

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: Forest Ridge ES | | | |
|--|--|--------------------------------------|--|
| Street Address: 9550 Gorman Road | | | |
| City: Laurel | Zip Code: 20723 Con | unty: Howard | |
| School Type (Check Below): | | | |
| School Type Identificat | ion Number | | |
| Public Public Sch | Public School Construction Number (PSC#): <u>1 3 - 0 4 7</u> | | |
| Charter Charter Sch | Charter School ID #: | | |
| Nonpublic Nonpublic | Nonpublic School ID #: 09 | | |
| II. <u>PREVIOUS LEAD RESULT INFOR</u> School Building Name: | | lding ID #: | |
| Date of sample collection: 4/12/2019 | Date of receipt from the | laboratory: <u>4/24/2019</u> | |
| First-Draw Lead Result for Outlet: 48.9 | ppb Outlet Name: | | |
| Outlet ID #: <u>11</u> (corresponding to Floor Plan ID #) | Location (e.g. Hallway, Classroom | , etc.): Art Storage | |
| Outlet Type Code (refer to list below): <u>O</u> | T If other specify: Art Sto | orage / Prep Room | |
| CF: Classroom Combination Drinking Founta | in 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>5/1/2019</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. Adhered signage at sink "Do Not Use for Drinking". Acceptable remediation per Maryland Department of the Environment. Art room prep / storage sinks are not meant for consumption. In general such fixtures do not comply with plumbing industry standards for lead content since they are not meant for consumption. | | |
| IV. <u>PC</u> | OST-REMEDIATION FOLLOW-UP SAMPLE COLLECTION: | | |
| Laboratory: SECTION NOT APPLICABLE Laboratory Certification ID #: | | | |
| Sample | e 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?: Ves No Date Returned to Service: | | | |
| Name | of Person Responsible for Remediation: | | |

Phone #: _____ Email: _____

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

6/6/2019

Date

Environmental Safety Specialist Title

jeffrey_klenk@hcpss.org Email