

## 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 INF                                | ORMATION:   |                                  |                                      |
|--|---|----------------------------------|--------------------------------------|
| School Name: Reservoir HS                            | i   |                                  |                                      |
| Street Address: 11550 Scage                          | gsville Road  |                                  |                                      |
| City: Fulton   | Z   | ip Code: 20759 Co                | unty: Howard                         |
| School Type (Check Below):                           |   |                                  |                                      |
| School Type Identification Number                    |   |                                  |                                      |
| <b>✓</b> Public                                      | Public School Construction Number (PSC#): 1 3 - 0 7 7 |                                  |                                      |
| Charter  | Charter School ID #:                                  |                                  |                                      |
| ☐ Nonpublic  | Nonpublic School ID #: 09                             |                                  |                                      |
| II. PREVIOUS LEAD RESU School Building Name:         |   | <b>ATION</b> : Bui               | ilding ID #:                         |
| Date of sample collection: 12/                       | 21/2022   | Date of receipt from the         | laboratory: 1/10/2023                |
| First-Draw Lead Result for Ou                        | tlet: 16.8  | ppb Outlet Name: kettle          |                                      |
| Outlet ID #: REHS 3  (corresponding to Floor Plan ID | Lo  | ocation (e.g. Hallway, Classroom | n, etc.): kitchen                    |
| Outlet Type Code (refer to list                      | below): OT  | If other specify: Kitch          | en Kettle                            |
| CF: Classroom Combination Dri                        | nking 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 Sin                        |   | IM: Ice Machine                  | TL: Teachers' Lounge Sink            |
| DF: Drinking Fountain (Cooler/I                      | 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: NA  |  |  |
|---|---|--|--|
| Check a   | 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.  |  |  |
| •   | Other (Describe): Acceptable per MDE. Passed two rounds of confirmation sampling consisting of first draw and flush samples.  |  |  |
| IV. <u>POS</u>  | ST-REMEDIATION FOLLOW-UP SAMPLE COLLECTION:   |  |  |
| Laborate  | ory: AMA Laboratory Certification ID #: 262   |  |  |
| Sample  | Type: First-draw Flushed (only if automated flushing is the means of remediation)   |  |  |
| Follow 1  | Up Lead Result for Outlet: 3.7 & 4.6 ppb Date of sample collection: 1/18/2023 & 2/22/2023   |  |  |
| Outlet Returned to Service?:  Yes  No Date Returned to Service: 3/10/2023 |   |  |  |
| Name of Person Responsible for Remediation: Randy Moore                   |   |  |  |
| Phone #: 410-313-7084 Email: randy_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.   |                                 |  |
|---|--|---------------------------------|--|
| 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  | 3/9/2023                        |  |
| Name of Designated Responsible Person (Printed) |  | Date                            |  |
| Jeffrey Klenk                                   |  | Environmental Safety Specialist |  |
| Signature                                       |  | Title                           |  |
| 410-313-6699                                    |  | jeffrey_klenk@hcpss.org         |  |
| Phone Number                                    |  | Email                           |  |