MARYLAND
Department of The Environment

Water Supply Program
Bacteriological Monitoring Report Form

OFFICE USE ONLY

Rejected _____

Entered _____

This report must be received by the 10th day of the month following the collection period.

System Name _____

System# | | | | - | | | | | **Analysis Method** _____

Lab Cert# _____ **Lab Name** _____

Sampler(s) _____ **Sampler Certification Number(s)** | | | | | – | | |

(Full Name) _____

_____

1) Month of Collection: (*Check 1 Month Only*)
Jan ◯ **Feb** ◯ **Mar** ◯ **Apr** ◯ **May** ◯ **Jun** ◯
Jul ◯ **Aug** ◯ **Sep** ◯ **Oct** ◯ **Nov** ◯ **Dec** ◯

Year _____

2) Number of Negative Routines Collected & Analyzed only ☐

List all routine and repeat coliform-positive results in the table on page 2.

3) Percentage of Samples Total Coliform Positive: (*only if* 40 or more samples were collected in reported month)

(number of positive routines + positive repeats)/(total number of routines+ repeats) x 100 ☐

4) Were any routine *E. coli* positives followed by (same-month) repeat coliform-positives?

If YES, this is a violation – Contact MDE. Yes ☐ No ☐

5) Systems with ground water sources:

a. Total Number of Source Water Samples collected for *E. coli* analysis: . ☐

System must also complete and submit the Ground Water Rule Report Form, if applicable

b. Number of Source Water Samples that are E. coli-positive: ☐

6) 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. ☐

7) 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 _____ **Telephone** _____

Signature _____ **Date** _____

Do not count positive routines or any repeats on this page; list these and source water test results on Page 2.

PWSID -

Positive Bacteriological Samples Results

This table should be completed, with original positive and <u>all</u> repeats, when there are any positive bacteriological samples for the monitoring period.

Collection Date/Time	Lab Sample#	Sample[1] Type	Repeat[2] Location	TC | EC[3] (A)sent/(P)resent		Count	Free Field Cl_2 (mg/L)	Start Analysis Date/Time	Rejection?/Sample Point Location/Remarks

[1]**Sample Type**: RT = Routine; RP= Repeat; TG = Triggered Source Water for Ground Water Rule (untreated).

[2]**Repeat Location:** OR = original sample location; UP = upstream within 5 connections of OR; DN = downstream within 5 connections of OR.

[3]**TC** (total coliform)/**EC** (E.coli): The indicators used to indicate the presence or absence of coliform in the sample.

[4]**Count: (optional)** This field is only available if total coliform is found to be present.