

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: River Hill H	IS				
Street Address: 12101 Cla	rksville Plke				
City: Clarksville	2	Zip Code	21029	County: Howar	rd
School Type (Check Below)) :				
School Type	Identification	n Numbe	er		
✓ Public	Public Public School Construction Number (PSC#): 1 3 - 0 5 3				5 3
Charter	Charter Scho	ol ID #: _			
Nonpublic	Nonpublic Sc	hool ID	#: 09		
II. PREVIOUS LEAD RES				Building ID #: _	
Date of sample collection:	9/28/2019		Date of receipt from	the laboratory: _1	0/29/2019
First-Draw Lead Result for (Outlet: 65.9	ppb	Outlet Name:		_
Outlet ID #: RHHS-49 (corresponding to Floor Plan	L		e.g. Hallway, Classi		S storage room
Outlet Type Code (refer to l	ist below): HE	-	If other specify: _		
CF: Classroom Combination I	Drinking Fountain	HD: Ho	Drink Machine	NO: Nurse's	Office Sink
CR: Classroom Sink		HE: Ho	me Economics Room S	Sink SE: Special	Education Classroom Sink
CS: Classroom Combination S		IM: Ice			s' Lounge Sink
DF: Drinking Fountain (Coole	r/Rubblar)	KS Kit	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: 12/27/2019			
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):			
IV. <u>PO</u>	ST-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: 8.3 ppb Date of sample collection: 1/22/2020			
Outlet Returned to Service?: Yes No Date Returned to Service: 2/13/2020				
Name of Person Responsible for Remediation: Mark Turner				
Phone #	Email: mark_turner@hcpss.org			

V. <u>CERTIFICATION</u>:

I certify that (check items completed):

•	found.
~	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 Klenk	2/20/2020 Date	
Name of Designated Responsible Person (Printed)		
Jeffrey Klenk	Environmental Safety Specialist	
Signature	Title	
410-313-6699	jeffrey_klenk@hcpss.org	
Phone Number	Email	