



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
 DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION
 SCHOOL DRINKING WATER TRAINING PROGRAM
SCHOOL BUILDING PLUMBING PROFILE



Note: Complete for each school. For additional information and accompanying documents, go to the Department of Environment, Great Lakes and Energy (EGLE) guidance documents located at Michigan.gov/SchoolWater. This document is designed to assist with the determination of lead risk in your facility drinking water and will enable you to prioritize your sampling and remediation efforts. A separate plumbing profile may be needed for each addition, or wing of the building, especially if the construction took place at different times. Some of the questions in this document may not apply to your facility for various reasons. Skip those that do not apply or mark as not applicable (NA). This document should be reviewed/updated annually. A list of commonly used acronyms can be found under Appendix A. Explanations regarding items/questions below are found under *Appendix B: School Building Plumbing Profile Information*.

An asterisk (*) indicates a required field.

| PART A: BASIC BUILDING INFORMATION | |
|--|--|
| *Name of school: | |
| *School district: | *Building code: |
| *Type of school: | <input type="checkbox"/> Preschool <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> Jr/High <input type="checkbox"/> High <input type="checkbox"/> Alternative <input type="checkbox"/> Other: _____ |
| *Physical street address of building: | *County: |
| *City: | *Zip Code: |
| *School contact person (please print): | *Phone number: |
| *Title of school contact: | |
| *Name of person completing this form (please print): | *Date form completed: |
| Grade level(s): | Total student population possible: |
| Year original building was constructed: | Year(s) of additions: |
| Building blueprints available? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of drinking water supplier: | |
| Additional water line connections: | <input type="checkbox"/> None <input type="checkbox"/> Concession stand <input type="checkbox"/> Athletic field(s) <input type="checkbox"/> Other (specify): _____ |

The information in this part may not be known until the building walk-through is completed. Start the building walk-through where the water line comes into the building from the water supplier. Use the building plumbing map and floor plan to follow the flow of cold water throughout the building. To help fill in the boxes below, see *Appendix B: School Building Plumbing Profile Information*.

| PART B: GENERAL WATER AND PLUMBING INFORMATION | | | |
|--|--|---|--|
| 1. Where does the water enter the building? This is the POE from the street (or service line). Be specific and note if there are more than one. | | | |
| 2. Service line material: | <input type="checkbox"/> Lead <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Ductile/Cast iron <input type="checkbox"/> Plastic <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____ | | |
| 3. Is there water treatment at the POE? | <input type="checkbox"/> None <input type="checkbox"/> Water softener <input type="checkbox"/> Chlorine <input type="checkbox"/> Phosphate <input type="checkbox"/> Filters <input type="checkbox"/> Reverse osmosis <input type="checkbox"/> Other (list): _____ | | |
| 4. Are there tanks in the plumbing system? (e.g., pressure or gravity storage tanks) | <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, then where? _____ | | |
| 5. What are the cold-water pipes made of in the building? | <input type="checkbox"/> Lead <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Ductile/Cast iron <input type="checkbox"/> Plastic <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____ | | |
| 6. If copper pipe, was lead solder used in the plumbing system? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | | |
| 7. When were the most recent plumbing repairs made (year)? | <input type="checkbox"/> Cold water pipe _____ <input type="checkbox"/> Classroom faucet(s) _____ <input type="checkbox"/> Drinking fountain(s) _____ | <input type="checkbox"/> Classroom bubbler(s) _____ <input type="checkbox"/> Kitchen food prep fixtures _____ <input type="checkbox"/> Other (list) _____ | |
| 8. What drinking water fixture receives water first? | | | |
| 9. What drinking water fixture receives water last? | | | |
| 10. Any brass fittings, faucets or valves in the drinking water system? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | | |
| 11. Any DWFP fixtures being used that were installed prior to 2014? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | | |
| 12. Any water coolers being used that were installed prior to 1988? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown | | |
| 13. Total number of DWFP fixtures in the building. Note: Include all drink machines hooked directly to water. | | 14. Total number of ALL outlets inside the building including DWFP, restroom faucets, showers, janitor fixtures, etc. | |

PART C: BUILDING WATER SAMPLING INFORMATION AND MAINTENANCE PROGRAMS

| | Water Contaminants Analyzed | Result of Test | Date Collected |
|--|--|----------------|----------------|
| 15. Review records and consult with the public water supplier to determine whether any drinking water samples have been taken and analyzed in the building for any contaminants other than lead and copper. If so, identify. | | | |
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| | | | |
| | | | |
| 16. Have any water samples been collected and analyzed for lead at this building? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown If YES, how many? _____ Most recent collection date? _____ | | |
| 17. Were any previously collected lead sample results greater than 5 ppb (0.005 mg/L)? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> NA If YES, how many? _____ Location(s): _____ | | |
| 18. Is drinking water testing for lead done regularly at this building? | <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, how often? _____ | | |
| 19. Are there any water fixture POU treatment filters or devices in the building? <input type="checkbox"/> None <input type="checkbox"/> Faucet filter <input type="checkbox"/> Drinking fountain filter <input type="checkbox"/> Reverse osmosis device <input type="checkbox"/> Kitchen tap filtration system <input type="checkbox"/> Other (list): _____ | | | |
| 20. How many POU filters or devices <i>other than</i> bottle fill stations are in the building? List the brand name(s). Total #: _____ Brand names: _____ | | | |
| 21. How many drinking water bottle fill stations <i>with filters for the reduction of lead</i> are in the building? List the brand name(s). Total #: _____ Brand names: _____ | | | |
| 22. Is there a filter maintenance and operation program in this building? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, how often? _____ | | | |
| 23. Who is responsible for the filter maintenance program? (Name of person or position, i.e., "Facility Director") | | | |
| Explain the filter maintenance process. You may attach the SOP if needed. | | | |

PART C CONTINUED: BUILDING WATER SAMPLING INFORMATION AND MAINTENANCE PROGRAMS

| | | | | |
|--|--|---|------------------------------|---|
| 24. Is there a <i>routine</i> "water moving" and/or cold-water flushing program in this building? | | <input type="checkbox"/> No | <input type="checkbox"/> Yes | If YES, how often? _____ |
| Explain the water moving/flushing procedure(s). More than one may be applicable. You may attach the SOP if needed. | | | | |
| 25. Are there screens or aerators on DWFP fixtures in this building? | | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 26. Is there a <i>routine</i> screen or aerator maintenance program in this building? | | <input type="checkbox"/> No | <input type="checkbox"/> Yes | If YES, how often? _____ |
| Explain the screen/aerator maintenance process. You may attach the SOP if needed. | | | | |
| 27. Are any food preparation outlets (e.g. kettle fill) or drinking water outlets connected ONLY to the HOT water pipes? | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| 28. Are there known plumbing problems? | | <input type="checkbox"/> Signs of corrosion (stained fixtures, deteriorating pipes/fixtures, etc.) <input type="checkbox"/> Leaks <input type="checkbox"/> Low use areas <input type="checkbox"/> Low flow from outlet <input type="checkbox"/> Valves that will not turn <input type="checkbox"/> Electrical wires connected to pipe <input type="checkbox"/> Dead ends <input type="checkbox"/> Cross connections <input type="checkbox"/> Bad Taste <input type="checkbox"/> Other (specify): _____ | | |
| 29. Are renovations planned for the plumbing system? | | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| If YES, specify date(s): _____ | | | | |

This document has been updated on (date) _____ by (print name) _____
(Recommend updating this form if there are any changes to the drinking water fixtures or if plumbing profiles change.)

This School Building Plumbing Profile document was developed in part with excerpts and information from the USEPA's *3T's for Reducing Lead in Drinking Water in Schools and Child Care Facilities (September 2018)* and *Drinking Water Best Management Practices for Schools and Childcare Facilities Served by Municipal Water Systems (April 2013)*.