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

FOR OFFICE USE ONLY						
	ACCEPTED					
	PRELIMINARY					
F	REJECTED					
,	ALIDATED					

					ł
	1	OGICAL MONITO			
<b>+</b> .	Results of invali	dated samples are not	acceeding mont to be included of	h in which sa on this report	mples were collected. form.
System Name 10	wn of Cecilton				
PWSID 0 0	7 - 0 0	0 4 Analys	is Method(s)		SM9223-B
Laboratory Name	Suburban Te	sting Labs		Lab ID#	347
Sampler(s	<sub>s)</sub> <u>JWS</u>		Sampler	4 9	1 2 - J S
(Full Name)	Jordan W. Smith	1	ID		
	<u></u>		Number(s)		
<b>Month of C</b> (Check I M	onth Only)	Jan Feb Apr May Jul May Oct Nov	Mar Jun Sep Dec		Year 2023
1) Population_	663 Dura	tion 🗹 MONTHLY  QUARTER		uired numb routine san	
		Routine San	ples	]	Repeat Samples
2) Number Collected		<b>2A</b> - 1		2B -	0
Number of Total C	oliform Positive	2C - 0		2D -	0
Number of Fecal/E	coli Positive	0		<u> </u>	
3) Percentage of Sam	oles Total Coliform P	ositive: from Item		C + 2D) A + 2B) x 100	0
4) Complete Page 2 of	this form, listing all	test results reported	above, if 2C is	greater than	"0."
5) Were any routine for If YES, this is a vio	cal coliform positive lation – Contact MD	s followed by (same- E.	month) repeat	coliform-pos	
6) Systems with groun System must also con	d water sources Tota nplete and submit the	l <b>Number of Source</b> Ground Water Rule R	<b>Water Sample</b> eport Form, if a	s Collected: applicable.	1
7) Mean Field Chlorin Systems over 3,300 r quarterly. If the chlo	e Residual level for I persons must complete rine residual exceeded	and submit the Disini	ection Residua	liter (mg/L) I Monitoring	Form 2.08
8) Original microbiolo	gical laboratory repo	ort sheets on file and	available for in	spection?	Yes 🗸 No 🗌
information gi	firm that this record cover by me is true and	ontains no willful miss complete to the best o	epresentations fmy knowledge	or falsificatio and belief.	ons and that this
Please print Name / Title	Jordan W Smi	th Operator		Date (	08-10-2023
Signature £ W	1 de		Telep	4	43-252-1410

PWSID\_0070004

Page 2

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

## Bacteriological Results of Samples

Sample Date	Sample Loca	Point tion	Sample Type	Repeat Location	TC	FC	EC	Count	Interference /Rejection	Remarks
						<u> </u>	<u> </u>			

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.

MDE/WMA/COM,006A TTY Users 1-800-735-2258 Revised 04/01/2011