



Mail to:

## MARYLAND DEPARTMENT OF THE ENVIRONMENT

### WATER SUPPLY PROGRAM

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

### GROUND WATER RULE MONITORING REPORT FORM (Ground Water Systems Only)

Beginning December 2009, one raw water sample (*Triggered Source Water Sample*) must be collected from each active ground water source each time a routine total coliform sample (TCR) tests positive for total coliform. This report must be received by the 10<sup>th</sup> day of each succeeding month in which samples were collected, and should accompany the Bacteriological Monitoring Report Form.

#### GENERAL INFORMATION:

System Name \_\_\_\_\_

PWSID 


— 


Name of Laboratory \_\_\_\_\_ Lab ID# \_\_\_\_\_

Sampler(s) \_\_\_\_\_  
\_\_\_\_\_

Sampler ID 


— 


#### OCCURENCE INFORMATION:

Date of original positive TCR sample \_\_\_\_\_

Sample location of positive sample \_\_\_\_\_

Number of ground water sources being used when the positive sample was taken\* \_\_\_\_\_

\* Water systems with State-approved representative monitoring and/or triggered source water monitoring plans should only list the number of applicable sources.

List source numbers and names of active sources (Ex. 01 Primary Well)



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.

Signature/Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_

## Bacteriological Results of Triggered Source Water Samples

Source #	Sample Date	Sampling Location	Chlorine Residual (mg/L)	Fecal Indicator (Circle one)		Lab Method	Remarks ex. (If fecal indicator pos. MPN)
				E. coli, Enterococci, Coliphage			
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		
				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative		

### GWR Requirements:

1. The "Initial Triggered Source Water Sample" must be collected within 24 hr of notification of the routine TCR positive sample, or as approved by MDE.
2. If the "Initial Triggered Source Water Sample" is fecal indicator-positive, the water system must
  - (a.) provide a Tier 1 public notice to customers within 24 hr of being notified the Triggered Source Water Sample was positive.
  - (b.) collect 5 additional "Repeat Triggered Source Water Samples" from each of the sources that the "Initial Triggered Source Water Sample" was fecal indicator-positive. These repeat samples must be collected within 24 hr of being notified of the positive "Initial Triggered Source Water Sample".

(Repeat samples are not required if MDE has already required the water system to take corrective action prior to the 24 hr deadline)
3. MDE must be notified within 24 hr whenever there is a fecal indicator-positive Source Water Sample.