

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: Harpers Ch	oice MS				_
Street Address: 5450 Beav	erkill Road				_
City: Columbia	Z	ip Code	<u>21044</u>	County: How	vard
School Type (Check Below)	:				
School Type	Identification	Numb	er		
✓ Public	Public School Construction Number (PSC#): 1 3 - 0 0 3				
☐ Charter					
☐ Nonpublic	Nonpublic Sci	nool ID	#: 09		
-					
II. <u>PREVIOUS LEAD RES</u>	SULT INFORM	ATION	:		
School Building Name:				Building ID #	:
Date of sample collection: 1	2/22/2018		Date of receipt from	the laboratory	. 1/2/2019
First-Draw Lead Result for (Outlet: 20.4	ppb	Outlet Name: sink		
Outlet ID #: HCMS 25 (corresponding to Floor Plan	Lo	ocation	(e.g. Hallway, Classı	room, etc.): FA	ACS
Outlet Type Code (refer to li	st below): HE		If other specify: _		
CF: Classroom Combination I	Orinking Fountain	HD: Ho	t Drink Machine	NO: Nurse	e's Office Sink
CR: Classroom Sink		НЕ: Но	me Economics Room	Sink SE: Speci	al Education Classroom Sink
CS: Classroom Combination S	ink	IM: Ice	Machine	TL: Teach	ners' Lounge Sink
DF: Drinking Fountain (Coole	r/Rubbler)	KS. Ki	chen 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: summer break 2022		
Check al	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.		
V	Other (Describe): plumbing renovation with entire FACS classroom		
IV. <u>POS</u>	ST-REMEDIATION FOLLOW-UP SAMPLE COLLECTION:		
Laborato	Dry: AMA Laboratory Certification ID #: 262		
Sample 7	Type: First-draw Flushed (only if automated flushing is the means of remediation)		
Follow Up Lead Result for Outlet: 1.5 ppb Date of sample collection: 9/2/2022			
Outlet R	eturned to Service?: Yes No Date Returned to Service: 9/8/2022		
Name of	Person Responsible for Remediation: Randy Moore		
D1 //	410-313-7084 E :: randy moore@hcnss.org		

V. <u>CERTIFICATION</u>:

I	certify	that	(check	items	compl	leted):
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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.				
	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	9/22/2022			
Name of Designated Responsible Person (Printed)		Date			
	Jeffrey Klenk	Environmental Safety Specialist			
	Signature	Title			
410-313-	6699	jeffrey_klenk@hcpss.org			
Phone Number		Email			