

### 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: Long Reach	n HS				_
Street Address: 6101 Old I	Oobbin Lane				
City: Columbia	2	Zip Code: _	21045	County: Ho	ward
School Type (Check Below)	:				
School Type	Identification	n Number			
<b>✓</b> Public	Public School Construction Number (PSC#): 1 3 - 0 5 5				
Charter					
☐ Nonpublic	Nonpublic Sc	hool ID #:	09		
II. PREVIOUS LEAD RES				Building ID	#:
Date of sample collection: 1	2/22/2022	D	ate of receipt from	n the laborator	y: <u>1/23/2023</u>
First-Draw Lead Result for (	Outlet: 5.7	ppb O	utlet Name: sink		
Outlet ID #: LRHS 9  (corresponding to Floor Plan	L		g. Hallway, Class		lealth Suite
Outlet Type Code (refer to li	st below): NO	. If	other specify: _		
CF: Classroom Combination I	Orinking Fountain	HD: Hot D	orink Machine	NO: Nur	se's Office Sink
CR: Classroom Sink		HE: Home	Economics Room	i Dilik	cial Education Classroom Sink
CS: Classroom Combination S  DE: Drinking Fountain (Cools)		IM: Ice M			chers' Lounge Sink
LIE - LIMBYING HOUNTAIN (L'OOLA	r/Blinnier)	N.N. KHICH	PIL NIIIK	O I COTO	-1

## 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: <u>1/25/2023</u>				
Check all t	that apply:				
Po	Permanently closed access to outlet (e.g., physically disconnect from water supply system).				
R	demoved the outlet.				
	nstalled and maintained a point of use filter at the outlet.				
R	Repaired the outlet, plumbing, or service line contributing to the elevated level of lead.				
R	Reconfigured the outlet, plumbing, or service line contributing to the elevated level of lead.				
<b>✓</b> R	Replaced the outlet, plumbing, or service line contributing to the elevated level of lead.				
af	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 Bottle water Certification Form.				
C	Checked grounding wires.				
o	Other (Describe):				
IV. <u>POST</u>	-REMEDIATION FOLLOW-UP SAMPLE COLLECTION:				
Laboratory	y: AMA Laboratory Certification ID #: 262				
Sample Ty	ype: First-draw  Flushed (only if automated flushing is the means of remediation)				
Follow Up Lead Result for Outlet: 0.68 ppb Date of sample collection: 3/15/2023					
Outlet Returned to Service?:  Yes  No Date Returned to Service: 3/24/2023					
Name of Person Responsible for Remediation: Randy Moore					
Plane # 410-313-7084 Family moore@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.
<b>~</b>	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.
<b>~</b>	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	3/27/2023	
Name of Designated Responsible Person (Printed)	Date	
Jeffrey Klenk	Environmental Safety Specialist	
Signature	Title	
410-313-6699	jeffrey_klenk@hcpss.org	
Phone Number	Email	