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 http://www.mde.state.md.us

DISINFECTION BY-PRODUCTS SELF-MONITORING REPORT

PWSID_____SYSTEM NAME _____COUNTY_____
SAMPLE SITE ID_____SAMPLE SITE ADDRESS_____
SAMPLE TYPE: RAW _____ FINISHED_____SAMPLE LOCATION (well, sample tap, sink, etc.)_____
DATE COLLECTED _____TIME_____
SAMPLER ID_____SAMPLER NAME_____PHONE_____
LAB CERT#: _____LABORATORY _____ PHONE _____
LAB SAMPLE ID_____DATE RECEIVED_____ DATE REPORTED_____
REMARKS:_____

Contaminant	EPA ID	MCL (ppb)	Actual Level(ppb)	Detection Limit (ppb)	EPA analytic method Used	Analysis Date
REGULATED						
TRIHALOMETHANES						
Bromodichloromethane	2943					
Bromoform	2942					
Chloroform	2941					
Dibromochloromethane	2944					
Total Trihalomethanes		80				
HALOACETIC ACIDS						
Monochloroacetic Acid	MCAA					
Monobromoracetic Acid	MBAA					
Dichloroacetic Acid	DCAA					
Trichloroacetic Acid	TCAA					
Dibromoracetic Acid	DBAA					
Total HAA5		60				
ADDITIONAL PARAMETERS						
Bromochloroacetic Acid	BCAA					
Bromodichloroacetic Acid	BDCA					
Chlorodibromoacetic Acid	CDBA					
Tribromoacetic Acid	TBAA					
Chlorite	CH	1000				
Bromate	BR	10				

MCL - Maximum Contaminant Level
THM Detection limit = (< 0.5 ppb)
NT - Not Tested
ppb - parts per billion (micrograms per liter)

I do hereby certify that this record contains no willful misrepresentations or falsifications and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification under COMAR 26.08.05.

SIGNATURE_____DATE_____