

## 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 I</u>	NFORMATION	:		
School Name: Mayfield W	oods MS			
Street Address: 7950 Red	Barn Way		<del></del>	
City: Elkridge	2	Zip Code: <u>21075</u> Co	unty: Howard	
School Type (Check Below	):			
School Type Identification Number				
<b>✓</b> Public	Public School Construction Number (PSC#): 1 3 - 0 4 5			
Charter	Charter School ID #:			
☐ Nonpublic				
II. PREVIOUS LEAD RE School Building Name:		<u>ATION</u> : Bu	ilding ID #:	
Date of sample collection:	6/7/2019	Date of receipt from the	laboratory: <u>6/17/2019</u>	
First-Draw Lead Result for	Outlet: <u>57.2</u>	ppb Outlet Name:		
Outlet ID #: MWMS-2  (corresponding to Floor Plan	L ID #)	ocation (e.g. Hallway, Classroon	n, etc.): Kitchen	
Outlet Type Code (refer to l	ist below): KS	If other specify:		
CF: Classroom Combination	Drinking Fountain	HD: Hot Drink Machine	NO: Nurse's Office Sink	
CR: Classroom Sink			SE: Special Education Classroom Sink	
CS: Classroom Combination		IM: Ice Machine	TL: Teachers' Lounge Sink	
DF: Drinking Fountain (Coole	er/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: 8/21/2019				
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 atta Bottle water Certification Form.	ach a			
Checked grounding wires.				
Other (Describe):				
IV. POST-REMEDIATION FOLLOW-UP SAMPLE COLLECTION:				
Laboratory: 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: 2.5 ppb Date of sample collection: 10/11/2019				
Outlet Returned to Service?:  Yes  No Date Returned to Service: 11/18/2019				
Name of Person Responsible for Remediation: Mark Turner				
Di 4 410-313-7084				

## V. <u>CERTIFICATION</u>:

I certify that (check items completed):

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  Name of Designated Responsible Person (Printed)  Date  Jeffrey Klenk  Signature  Environmental Safety Specialist  Title	V	Remedial measures were performed at each outlet where an elevated level of lead was found.				
follow-up first-draw samples (flushed samples if automated flushing was the means of remediation).    Jeff Klenk	<b>✓</b>	outlet for which automated flushing was the means of remediation) was collected from				
Name of Designated Responsible Person (Printed)  Date    Jeffrey Klenk	V	follow-up first-draw samples (flushed samples if automated flushing was the means of				
Teffrey Klenk Signature Environmental Safety Specialist Title	Jeff Klenk		12/2/2019			
Signature Title	Name of Designated Responsible Person (Printed)		Date			
Signature Title	Jeffrey Klenk		Environmental Safety Specialist			
/10-313-6600 ieffrey klenk@honss.org		Signature	Title			
410-313-0039 Jenicy_kienk@nep33.01g	410-313-6699		jeffrey_klenk@hcpss.org			
Phone Number Email	Phone Number		Email			