

## 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 <u>Reporting.leadschoolwater@maryland.gov</u>

## **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:

School Name: Mayfield Woods MS		
Street Address: 7950 Red Barn Way		
	Zip Code: 21075 Con	unty: Howard
School Type (Check Below):		
School Type Identifica	ation Number	
Public Public Sc	hool Construction Number (PSC#): _	<u>1 3 0 4 5</u>
Charter Charter S	chool ID #:	-
Nonpublic Nonpubli	c School ID #: 09	
II. <u>PREVIOUS LEAD RESULT INFO</u> School Building Name: <u>Mayfield Woods</u> Date of sample collection: <u>6/6/2019</u>	S MS Bui	lding ID #: laboratory: _6/17/2019
First-Draw Lead Result for Outlet: 40.1	ppb Outlet Name: Bubbler	
Outlet ID #: MWMS 30F (corresponding to Floor Plan ID #)	Location (e.g. Hallway, Classroom	, etc.): Classroom
Outlet Type Code (refer to list below):	SEIf other specify:	
CF: Classroom Combination Drinking Foun	tain 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	IM: Ice Machine	TL: Teachers' Lounge Sink
DF: Drinking Fountain (Cooler/Bubbler)	KS: Kitchen Sink	OT: Other

## III. <u>REMEDIAL ACTIONS COMPLETED</u>:

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: 9/23/2020

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):	
IV. POST-REMEDIATION FOLLOW-UP SAMPLE COLLECTION:		

aboratory: <u>AMA</u> Laboratory Certification ID #: <u>262</u>	
Sample Type: 🗹 First-draw	Flushed (only if automated flushing is the means of remediation)
Follow Up Lead Result for Outle	t: <u>2.5</u> ppb Date of sample collection: <u>10/1/2021</u>
Outlet Returned to Service?:	Yes No Date Returned to Service: <u>10/12/2021</u>
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

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Name of Designated Responsible Person (Printed)

Jeffrey Klenk

Signature

410-313-6699

Phone Number

# 11/1/2021

Date

Environmental Safety Specialist Title

jeffrey\_klenk@hcpss.org Email