

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 GENERAL SCHOOL INFORMATION:

GENERAL BONDON IN (1 ONL) MILLON	•		
School Name: Long Reach HS			
Street Address: 6101 Old Dobbin Lane			
City: Columbia	Zip Code: 21045 Cou	unty: Howard	
School Type (Check Below):			
School Type Identificatio	n Number		
Public Public Schoo	Public School Construction Number (PSC#): 1 3 - 0 5 5		
Charter Charter Scho	Charter School ID #:		
Nonpublic Nonpublic So	chool ID #: 09		
	Bui	lding ID #:	
Date of sample collection: 10/5/2019		·	
First-Draw Lead Result for Outlet: 26.6	ppb Outlet Name: SINK		
Outlet ID #: LRHS 20 (corresponding to Floor Plan ID #)	ocation (e.g. Hallway, Classroom	, etc.): indoor concessions	
Outlet Type Code (refer to list below): OT	If other specify:		
CF: Classroom Combination Drinking Fountain	HD: Hot Drink Machine	NO: Nurse's Office Sink	
CR: Classroom Sink	HE: Home Economics Room Sink	SE: Special Education Classroom Sink	
CS: Classroom Combination Sink DF: Drinking Fountain (Cooler/Bubbler)	IM: Ice Machine KS: Kitchen Sink	TL: Teachers' Lounge 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: 2/24/2021			
Check all that apply:			
Permanently closed access to outlet (e.g., physically disconnect from	n 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 ele	evated 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 W Bottle water Certification Form.	ater regulations; Complete and attach a		
Checked grounding wires.			
Other (Describe):			
IV. POST-REMEDIATION FOLLOW-UP SAMPLE COLLECTION:			
Laboratory: AMA Laboratory	Certification ID #: 262		
Sample Type: First-draw Flushed (only if automated flushing	g is the means of remediation)		
Follow Up Lead Result for Outlet: 2 ppb Date of sample collection	on: <u>9/9/2021</u>		
Outlet Returned to Service?: Yes No Date Returned to Serv	ice: 9/23/2021		
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	k	11/12/2021		
Name of D	esignated Responsible Person (Printed)	Date		
	Jeffrey Klenk	Environmental Safety Specialist		
	Signature	Title		
410-313-	6699	jeffrey_klenk@hcpss.org		
Phone Number		Email		