

# HERDS: 2020 School Lead in Drinking Water Reporting

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|                |  |               |                                       |
|----------------|--|---------------|---------------------------------------|
| Activity :     | 2020 School Lead in Drinking Water Reporting | Name :        | AMAGANSETT ELEM SCHOOL (580303020001) |
| Organization : | AMAGANSETT ELEM SCHOOL                       | Address 1 :   | 320 MAIN ST                           |
| Form :         | 2020 School Lead in Drinking Water Reporting | Address 2 :   |                                       |
| Data Entity    |  | City :        | AMAGANSETT                            |
| Type :         | Schools - Public                             | State & Zip : | NY-11930                              |
| Name :         | AMAGANSETT ELEM SCHOOL                       | County :      | Suffolk (103)                         |
| Time Period :  |  | Region :      | Metropolitan Area Regional Office     |
|                |  | Phone & Fax : | ----- & -----                         |

| Section              | Field  | Value         | Data Status | User     | Updated             |
|----------------------|--|---------------|-------------|----------|---------------------|
| General Information  | 1. I understand that the information I am reporting is for the lead testing in school drinking water program for the 2020 compliance period.*  | [Yes]         | submitted   | mb412506 | 06/21/2021 11:47 AM |
|                      | 2. Was the school building you are reporting for constructed after January 4, 2014 or has a New York State Professional Engineer or Architect certified that the internal plumbing of the building is lead-free? | [No]          | submitted   | mb412506 | 06/21/2021 11:47 AM |
|                      | 3. Enter the website address where your school water lead results are posted.&#8239;&#8239;  | www.aufsd.org |             | mb412506 |                     |
| Sampling Information | 4. How many total&#8239;outlets have been identified by the school that require sampling?&#8239;   | 34            | submitted   | mb412506 | 06/21/2021 11:47 AM |
|                      | 5. Have all outlets been sampled, and samples submitted to an ELAP-approved laboratory for analysis?   | [Yes]         | submitted   | mb412506 | 06/21/2021 11:47 AM |
|                      | 6. Enter the date all initial sampling was completed for this compliance period:   | 04/08/2021    | submitted   | mb412506 | 06/21/2021 11:47 AM |
|                      | 7. Enter the total number of outlets with a lead result less than or equal   | 34            | submitted   | mb412506 | 06/21/2021 11:47 AM |

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|  |  |            |           |          |                     |
|--|--|------------|-----------|----------|---------------------|
|  | (15 ppb):  |            |           |          |                     |
|  | 8. Enter the total number of outlets with a lead result greater than the action level (15 ppb):  | 0          | submitted | mb412506 | 06/21/2021 11:47 AM |
|  | 9. Has your school received laboratory reports for all initial samples collected for this compliance period?   | [Yes]      | submitted | mb412506 | 06/21/2021 11:47 AM |
|  | 10. Enter the date all laboratory reports were received for the initial samples collected for this compliance period:  | 04/14/2021 | submitted | mb412506 | 06/21/2021 11:47 AM |
|  | 11. Have the outlets with lead results greater than the action level (15 ppb) been taken out of service, remediated, or are appropriate controls in place to ensure water is not used for drinking or cooking?   | [N/A]      | submitted | mb412506 | 06/21/2021 11:47 AM |
|  | 12. Identify the status of remediation. (Examples of remediation include but are not limited to: permanent removal of outlets; replacing outlets and/or plumbing; or employing other engineering controls.)  | [N/A]      | submitted | mb412506 | 06/21/2021 11:47 AM |
|  | By clicking the "Submit" button, I attest that all the data entered above is true and correct to the best of my knowledge, that I understand that such information shall be used for assessing regulatory compliance, and that I am authorized to submit this data |            |           |          |                     |

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|--|------------------------------|--|--|--|--|
|  | school district or<br>BOCES. |  |  |  |  |
|--|------------------------------|--|--|--|--|

*\*Required Fields. \*\* Repeatable Sections.*

## Form Rules:

