to be high at certain taps;
- Flush individual taps that have been tested and found to have high lead levels. This procedure is to be followed each day the school is in session;
- During periods of normal use:
 - Run each tap in the morning before children arrive and again at midday. Site-specific conditions will determine how long a tap needs to be flushed and the number of times a day a tap needs to be flushed. Refer to [3Ts Flushing Best Practices \(PDF\)](#) for guidance on flushing.
- Periodic testing may be done prior to and after the midday flushing to ensure the lead concentrations have remained low throughout the morning hours. If they have not, the flushing time should be increased or another option should be implemented;
- After weekends or breaks, run each tap for ten to fifteen minutes before children return to school then return to normal use; and
- Frequency and duration of flushing should be reasonably documented.

Main Pipe Flushing Program

- May be implemented if lead concentrations are found to be high throughout the entire school or confined to a certain area of the school. This procedure is to be followed each day the school is in session;
- Begin by flushing the tap furthest away from the water source for at least ten minutes;
- Next flush the tap the second furthest away and continue in this manner until all taps have been flushed;
- Flushed samples should be periodically collected and analyzed for lead to confirm the effectiveness of flushing programs;
- It is recommended that midday samples and end of the day samples be taken periodically to ensure the lead concentrations have remained low throughout the day. If they have not, another option should be implemented; and
- Review the results upon receipt and continue to optimize the procedure to reduce lead.

More on Flushing

Flushing is a best management practice used to reduce lead levels by controlling the age of the water. It can be an interim or long-term option. This guidance presents flushing procedures that MDH has found effective in reducing the lead level in drinking water. Site-specific conditions will determine how long a tap needs to be flushed and the number of times a day a tap needs flushing. The key to using flushing as a best management practice is monitoring that demonstrates the lead level has been reduced.

Note that schools implementing a flush program may wish to identify non-consumptive uses for the flushed water (watering, cleaning, etc.) in order to make use of this resource.

Option 3. Treatment

Point-of-Use (POU) Treatment Device

A POU water treatment device may be installed at taps where lead has been detected. It is strongly encouraged that the POU device is approved to meet NSF Standard 53, NSF Standard 58, or an equivalent standard. It is to be installed, operated, and maintained in accordance with the manufacturer's recommendations. **POU treatment systems may be subject to Department of Labor and Industry (DLI) or local administrative authority plan review and approval prior to installation. Contact DLI at (651) 284-5063 for more information.** For some examples of home treatment options that will reduce lead in drinking water see [Home Water Treatment factsheet](#).

Point of Entry (POE) Chemical Treatment

Adjusting the water chemistry may reduce the amount of lead absorbed by the water. This may be done by adding a chemical to the water as it enters the building. Typical methods of chemical treatment include addition of a phosphate-based or silica-based corrosion inhibitor or an adjustment to the water's pH or hardness. **All chemical treatment systems are subject to MDH plan review and approval prior to installation.** In addition, a school that installs POE corrosion control treatment becomes a public water system and is required to meet the regulatory requirements of the SDWA. As a public water system, the school would be responsible for meeting all of the water quality standards of the SDWA, be subject to inspection of the water distribution system, and be required to have a certified water operator.

Contact the Minnesota Department of Health Drinking Water Protection Program at **651-201- 4700** to determine if additional requirements will apply to your school prior to installing treatment.

Step 6- Reassess

All taps affected by a lead hazard reduction option should be retested to ensure the lead hazard reduction options worked. A first draw sample is to be taken using the procedure outlined in Step 2.

Interpreting Results after Implementing Lead Hazard Reduction Options

- If the analysis does not detect lead, no further action is required, as long as the control option remains in place. The next sample should be collected within five years;
- If the analysis shows lead remains present, continue twice daily flushing. A midday sample, as specified in Step 5, should be collected to determine if flushing is effective. Alternatively, a new control option can be implemented followed by retesting as specified in Step 2.

MN Statute 121A.335 specifies that each building be tested at least once every five years. MDH and MDE recommend that schools repeat monitoring once every five years if results are below two ppb. If results show persistent elevated lead levels, testing should continue until the lead source is found and hazard reduction options implemented. The overall goal is to have MDH, MDE, school districts, parents, and students all work together to ensure that available resources are best targeted to minimize exposure to lead in drinking water.

Glossary of Terms and Abbreviations

Aerator - An aerator is found at the tip of the faucet. Aerators are screwed onto the faucet head, creating a non-splashing stream, and delivering a mixture of water and air.

Corrosion - A dissolving and wearing-away of metal caused by a chemical reaction between water and plumbing materials in contact with the water.

Detection Level (DL) - The lowest concentration of lead that can be analyzed with a certainty of precision. Results below this level are often expressed as “non-detected,” “nd,” or “<DL.” For the purposes of this document, 2 ppb is the maximum detection level recommended for lead analysis.

Detected - An amount of lead above the detection level. A concentration of lead analyzed with a certainty of precision to be at or above the detected level.

Drinking Water Faucet/Tap - Point of access for people to obtain water for drinking or food preparation. A faucet/tap can be a fixture, faucet, drinking fountain or water cooler. Drinking water taps typically **do not** include bathroom taps, hose bibs, laboratory faucets/sinks or custodial closet sinks when clearly marked as not for drinking water or food preparation.

EPA 3Ts – Environmental Protection Agency 3Ts for Reducing Lead in Drinking Water is a guidance document to help schools and child care facilities implement a program for reducing lead in drinking water. The document focuses on training, testing, and taking action.

Field Analyzer - Instrument suitable for water quality analysis in the field and will provide results without the use of a laboratory.

First Draw Sample - The first water drawn from a faucet/tap after the water has sat undisturbed in the plumbing system for at least six hours.

Fittings - Plumbing components used to join sections of pipe or to join pipe to fixtures.

Fixture - Exchangeable device connected for the distribution and use of water in a building. Examples: fountain, sinks, shower, tub, toilet, hydrant.

Flush(ing) - Running the water at a faucet/tap or combination of faucets/taps to clear standing water from the plumbing system.

Flush Sample - A water sample that has been collected following the flushing of a

drinking water tap.

Flux - A substance applied during soldering to facilitate the flow of solder. Flux used prior to 1986 contains lead and can itself be a source of lead contamination in water.

LCCA – Lead Contamination Control Act, July 1989.

LCR – Lead and Copper Rule, June 1991.

Lead-Free - Weighted average of not more than 0.25% in wetted surface material for pipe, pipe and plumbing fittings and fixtures and 0.2% for solder and flux.

Limit of Detection (LOD) – The lowest quantity of a substance that can be distinguished from the absence of the substance due to the instrument’s analytical process. It is usually lower than the detection level.

MDE – Minnesota Department of Education.

MDH – Minnesota Department of Health.

Model Plan - The plan developed by the commissioners of health and education to accurately and efficiently test for the presence of lead in drinking water in public school buildings, as required under Minnesota Statutes 121A.335.

Non-Detect: A lead result below the limit of detection, often expressed as “non-detected,” “nd,” or “<DL.”

pH - A logarithmic measure of acidity and alkalinity between 0 (highly acidic) and 14 (highly basic); 7 is neutral.

Parts per Billion (ppb) - A standard unit of measurement commonly used to describe the concentration of lead in drinking water. Also expressed as micrograms/liter (µg/L).

Point of Entry (POE) - A water treatment device installed to treat all water entering a single school, building, facility or home. Example: water softener.

Point of Use (POU) - A water treatment device intended to treat water for direct consumption, typically at a single tap or a limited number of taps. Example: faucet-mount cartridge filter.

Primary Prevention - aims to prevent disease or injury before it ever occurs. It is done by preventing exposures to hazards that cause disease or injury, altering

unhealthy or unsafe behaviors that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur.

Public Water System (PWS) - A system that has at least 15 service connections or regularly serves an average of 25 individuals daily at least 60 days out of the year.

- **Community Public Water System (CPWS)** - A PWS which serves at least 15 service connections used by year-round residents or regularly serves at least 25 year-round residents. Examples: municipalities, manufactured mobile home parks.
- **Nontransient Noncommunity (NTNC) Public Water System** - A PWS that is not a CPWS and that regularly serves at least 25 of the same persons over 6 months per year.
 - Examples: schools, childcare centers, factories.

Schools - Minnesota's public and charter schools serving students in pre-kindergarten through grade 12.

SDWA – Federal Safe Drinking Water Act.

Service Connection - The pipe that carries tap water from the public water main to a building.

Solder - A metallic compound used to seal the joints between pipes. Until 1988, solder containing up to 50% lead was legally used in potable water plumbing. Lead free solders, which can contain up to 0.2% lead, often contain one or more of the following metals: antimony, tin, copper or silver.

United States Environmental Protection Agency (EPA) - Federal agency with a mission to protect human health and the environment; oversees implementation of the SDWA.

Water Infrastructure Improvements for the Nation (WIIN) - A federal grant from EPA to states to develop a lead testing program for eligible schools and child cares. This program is designed to provide sample kits and laboratory analysis for lead in drinking water.

References

- [Lead in School Drinking Water - Minnesota Rules, part 121A.335 \(https://www.revisor.mn.gov/statutes/cite/121A.335\)](https://www.revisor.mn.gov/statutes/cite/121A.335)
- [Centers for Disease Control and Prevention - Childhood Lead Poisoning Prevention \(https://www.cdc.gov/nceh/lead/\)](https://www.cdc.gov/nceh/lead/)
- [MDH Lead Program \(https://www.health.state.mn.us/communities/environment/lead/index.html\)](https://www.health.state.mn.us/communities/environment/lead/index.html)
- [How to Identify Lead Free Certification Marks for Drinking Water System & Plumbing Products \(https://nepis.epa.gov/Exe/ZyPDF.cgi?Dockey=P100LVYK.txt\)](https://nepis.epa.gov/Exe/ZyPDF.cgi?Dockey=P100LVYK.txt)
- [Lead and Copper Rule \(https://www.epa.gov/dwreginfo/lead-and-copper-rule\)](https://www.epa.gov/dwreginfo/lead-and-copper-rule)
- [Lead Water Coolers Banned in 1988 \(PDF\) \(https://www.epa.gov/sites/production/files/2018-09/documents/module_4_lead_water_coolers_banned_in_1988_508.pdf\)](https://www.epa.gov/sites/production/files/2018-09/documents/module_4_lead_water_coolers_banned_in_1988_508.pdf)
- [Final "Lead Free Rule \(https://www.epa.gov/sdwa/use-lead-free-pipes-fittings-fixtures-solder-and-flux-drinking-water\)](https://www.epa.gov/sdwa/use-lead-free-pipes-fittings-fixtures-solder-and-flux-drinking-water)
- [3Ts for Reducing Lead in Drinking Water Toolkit \(https://www.epa.gov/ground-water-and-drinking-water/3ts-reducing-lead-drinking-water-toolkit\)](https://www.epa.gov/ground-water-and-drinking-water/3ts-reducing-lead-drinking-water-toolkit)
- [Health Canada \(https://www.canada.ca/en/health-canada/programs/consultation-lead-drinking-water/document.html#a1\)](https://www.canada.ca/en/health-canada/programs/consultation-lead-drinking-water/document.html#a1)
- [Long Term Facilities Maintenance \(https://education.mn.gov/MDE/dse/schfin/fac/ltfm/\)](https://education.mn.gov/MDE/dse/schfin/fac/ltfm/)
- [WIIN Grant: Lead Testing in School and Child Care Program Drinking Water \(https://www.epa.gov/dwcapacity/wiin-grant-lead-testing-school-and-child-care-program-drinking-water\)](https://www.epa.gov/dwcapacity/wiin-grant-lead-testing-school-and-child-care-program-drinking-water)
- [Drinking Water Protection Grant Information \(https://www.health.state.mn.us/communities/environment/water/com/grants.html\)](https://www.health.state.mn.us/communities/environment/water/com/grants.html)
- [Accredited Laboratories \(http://www.health.state.mn.us/labsearch\)](http://www.health.state.mn.us/labsearch)
- [Education and Communication Toolkit \(PDF\) \(https://www.health.state.mn.us/communities/environment/water/docs/toolkit.pdf\)](https://www.health.state.mn.us/communities/environment/water/docs/toolkit.pdf)
- [3Ts Revised Manual \(PDF\) \(https://nepis.epa.gov/Exe/ZyPDF.cgi/P100VLI2.PDF?Dockey=P100VLI2.PDF\)](https://nepis.epa.gov/Exe/ZyPDF.cgi/P100VLI2.PDF?Dockey=P100VLI2.PDF)
- [3Ts Flushing Best Practices \(PDF\) \(https://www.epa.gov/sites/production/files/2018-09/documents/flushing_best_practices_factsheet_508.pdf\)](https://www.epa.gov/sites/production/files/2018-09/documents/flushing_best_practices_factsheet_508.pdf)
- [Home Water Treatment factsheet \(https://www.health.state.mn.us/communities/environment/water/factsheet/hometreatment.html\)](https://www.health.state.mn.us/communities/environment/water/factsheet/hometreatment.html)