

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>	FORMATION:				
School Name: Harper's Ch	oice MS				
Street Address: 5450 Beave	erkill Road				
City: Columbia	Zip (Code: 21044	County: Howa	ard	
School Type (Check Below):					
School Type	Identification N	ımber			
Public	Public School Construction Number (PSC#): 1 3 - 0 0 3				
Charter	Charter School ID #:				
Nonpublic	Nonpublic School ID #: 09				
	-				
II. <u>PREVIOUS LEAD RES</u>	ULT INFORMAT	<u>ION</u> :			
School Building Name: Harp	er's Choice MS		Building ID #:		
Date of sample collection: 12	2/22/2018	_ Date of receipt from	om the laboratory:	1/2/2019	
First-Draw Lead Result for O	utlet: 27.9 pp	b Outlet Name: sin	k		
Outlet ID #: HCMS 14 (corresponding to Floor Plan I	Locar D#)	tion (e.g. Hallway, Cla	ssroom, etc.): clas	ssroom	
Outlet Type Code (refer to lis	t below): CR	If other specify:			
CF: Classroom Combination D	rinking Fountain HD	: Hot Drink Machine	NO: Nurse's	s Office Sink	
CR: Classroom Sink		: Home Economics Roo	arr a	l Education Classroom Sink	
CS: Classroom Combination Si	1.	Ice Machine		ers' Lounge Sink	
DF: Drinking Fountain (Cooler	(Bubbler) KS	: Kitchen Sink	OT: Other		

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: 8/20/2021			
Check a	ll 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:				
Laborat	ory: AMA Laboratory Certification ID #: 262			
Sample	Type: First-draw Flushed (only if automated flushing is the means of remediation)			
Follow	Up Lead Result for Outlet: 0.55 ppb Date of sample collection: 8/26/2021			
Outlet Returned to Service?: Yes No Date Returned to Service: 9/8/2021				
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):

~	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		11/10/2021			
Name of Designated Responsible Person (Printed)		Date			
Jeffrey Klenk		Environmental Safety Specialist			
	Signature	Title			
410-313-6699		jeffrey_klenk@hcpss.org			
	Phone Number	Email			