**NOTICE OF LEAD IN WATER POISONING HAZARD**

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Owner/Operator)*:

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(date)* follow-up water sampling was conducted at your child care

facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(facility name)* located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(facility address)*. Recent laboratory reports received from the State Laboratory of Public Health indicate that the lead in water results are in excess of the acceptable levels set forth in N.C.G. S. § 130A-131.9C (see results below).

North Carolina laws for the prevention of childhood lead poisoning require written notification of all persons attending a child-occupied facility upon determination that a lead hazard exists. A list of names and addresses of the parents/guardian of children less than six years of age who have attended your facility within the last six months must be submitted to this Department within **10 days** of receipt of this Notice. The parents/guardian of these children will be advised of the need to have their children's blood lead levels tested.

According to *Rules Governing the Sanitation of Child Care Centers 15A NCAC 18A .2800*, if a water sample collected by the Department reveals a water lead level at or above the lead poisoning hazard level, the child care operator shall continue to restrict access and provide water free of charge. This action must be continued until the Department determines the water outlets are not producing lead in water levels at or above the lead poisoning hazard level and written notification is provided to the child care operator and DCDEE. Continued use of such outlets is a violation of 15A NCAC 18A .2816 and may be demerited during future sanitation inspections.

Information on possible methods of remediation is attached hereto and is considered a part of this Notice by reference. If remediation is required by this Department, a Notice requesting submission of a written remediation plan will be issued by this Department. In the event that remediation is required, remediation activities should not commence until written approval of your remediation plan is obtained from this Department.

Questions about this Notice or requests for assistance in complying with this Notice should be directed to me at the address listed above.

|  |  |  |
| --- | --- | --- |
| **Facility Name:**  **Address:** | | |
| Sampling Location | Sample ID # | Results (ppb) |
|  |  | First Draw |
|  | 30 Seconds |
|  |  | First Draw |
|  | 30 Seconds |
|  |  | First Draw |
|  | 30 Seconds |
|  |  | First Draw |
|  | 30 Seconds |

Sincerely,

Authorized Agent

Enclosure

CC: Regional Environmental Health Specialist

DCDEE Consultant

*(rev. 12/2020)*