

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 IN	FORMATION	:	
School Name: St John's La	ane ES		
Street Address: 2960 St Jo	hn's Lane		
City: Ellicott City	2	Zip Code: 21042	County: Howard
School Type (Check Below):			
School Type Identification Number			
✓ Public	Public School Construction Number (PSC#): 1 3 - 0 2 8		
Charter	Charter School ID #:		
☐ Nonpublic	Nonpublic School ID #: 09		
II. PREVIOUS LEAD RES School Building Name:			Building ID #:
Date of sample collection: 2	/7/2019	Date of receipt from the	ne laboratory: 2/22/2019
First-Draw Lead Result for C	outlet: 25.2	ppb Outlet Name:	
Outlet ID #: SJLES-3 (corresponding to Floor Plan	L	ocation (e.g. Hallway, Classro	om, etc.): teachers lounge work room
Outlet Type Code (refer to lis	st below): TL	If other specify:	
CF: Classroom Combination D	rinking Fountain	HD: Hot Drink Machine	NO: Nurse's Office Sink
CR: Classroom Sink		HE: Home Economics Room Sin	nk SE: Special Education Classroom Sink
CS: Classroom Combination S		IM: Ice Machine	TL: Teachers' Lounge Sink
DF: Drinking Fountain (Cooler	/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: <u>6/10/2019</u>			
Check all	that apply:			
□ P	Permanently closed access to outlet (e.g., physically disconnect from water supply system).			
R	Removed the outlet.			
In	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.			
✓ R	Replaced the outlet, plumbing, or service line contributing to the elevated level of lead.			
a	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. POST-REMEDIATION FOLLOW-UP SAMPLE COLLECTION:				
Laborator	y: 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: 3.1 ppb Date of sample collection: 11/21/2019				
Outlet Returned to Service?: Yes No Date Returned to Service: 12/12/2019				
Name of Person Responsible for Remediation: Mark Turner				
Di 4 410-313-7084				

V. <u>CERTIFICATION</u>:

I certify that (check items completed):

V	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.		
v	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		1/9/2020	
Name of Designated Responsible Person (Printed)		Date	
Jeffrey Klenk		Environmental Safety Specialist	
	Signature	Title	
410-313-6699		jeffrey_klenk@hcpss.org	
Phone Number		Email	