

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	<u>I</u> :			
School Name: Harper's C	hoice MS				
Street Address: 5450 Bea	verkill Road				
City: Columbia	2	Zip Code: 21044	Cou	unty: Howard	
School Type (Check Below	·):				
School Type	Identification Number				
✓ Public	Public School Construction Number (PSC#): 1 3 - 0 0 3				
☐ Charter	Charter School ID #:				
☐ Nonpublic	Nonpublic School ID #: 09				
1					
II. <u>PREVIOUS LEAD RE</u>	SULT INFORM	IATION:			
School Building Name: Ha	rper's Choice M	S	Bui	lding ID #:	
Date of sample collection:	12/22/2018	Date of rece	pt from the	laboratory: 1/2/2019	
First-Draw Lead Result for	Outlet: 8.8	_ ppb Outlet Name	sink		
Outlet ID #: HCMS 19 (corresponding to Floor Pla	L	Location (e.g. Hallway		, etc.): classroom	
Outlet Type Code (refer to	list below): HE	_ If other spe	cify:		
CF: Classroom Combination	Drinking Fountain	HD: Hot Drink Machi	ne	NO: Nurse's Office Sink	
CR: Classroom Sink		HE: Home Economics	Room Sink	SE: Special Education Classroom Sin	
CS: Classroom Combination	Sink	IM: Ice Machine		TL: Teachers' Lounge Sink	
DF: Drinking Fountain (Cool	er/Rubbler)	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: 2.5 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):

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 Klen	ık	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			