



**MARYLAND DEPARTMENT OF THE ENVIRONMENT**  
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[Reporting.leadsschoolwater@maryland.gov](mailto:Reporting.leadsschoolwater@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 INFORMATION:**

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

School Type (Check Below):

**School Type**

☐ Public

☐ Charter

☐ Nonpublic

**Identification Number**

Public School Construction Number (PSC#): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Charter School ID #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Nonpublic School ID #: 09 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**II. PREVIOUS LEAD RESULT INFORMATION:**

School Building Name: \_\_\_\_\_ Building ID #: \_\_\_\_\_

Date of sample collection: \_\_\_\_\_ Date of receipt from the laboratory: \_\_\_\_\_

First-Draw Lead Result for Outlet: \_\_\_\_\_ ppb Outlet Name: \_\_\_\_\_

Outlet ID #: \_\_\_\_\_ Location (e.g. Hallway, Classroom, etc.): \_\_\_\_\_  
(corresponding to Floor Plan ID #)

Outlet Type Code (refer to list below): \_\_\_\_\_ *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. 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: \_\_\_\_\_

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. POST-REMEDATION FOLLOW-UP SAMPLE COLLECTION:**

Laboratory: \_\_\_\_\_ Laboratory Certification ID #: \_\_\_\_\_

Sample Type: ☐ First-draw ☐ Flushed (only if automated flushing is the means of remediation)

Follow Up Lead Result for Outlet: \_\_\_\_\_ ppb Date of sample collection: \_\_\_\_\_

Outlet Returned to Service?: ☐ Yes ☐ No Date Returned to Service: \_\_\_\_\_

Name of Person Responsible for Remediation: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**V. CERTIFICATION:**

***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).

\_\_\_\_\_  
Name of Designated Responsible Person (Printed)

\_\_\_\_\_  
Date

*Chris Madden*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email