

## MARYLAND DEPARTMENT OF THE ENVIRONMENT

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Reporting.leadschoolwater@maryland.go

## **REMEDIAL PLAN OF ACTION FORM**

Lead in Drinking Water-Public and Nonpublic Schools

If an elevated level of lead is detected in an outlet or outlets by the analyzing laboratory, the school must take actions to remediate the outlet or outlets. The remedial actions to be taken by the school must be provided to MDE and MSDE using this form within 30 days after receiving notification of elevated laboratory samples. Return this form to the address listed above. If emailing, include the words "REMEDIAL PLAN OF ACTION" and school name in the subject line.

I. GENERAL SCHOOL INFORMATION:

## School Name: Street Address: City: \_\_\_\_\_ Zip Code: \_\_\_\_ County: \_\_\_\_ School Type (Check Below): **School Type Identification Number** \_\_\_ Public Public School Construction Number (PSC#): \_\_\_\_\_\_\_\_ Charter School ID #: \_\_\_ -\_\_ \_\_ \_\_\_ Charter Nonpublic School ID #: 09 - \_\_\_\_ -\_\_ \_\_ \_\_\_ Nonpublic II. 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 #) If other specify:\_\_\_\_\_ Outlet Type Code (refer to list below): CF: Classroom Combination Drinking Fountain NO: Nurse's Office Sink HD: Hot Drink Machine CR: Classroom Sink SE: Special Education Classroom Sink HE: Home Economics Room Sink CS: Classroom Combination Sink TL: Teachers' Lounge Sink IM: Ice Machine OT: Other DF: Drinking Fountain (Cooler/Bubbler)

KS: Kitchen Sink

## III. REMEDIAL ACTIONS TO BE TAKEN:

Please check the appropriate boxes below that best describes the school's action to remediate the elevated level of lead found in the drinking water samples of a 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 Plan of Action to this form.** 

Che	ck all that apply:	
	Permanently close access to outlet (e.g., physically disconnect from water supply system)	
	Remove the outlet	
	Install and maintain a point of use filter at the outlet	
	Repair the outlet, plumbing, or service line contributing to the elevated level of lead	
	Reconfigure the outlet, plumbing, or service line contributing to the elevated level of lead	
	Replace the outlet, plumbing, or service line contributing to the elevated level of lead	
	Install and maintain 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.)	
	Provide bottled water that meets all National Primary Drinking Water regulations; must completed Bottled Water Certification form and attach Bottled Water Manufacturer's current Water Quality Report.	
	Check grounding wires. If existing wires are grounded to water pipes, find an alternative grounding System.	
	Name of Designated Responsible Person (Printed)	Date
	Signature	Title
	Phone Number	Email