

## MARYLAND DEPARTMENT OF THE ENVIRONMENT

Water Supply Program, 1800 Washington Blvd, Suite 450, Baltimore, MD 21230 410-537-3729 • 1-800-633-6101 x 3729 • Fax: 410-537-3157

Reporting.leadschoolwater@maryland.gov

## **COMPLETION OF REMEDIAL ACTION FORM**

Lead in Drinking Water-Public and Nonpublic Schools

Within 30 days of completion of the remedial actions taken by the school, notification must be sent to MDE and MSDE using this form. **Return forms to the address listed above.** 

I. <u>GENERAL SCHOOL IN</u>	<b>FORMATION</b>	<u> </u>			
School Name: Elkridge La	nding Middle S	School			
Street Address: 7085 Mont	gomery Road				
City: Elkridge	2	Zip Code: 21075	Cour	nty: Howard	
School Type (Check Below):					
School Type	School Type Identification Number				
<b>✓</b> Public	Public School Construction Number (PSC#): 1 3 - 0 5 4				
Charter	Charter School ID #:				
☐ Nonpublic	Nonpublic School ID #: 09				
II. PREVIOUS LEAD RES			Build	ling ID #:	
Date of sample collection: 1					
First-Draw Lead Result for C	outlet: 110.1	_ ppb Outlet Name: _			
Outlet ID #: ELMS 19 (corresponding to Floor Plan	L	Location (e.g. Hallway,	Classroom,	etc.): Art Workroom/Storage	
Outlet Type Code (refer to lis	st below): OT	_ If other speci	ify: Sink		
CF: Classroom Combination D	rinking Fountain	HD: Hot Drink Machine	<b>.</b>	NO: Nurse's Office Sink	
CR: Classroom Sink		HE: Home Economics F	COOIII DIIIK	SE: Special Education Classroom Sink	
CS: Classroom Combination S  DE: Drinking Fountain (Cooler		IM: Ice Machine KS: Kitchen Sink		TL: Teachers' Lounge Sink	
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## III. REMEDIAL ACTIONS COMPLETED:

Please check the appropriate boxes below that best describes the school's actions taken to remediate the elevated level of lead found in the drinking water samples of this specific outlet. For multiple drinking water outlets with elevated lead levels, complete this form for **each** drinking water outlet. **Attach any additional details about Remedial Actions Completed to this form.** 

Date(s) of Remediation: 5/11/2020			
Check all that apply:			
Permanently closed access to outlet (e.g., physically disconnect from water supply system).			
Removed the outlet.			
Installed and maintained a point of use filter at the outlet.			
Repaired the outlet, plumbing, or service line contributing to the elevated level of lead.			
Reconfigured the outlet, plumbing, or service line contributing to the elevated level of lead.			
Replaced the outlet, plumbing, or service line contributing to the elevated level of lead.			
Installed and maintained automatic flushing of outlets after testing confirms that the lead level in the outlet after flushing is not elevated. (Removed statement about automatic flushing not being acceptable for water fountains/coolers)			
Provided bottled water that meets all National Primary Drinking Water regulations; Complete and attach a Bottle water Certification Form.			
Checked grounding wires.			
Other (Describe): HCPSS decided to remove art storage and science prep rooms from sampling scheme and apply signage indicating not to drink from not tested for lead.			
IV. POST-REMEDIATION FOLLOW-UP SAMPLE COLLECTION:			
Laboratory: Laboratory Certification ID #:			
Sample Type:   First-draw   Flushed (only if automated flushing is the means of remediation)			
Follow Up Lead Result for Outlet: ppb Date of sample collection:			
Outlet Returned to Service?:   Yes   No Date Returned to Service:			
Name of Person Responsible for Remediation:			
Phone #: Email:			

## V. <u>CERTIFICATION</u>:

I certify that (check items completed):

<b>/</b>	Remedial measures were performed at each outlet where an elevated level of lead was found.				
	For outlets that were not permanently disconnected or removed from service as means of remediation: After remediation, a follow-up first-draw sample (flushed sample for any outlet for which automated flushing was the means of remediation) was collected from each outlet where an elevated level of lead was found.				
	Outlets were only put back into service if no elevated levels of lead were found in the follow-up first-draw samples (flushed samples if automated flushing was the means of remediation).				
Jeff Klenk		9/23/2020			
Name of Designated Responsible Person (Printed)		Date			
	Jeffrey Klenk	Environmental Safety Specialist			
Signature		Title			
410-313-	6699	jeffrey_klenk@hcpss.org			
	Phone Number	Email			