# Mandatory Lead in Water Testing

## Training Module 6 - Reimbursement

**August 2023**

OREGON
**DEPARTMENT OF EDUCATION**
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# Overview

When the legislature required schools to test water for elevated levels of lead in 2017, they also provided funding to reimburse schools for the associated costs. ODE has also secured grant funding from the federal Water Infrastructure Improvements for the Nation Act (WIIN Act) administered by the EPA. Funding from this grant will be used to supplement the state money so that we can get more money out to schools. All testing for lead in water from January 2019 forward is eligible for reimbursement. Proper documentation is critical because it will satisfy reimbursement requirements and compliance requirements.

## Covered Expenses

- Actual lab costs for testing water samples
- Lab costs for follow up lab tests as necessary
- Associated costs (such as sample bottles if your testing lab does not provide them)
- Shipping expenses including mileage reimbursement where shipping is not possible or practical.
- Additional variable per sample amount to offset collection costs

## Excluded Expenses

- Consultant fees
- Direct Labor Costs
- Remediation
- Tests for substances other than lead (for example copper)

# Reimbursement Process

1. Submit a request with all required documentation by email to ODE.WaterTesting@ode.oregon.gov.
2. Your submission will be reviewed, verified, and recorded in our statewide database.
3. Submissions that are incomplete or incorrect will be rejected, but you will have the opportunity to make corrections. If there are discrepancies between the amount requested and the amount invoiced by the lab, you will have the option of correcting the discrepancy or receiving payment for the lesser of the two amounts.
4. Once ODE has approved your submission, you will be required to sign a grant agreement prior to being able to claim your funds.
5. When the grant agreement is executed, you will be notified of the amount to request through the Electronic Grant Management System (EGMS).
6. That amount will be verified against the submitted documentation and released by ODE.

## Required Documentation

In order to receive reimbursement, you must submit a request by email to
ODE.WaterTesting@ode.oregon.gov which must include the following:

- **Lab invoices.** These must be directly from the testing lab. We will not reimburse based off of consultant invoices.

- **Lab Reports.** These must be directly from the testing lab.

- **Receipts** for shipping and any other associated costs you are requesting reimbursement on.

- If you are seeking reimbursement for mileage for delivering samples to the lab, you must submit documentation such as **Google Maps** showing the mileage from the district office to the testing lab.

- **Fully completed Reimbursement Form Template(s)**. The Reimbursement Form Template can be found on the Lead in Water Testing webpage. You must submit a separate Reimbursement Form for each individual building tested. Buildings on the same campus can be submitted as separate tabs in a single file. **All Reimbursement Forms must be submitted in Excel format**. PDF versions of the Form will **NOT** be accepted.

## Completing the Reimbursement Form Template

Reimbursement Form Templates must be filled out completely and accurately. Failure to complete the templates will result in a delay of the reimbursement process. Do not add or modify any of the columns. If you think you need to add columns or modify existing columns, please contact ODE.WaterTesting@ode.oregon.gov for additional technical assistance.

**It is highly recommended that you complete and submit one completed template for a single building for review and confirmation that everything is correct before submitting for all tests.** This will help ensure that if something is not filled out properly, the error can be corrected before you have filled out all of your documents. Each of the required form inputs are described below.

### The "Start Here" Tab

1.  **Entity ID#:** This is your entity's ODE assigned ESD, District, or Charter School ID.

2.  **Entity Name:** The name of your ESD, district, or charter school will autofill.

3.  **School ID#:** This is the ODE assigned Institution (School) ID for the school/campus. If this reimbursement template is for district/administration buildings not at a school site, enter the ESD/District ID. If this report is for a charter school, enter the Charter School ID again. Remember you will also be testing non-instructional facilities such as your district office and bus/maintenance shops.

4.  **School/Campus Name:** This name will autofill based on the ID entered in the School ID# field.

5.  **Form Completed by:** The name and title of person completing the form.

6.  **Email address:** The email address of the person completing the form.

## The "Building" Tabs:

7. **Building ID # (BIN):** This is the **8 digit Building ID Number (BIN)** found in the [School Facilities Building Collection Database](). Every building with power and a foundation must have a Building ID Number. Portables also must have a BIN, even though they don't necessarily have a foundation. If a Building ID # has not already been assigned in accordance to the statewide protocol, please contact **[Michael Lammers]()**, School Facilities Database Administrator, to get a number assigned.

8. **Building Name: This should align with the "Building Name" field in the [School Facilities Building Collection Database]()**. If there is only one building associated with a school, this would be a repeat of the school name. If there are multiple buildings at a school or campus, it would be what you call the building or a description of the building function, such as Main Building, Gym, Cafeteria, etc.

9. **Minimum Reporting Level:** This is the minimum level of lead that can be detected in a sample (**in ppb**) as indicated in the lab report.

10. **Building Fixture Count:** These are the boxes in the upper right corner of the form. The Total Fixtures box will automatically calculate the total. You will need to input the following numbers:

    a. **Required Fixtures:** The count of the total number of fixtures in the building that are required to be tested (even if you have not tested all of these fixtures at this time)

    b. **Exempt by Fixture Type:** The number of fixtures that are exempt from testing because of the type of fixture, such as eye wash stations, emergency showers etc.

11. **Fixture Location/Description:** In this column, you will input the unique location description for each fixture. The description should be sufficient such that a person **without specific knowledge of your building** would be able to find the fixture in question based only on this description. See [Training Module 2 - Fixture Locations & Descriptions]() for additional information.

12. **Fixture ID # (FIN):** This is the **Fixture ID Number (FIN)** you have assigned to each fixture using the ODE fixture numbering protocol. It will be a 13 digit number. Please see [Training Module 1 - Fixture and Sample ID Numbers]() for additional information.

13. **Initial Test Date:** This column will be the date that the initial first Draw samples were actually drawn, NOT the date that the lab received or tested the samples.

14. **Initial Test Result:** This will be the result from the first Draw sample for a given fixture. This must be the test result represented in parts per billion (ppb), but do not include 'ppb' in this column. Just input the number.

15. **Number of Retests:** If no retesting was done, please leave this blank. If one or more retests were done, record the number of additional tests in this column. Do not include the initial test in this number.

16. **Final Test Result: If no retesting was done, please leave this blank.** The final test result to be recorded is the final test showing a lead level lower than 15 ppb after all remediation has been done. This number must represent the result in parts per billion (ppb), but do not include 'ppb' in this column. Just input the number.

17. **Corrective Action Taken:** To be used only when the initial test result was high and corrective action has taken place before retesting. Select the appropriate code from the dropdown box in the template. Please refer to the table on the Corrective Action tab to determine the correct coding to use.

18. **Misc. Lab Expenses:** Use this column to record miscellaneous costs such as metal digestion or rush fees. This column should not be used on the same row as results for a fixture, but should be put in a separate row, with detail of what the expense is for filled out in the Fixture Location/Description column (see example form below).

19. **Shipping Expenses:** Use this column to record shipping expenses. Also, if you are requesting [reimbursement for mileage](#) to drive samples to the testing lab, include that here as well. This column should not be used on the same row as results for a fixture, but should be put in a separate row, with detail of what the expense is for filled out in the Fixture Location/Description column (see example form below).

20. **Lab Cost Per Initial Test:** In this column, input the cost per sample charged for the **initial tests**. You will need to input this number for each row, as appropriate.

21. **Lab Cost per Retest:** In this column, input the cost for each sample charged for the **retests**, if applicable. You will need to input this number for each row, as appropriate.

22. **Total # of Tests:** This column will automatically calculate and populate the necessary blanks.

23. **Total Expenses:** This column will automatically calculate and populate the necessary blanks.

24. **Notes:** Use this field to provide any additional information.

An example Reimbursement Form Template in included at the end of this document as Appendix A to illustrate what a completed document should look like.

## Submitting Reimbursement Documentation

All reimbursement documents must be submitted by email to [ODE.WaterTesting@ode.oregon.gov](mailto:ODE.WaterTesting@ode.oregon.gov).

- Completed Reimbursement Forms
    - **Must be in Excel format.**
- Lab reports (initial and final test results)
- Lab invoices
- Receipts
    - These should be sent as PDF files. Please be sure they are legible.
- Google maps to show mileage, if applicable

For files **5 MB** or larger, you must use the [ODE Secure File Transfer Protocol](#). Sending files in excess of 5 MB through standard email will result in the file not arriving. In some cases, you might be notified that the file did not go through, but often there is no notification. If you do not receive acknowledgement that your submission has been received, please follow up to ensure your submission went through. Alternatively, you may choose to break your submission up into multiple emails.

## Using the Secure File Transfer Protocol (FTP)

1. Go to the ODE Secure File Transfer site: https://district.ode.state.or.us/apps/xfers/
2. Under the "**ODE Email List**," scroll down to find: **ODE.WaterTesting@ode.oregon.go**v
   a. Double-click on the email address or drag and drop the email address into the "**ODE Recipients**" list.
3. For recipients outside the ODE system, type their email address in the "**Outside Recipients box**."
   a. If you wish to enter additional recipients, enter a comma (,) or semicolons (;) and then enter the recipient's email address.
4. Under the section "**Email of Person Sending the File**," type the sender's email address in the textbox.
5. Under the "**Locate the File to Send**," click on "**Select File**" to upload the desired document
   a. Please note that only one upload can be completed at a time.
   b. The following are acceptable file extensions: .txt, .doc, .docx, .xls, .xlsx, .pdf, .htm, .html, .asp, .aspx, .ppt, .pptx, .ppsx, .csv, .gif, .jpg, .jpeg, .zip, .dat, .mdb, .xml, .smf, .dbf, .pps.
   c. NOTE: The following characters are invalid in the filename and may break the file transfer. < > : " ? / | \ *
6. In the "**Enter Your Message Here**" textbox, enter in any pertinent information the recipient should know about this document.
7. Click on the "**Send File**" button and your document is now on its way to the Recipient(s).
8. An email will be sent to each of the recipients with a link to this website.

When the recipient clicks on that link, the recipient will be able to download the file.

## Appendix A: Reimbursement Form Completed Example

*An accessible version of this example Reimbursement Form is included in the [Reimbursement Form Template](Reimbursement Form Template).*

### Lead in Water Testing Reimbursement Form

| Entity ID #: | 9999 | Schl ID #: | 111 | Required Fixtures: | 28 |
|---|---|---|---|---|---|
| Entity Name: | Example SD | | | Exempt by Fix. Type: | 9 |
| School Name: | Paige Turner High School | | | Total Fixtures: | 37 |

| Building ID #: | 12340300 | First Sample Date: | 04/06/23 |
|---|---|---|---|
| Building Name: | Paige Turner High School Main Building | Last Sample Date: | 04/27/23 |

| Min Report Level: | 0.2 ppb | | Total Tests & Reimbursement Requested: | 36 | $ | 718.55 |
|---|---|---|---|---|---|---|

| Fixture Location / Expense Description | Fixture ID # | Initial Test Date | Initial Test Result (ppb) | Number of Retests | Final Test Result (ppb) | Corrective Action Taken | Misc. Lab Expenses | Shipping Expense | Lab Cost Per Initial Test | Lab Cost Per Retest | Total # of Tests | Total Expenses | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nurses room sink | 12340300-001NS | 04/06/23 | 180 | 2 | 6.3 | RP-SF | | | $ 18.00 | $ 20.00 | 3 | $ 58.00 | |
| 1st floor main hall fountain | 12340300-002DW | 04/06/23 | 1.6 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| 1st floor main hall bottle fill | 12340300-003WB | 04/06/23 | 1.8 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| 1st floor boys restroom-L | 12340300-004BF | 04/06/23 | 22 | 2 | 0.8 | RP-SF-IF | | | $ 18.00 | $ 20.00 | 3 | $ 58.00 | |
| 1st floor boys restroom-C | 12340300-005BF | 04/06/23 | 310 | 3 | 1.2 | RP-FX | | | $ 18.00 | $ 20.00 | 4 | $ 78.00 | |
| 1st floor boys restroom-R | 12340300-006BF | 04/06/23 | 6.5 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| 1st floor girls restroom-L | 12340300-007BF | 04/06/23 | 7 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| 1st floor girls restroom-C | 12340300-008BF | 04/06/23 | 6.3 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| 1st floor girls restroom-R | 12340300-009BF | 04/06/23 | 3 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| Room 114 NW sink | 12340300-015CF | 04/06/23 | 11.1 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| Room 114 NE sink | 12340300-016CF | 04/06/23 | 1100 | 4 | 1.3 | RP-FX+SF | | | $ 18.00 | $ 20.00 | 5 | $ 98.00 | |
| 1st floor staff room sink | 12340300-017SF | 04/06/23 | 0.7 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| 1st floor staff restroom | 12340300-018BF | 04/06/23 | 0.4 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| 2nd floor main hall fountain | 12340300-019DW | 04/20/23 | 3.5 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| 2nd floor main hall bottle fill | 12340300-020WB | 04/20/23 | 1.07 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| 2nd floor boys restroom-L | 12340300-021BF | 04/20/23 | 7.2 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| 2nd floor boys restroom-R | 12340300-022BF | 04/20/23 | 13.8 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| 2nd floor girls restroom-L | 12340300-023BF | 04/20/23 | 8 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| 2nd floor girls restroom-R | 12340300-024BF | 04/20/23 | 5.1 | | | | | | $ 18.00 | | 1 | $ 18.00 | |
| Room 224 NW sink | 12340300-028CF | 04/27/23 | 1.3 | | | | | | $ 20.00 | | 1 | $ 20.00 | |
| Room 224 NE sink | 12340300-029CF | 04/27/23 | 15 | 2 | 2.7 | RP-FX-IF | | | $ 20.00 | $ 22.00 | 3 | $ 64.00 | |
| 2nd floor staff room sink | 12340300-030SF | 04/27/23 | ND | | | | | | $ 20.00 | | 1 | $ 20.00 | |
| 2nd floor staff restroom | 12340300-031BF | 04/27/23 | ND | | | | | | $ 20.00 | | 1 | $ 20.00 | |
| Metal Digestion | | | | | | | $ 15.00 | | | | 0 | $ 15.00 | |
| Shipping | | | | | | | | $ 17.55 | | | 0 | $ 17.55 | |