

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 <u>Reporting.leadschoolwater@maryland.gov</u>

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 INFORMATION:

School Name: St John's Lane ES		
Street Address: 2960 St John's Lane		
City: Ellicott City		unty: Howard
School Type (Check Below):		
School Type Identificatio	n Number	
Public Public School	l Construction Number (PSC#): _	1 3 0 2 8
Charter Charter Scho	Charter School ID #:	
Nonpublic Nonpublic So	chool ID #: 09	
II. <u>PREVIOUS LEAD RESULT INFORM</u> School Building Name:		lding ID #:
Date of sample collection: 10/5/2018		
First-Draw Lead Result for Outlet: <u>54</u>	_ ppb Outlet Name:	
Outlet ID #: SJLES 23 L (corresponding to Floor Plan ID #)	ocation (e.g. Hallway, Classroom	, etc.): Classroom / project room
Outlet Type Code (refer to list below): <u>CR</u>	If other specify:	
CF: Classroom Combination Drinking 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 Sink	IM: Ice Machine	TL: Teachers' Lounge Sink
DF: Drinking Fountain (Cooler/Bubbler)	KS: Kitchen Sink	OT: Other

III. <u>REMEDIAL ACTIONS COMPLETED</u>:

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>5/10/2019</u>

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 attach a Bottle water Certification Form.
	Checked grounding wires.
	Other (Describe):
IV. PO	ST-REMEDIATION FOLLOW-UP SAMPLE COLLECTION:

Laboratory: <u>AMA</u>	Laboratory Certification ID #: 262
Sample Type: 🗹 First-draw	Flushed (only if automated flushing is the means of remediation)
Follow Up Lead Result for Outlet:	<u>11.4</u> ppb Date of sample collection: <u>11/21/2019</u>
Outlet Returned to Service?:	Yes No Date Returned to Service: <u>12/12/2019</u>
Name of Person Responsible for R	emediation: Mark Turner
Phone #: _410-313-7084	Email: mark_turner@hcpss.org

V. <u>CERTIFICATION</u>:

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I certify that (check items completed):

Remedial measures were performed at each outlet where an elevated level of lead was 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

Name of Designated Responsible Person (Printed)

Jeffrey Klenk

Signature

410-313-6699

Phone Number

1/9/2020

Date

Environmental Safety Specialist Title

jeffrey_klenk@hcpss.org Email

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