

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:

	<u> </u>		
School Name: Long Reach HS			
Street Address: 6101 Old Dobbin Lar	e		
City: Columbia	Zip Code: 21045 Cod	unty: Howard	
School Type (Check Below):			
School Type Identific	eation Number		
Public Public S	Public School Construction Number (PSC#): 1 3 - 0 5 5		
Charter Charter	Charter School ID #:		
Nonpublic Nonpubl	ic School ID #: 09		
II. PREVIOUS LEAD RESULT INFO School Building Name: Long Reach H Date of sample collection: 10/5/2019	S Bui	lding ID #: laboratory: 10/29/2019	
First-Draw Lead Result for Outlet: 6.7	ppb Outlet Name: sink		
Outlet ID #: LRHS 39 (corresponding to Floor Plan ID #)	Location (e.g. Hallway, Classroom		
Outlet Type Code (refer to list below): _	HE If other specify:		
CF: Classroom Combination Drinking Fou	ntain HD: Hot Drink Machine	NO: Nurse's Office Sink	
CR: Classroom Sink CS: Classroom Combination Sink	HE: Home Economics Room Sink IM: Ice Machine	SE: Special Education Classroom Sink TL: Teachers' 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: 9/3/2021		
Check a	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:			
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: 2.3 ppb Date of sample collection: 9/9/2021		
Outlet Returned to Service?: Ves No Date Returned to Service: 9/17/2021			
Name of Person Responsible for Remediation: Mark Turner			
Phone #- 410-313-7084 Fmail: mark_turner@hcpss.org			

V. <u>CERTIFICATION</u>:

I certify that (check items completed):

410-313-6699

Signature

Phone Number

~	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.		
~	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 Designated Responsible Person (Printed)		Date	
Name of Designated Responsible Person (Printed)		Date	
Jeffrey Klenk		Environmental Safety Specialist	

Title

jeffrey_klenk@hcpss.org

Email