



**INITIAL LEAD TESTING IN SCHOOLS AND CHILD CARE FACILITIES
GRANT PROGRAM REIMBURSEMENT FORM**

NORTH DAKOTA DEPARTMENT OF ENVIROMENTAL QUALITY
DIVISION OF MUNICIPAL FACILITIES
(12-2021)

School or Child Care Facility Name / Address	Identification Number: (ex. 08-001-7472)
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Required Information for Reimbursement

- Number of water samples facility collected for lead testing _____ x \$50 = \$_____ total amount due for reimbursement.
- Date the 30-day notice for sampling was sent out to parents, Staff, Public: _____
- Date the facility communicated results to the parents, staff, and public.: _____
- Method of Communication:
Website (**Web Address is Required if Used**):

- If website is not used copies of letter, email, press release or other methods must be attached and returned with this form.
- Sample results must be reviewed and stored on site for 12 years.

I certify that all Reimbursement Requirements are Complete:

Authorized Signature

Date

Name (printed or typed)

Phone Number

Return completed form to:
**NDDEQ Division of Municipal Facilities,
4201 Normandy St.
Bismarck, ND 58503-1324**