Instructions

Purpose:	This spreadsheet is intended to be a place to consolidate all water quality data that needs to be submitted to MDE to comply with COMAR 26.04.01.31.	
Sampling required following distribution system impacts:	Total coliform, *E. coli* and disinfectant residual must be submitted to MDE following an uncontrolled outage, a controlled outage with clear evidence of contamination, OR if water from a flooded well or spring enters a distribution system.	
	Disinfectant residual data is only required if a water system routinely uses a chemical disinfectant.	
Number of distribution system samples required:	Dependent on the number of service connections impacted by the outage, or receiving water from a flooded well or spring.	
	Number of impacted service connections	Number of samples
	1 - 50	1
	51 - 100	2
	101- 500	3
	501- 1000	4
	over 1000	consult with MDE: contact your county engineer or dial 410-537-3702
Sampling required following a flooded well or spring:	Total coliform and *E. coli* is required if a well or spring floods (whether or not the water enters the distiribution system.	
	No disinfectant residual should be present when sampling a well or spring following flooding.	
Number of raw water samples required:	2 samples at least 30 minutes apart	
How and what to submit this to MDE:	Use CMDP to submit this spreadsheet as an attachment along with lab reports for required water quality data AND a copy of the notice to customers lifting the tier one public notice. Use the sample type “Performance Evaluation” when submitting this information.	
When to submit this to MDE:	10 days after any tier one public notice is lifted. This applies only to any tier one public notice issued in compliance with COMAR 26.04.01.31.	
Guidance Manual Link:	Click here for the Maryland Guidance Manual for Outages, Flooded Sources, Boil Water Advisories and Reportable Incidents	
Questions:	Call the Water Supply Program at 410-537-3702, contact your county engineer.	

Water Quality Data Following Outages or Flooded Wells or Springs

System Name:	
PWSID:	

Sampler's Name:	
Sampler's Certification No.:	

Date	Sample location #	Disinfectant residual	Total Coliform (presence/absence or MPN)	E.Coli (presence/absence or MPN)

Location of the outage OR the name of the flooded well or spring:	
Is a disinfectant regularly used?	Yes
If yes, what disinfectant is used?	

Sample Location #	Sample Location Address/other description

*Submit this form to MDE with the laboratory reports.