

Submit report to:

MARYLAND DEPARTMENT OF THE ENVIRONMENT
WATER SUPPLY PROGRAM

1800 Washington Blvd, Suite 450/Baltimore, MD 21230-1708
(410) 537-3729 or (800) 633-6101 ext. 3729 <http://www.mde.state.md.us>

- ACCEPTED
- PRELIMINARY
- REJECTED
- VALIDATED

BACTERIOLOGICAL MONITORING REPORT FORM

This report must be received by the 10th day of each succeeding month in which samples were collected.
Results of invalidated samples are not to be included on this report form.

System Name _____

PWSID - Analysis Method(s) _____

Laboratory Name _____ Lab ID# _____

Sampler(s) _____ Sampler ID _____

(Full Name) _____ Number(s) _____

Month of Collection: _____ Year _____

(Check 1 Month Only)

Jan	<input type="checkbox"/>	Feb	<input type="checkbox"/>	Mar	<input type="checkbox"/>
Apr	<input type="checkbox"/>	May	<input type="checkbox"/>	Jun	<input type="checkbox"/>
Jul	<input type="checkbox"/>	Aug	<input type="checkbox"/>	Sep	<input type="checkbox"/>
Oct	<input type="checkbox"/>	Nov	<input type="checkbox"/>	Dec	<input type="checkbox"/>

1) Population _____ Duration MONTHLY QUARTERLY

Required number of routine samples _____

	Routine Samples	Repeat Samples
2) Number Collected & Analyzed	2A - _____	2B - _____
Number of Total Coliform Positive	2C - _____	2D - _____
Number of Fecal/E. coli Positive	_____	_____

3) Percentage of Samples Total Coliform Positive: _____

$\frac{(2C + 2D)}{(2A + 2B)} \times 100$

from Item 2 above

4) Complete Page 2 of this form, listing all test results reported above, if 2C is greater than "0."

5) Were any routine fecal coliform positives followed by (same-month) repeat coliform-positives?
If YES, this is a violation – Contact MDE. Yes No


6) Systems with ground water sources Total Number of Source Water Samples Collected:
System must also complete and submit the Ground Water Rule Report Form, if applicable. _____

7) Mean Field Chlorine Residual level for Month of Collection: milligrams per liter (mg/L)
Systems over 3,300 persons must complete and submit the Disinfection Residual Monitoring Form quarterly. If the chlorine residual exceeded 4.0 mg/L, this may be a violation. _____

8) Original microbiological laboratory report sheets on file and available for inspection? Yes No

I do hereby affirm that this record contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief.

Please print Name / Title _____ Date _____

Signature  _____ Telephone _____

Note: Page 2 should be completed when there are positive bacteriological samples for the monitoring period.

Bacteriological Results of Samples

Sample Date	Sample Point Location	Sample Type	Repeat Location	TC	FC	EC	Count	Interference /Rejection	Remarks

Sample Type: RT = Routine; RP= Repeat; TG = Triggered Ground Water Rule

Repeat Location: UP – upstream within 5 connections of the original sample location
 DN – downstream within 5 connections of the original sample location
 OR – original site
 OT – other

TC/FC/EC: The Absence and Presence indicators or used to indicate the existence of coliform in the sample.
 A- Absent; negative (-)
 P – Present; positive (+)

Count: (optional) This field is only available if total coliform is found to be present. Count will accept 5 decimal places.

Interference/Rejection: For a TCR result that may be invalidated. STATE –reason as determined by the State.
 Laboratory codes: TNTC – Too numerous to count CNFG – Confluent Growth TCNG – Turbid culture, no gas