

HERDS: 2020 School Lead in Drinking Water Reporting

Activity :	2020 School Lead in Drinking Water Reporting	Name :	SPRING VALLEY S H S (500402060014)
Organization :	SPRING VALLEY S H S	Address 1 :	361 RT 59
Form :	2020 School Lead in Drinking Water Reporting	Address 2 :	
Data Entity		City :	SPRING VALLEY
Type :	Schools - Public	State & Zip :	NY-10977
Name :	SPRING VALLEY S H S	County :	Rockland (087)
Time Period :		Region :	Metropolitan Area Regional Office
		Phone & Fax:	845-577-6512 & -----

Please update and submit this form as additional results are received.

Questions in red text should be updated as remediation is performed, and post-remediation lead results are received.

The information you provide will be made available to the public on Health Data NY (<https://health.data.ny.gov/>). The data displayed on Health Data NY is updated daily.

For assistance with completing this form, please email the NYS Department of Health at lead.in.school.drinking.water@health.ny.gov. Additional information is available at https://www.health.ny.gov/environmental/water/drinking/lead/lead_testing_of_school_drinking_water.htm.

If you have technical questions about the lead testing in school drinking water regulation, please contact your local health department (LHD). Copy and paste the following link for an interactive map that has links to contact information for each LHD: http://www.health.ny.gov/environmental/water/drinking/doh_pub_contacts_map.htm

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]

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]

3. Enter the website address where your school water lead results are posted.  

Sampling Information

4. How many total outlets have been identified by the school that require sampling? 

5. Have all outlets been sampled, and samples submitted to an ELAP-approved laboratory for analysis? [Yes]

6. Enter the date all initial sampling was completed for this compliance period:

Lead Results

7. Enter the total number of outlets with a lead result less than or equal to the action level (15 ppb):	35
8. Enter the total number of outlets with a lead result greater than the action level (15 ppb):	14
9. Has your school received laboratory reports for all initial samples collected for this compliance period?	[Yes]
10. Enter the date all laboratory reports were received for the initial samples collected for this compliance period:	06/20/2021

Response and Remediation

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?	[Yes]
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.)	[Not Started]

Attestation

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 on behalf of the school district or BOCES.

**Required Fields. ** Repeatable Sections.*

Form Rules: