

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 I</u>	NFORMATION	:			
School Name: Elkridge La	anding MS				
Street Address: 7085 Mor	ntgomery Road				
City: Elkridge	2	Zip C	ode: 21075	County: Ho	oward
School Type (Check Below	y):				
School Type	ool Type Identification Number				
✓ Public	Public School Construction Number (PSC#): 1 3 - 0 5 4				
Charter	Charter School ID #:				
☐ Nonpublic	Nonpublic School ID #: 09				
-					
II. <u>PREVIOUS LEAD RE</u>	SULT INFORM	ATIO	ON:		
School Building Name: Ell	kridge Landing M	S		Building ID	#:
Date of sample collection:	10/31/2019		Date of receipt from	the laborator	ry: 11/18/2019
First-Draw Lead Result for	Outlet: 5.8	ppb	Outlet Name:		
Outlet ID #: ELMS 13 (corresponding to Floor Pla	L		on (e.g. Hallway, Classr	_	
Outlet Type Code (refer to	list below): HE	-	If other specify:		
CF: Classroom Combination	Drinking Fountain	HD:	Hot Drink Machine	NO: Nur	rse's Office Sink
CR: Classroom Sink	-		Home Economics Room S	Sink SE: Spe	cial Education Classroom Sink
CS: Classroom Combination	Sink	IM:	Ice Machine	TL: Tea	chers' Lounge Sink
DE: Drinking Fountain (Cool	er/Rubbler)	KS.	Kitchen Sink	OT: Oth	er

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) o	of Remediation: <u>8/30/2021</u>				
Check all	l 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):				
IV. POST-REMEDIATION FOLLOW-UP SAMPLE COLLECTION:					
Laborato	ry: AMA Laboratory Certification ID #: 262				
Sample T	Type: First-draw Flushed (only if automated flushing is the means of remediation)				
Follow Up Lead Result for Outlet: 1.1 ppb Date of sample collection: 9/3/2021					
Outlet Returned to Service?: Yes No Date Returned to Service: 9/15/2021					
Name of Person Responsible for Remediation: Mark Turner					
Phone #: 410-313-7084 Email: mark_turner@hcpss.org					

V. <u>CERTIFICATION</u>:

I certify that (check items completed):

V	Remedial measures were performed at each outlet where an elevated level of lead was found.					
V	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.					
V	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		10/26/2021				
Name of Designated Responsible Person (Printed)		Date				
	Jeffrey Klenk	Environmental Safety Specialist				
	Signature	Title				
410-313-		jeffrey_klenk@hcpss.org				
	Phone Number	Email				