

Waiver from Lead Tap Sampling at Schools and Childcare Facilities

The federal Lead and Copper Rule Improvements ([40 CFR 141, Subpart I, as codified October 30, 2024](#)) requires all water systems to collect tap samples at schools and childcare facilities, except in the following circumstances. Completing and signing this waiver certifies that a water system can be exempt from some or all sampling at schools and childcare facilities in their area. This waiver applies for 12 months after the date written below and must be resubmitted annually in order to maintain exemption from the requirement (40 CFR 141.92).

What to submit to KY Division of Water: This document, along with any additional information listed below. Water systems are not required to use this form; it is provided for convenience. Systems may submit other forms prepared by other entities or a letter, as long as the required information is included.

To submit, please upload to [EEC eForm 169: Drinking Water Information and Data Submittal](#).

If you have any questions, please email us at DrinkingWaterCompliance@ky.gov.

- ☐ **Scenario 1:** No schools or childcare facilities are within the water system's distribution system, OR all schools and childcare facilities served by the water system were either constructed after January 1, 2014, or had all premise plumbing in the building replaced after January 1, 2014.
- ☐ **Scenario 2:** One or more schools and childcare facilities have been sampled prior to this year through a sampling program that meets or exceeds all the requirements of 40 CFR 141.92, and sampling was conducted after January 1, 2021. This includes facilities sampled through the Division of Water's Voluntary Lead Testing in Schools and Childcares Program. Please attach a list of facilities to this form and provide explanation about the sampling program.
- ☐ **Scenario 3:** One or more schools and childcare facilities served by this water system has an ANSI lead-certified filtration system that filters water at every outlet used for drinking water in the facility. Please attach a list of facilities to this form and a description of the filter(s) used in those facilities.

Water System Name: _____ PWSID: _____

Contact Name: _____ Signature / Date: _____

Email Address: _____ Phone Number: _____