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 INFORMATION:

School Name: River Hill High School

Street Address: 12101 Clarksville Pike

City: Clarksville Zip Code: 21029 County: Howard

School Type (Check Below):

School Type	Identification Number
☑ Public	Public School Construction Number (PSC#): 1 3 - 0 5 3
☐ Charter	Charter School ID #: ___ ___-___ ___ ___ ___
☐ Nonpublic	Nonpublic School ID #: 09 - ___ ___-___ ___ ___ ___

II. PREVIOUS LEAD RESULT INFORMATION:

School Building Name: River Hill High School Building ID #: 13.0524

Date of sample collection: 03/21/2023 Date of receipt from the laboratory: 04/17/2026

First-Draw Lead Result for Outlet: 36 ppb Outlet Name: RHHS-45

Outlet ID #: RHHS-45
(corresponding to Floor Plan ID #)
Location (e.g. Hallway, Classroom, etc.): Hallway

Outlet Type Code (refer to list below): DF *If other specify:* _____

CF: Classroom Combination Drinking Fountain
CR: Classroom Sink
CS: Classroom Combination Sink
DF: Drinking Fountain (Cooler/Bubbler)
HD: Hot Drink Machine
HE: Home Economics Room Sink
IM: Ice Machine
KS: Kitchen Sink
NO: Nurse's Office Sink
SE: Special Education Classroom Sink
TL: Teachers' Lounge 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: 07/10/2026

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-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: 0.5 ppb Date of sample collection: 10/01/2026

Outlet Returned to Service?: ☐ Yes ☑ No Date Returned to Service: _____

Name of Person Responsible for Remediation: Randy Moore

Phone #: 410-313-7084 Email: randy_moore@hcpss.org

V. <u>CERTIFICATION</u>:

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).

John Farmer	10-9-2026
Name of Designated Responsible Person (Printed)	Date
John D. Farmer III	Coordinator of Environmental Services
Signature	Title
410-313-6699	John_farmer@hcpss.org
Phone Number	Email