

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
- REJECTED
- VALIDATED

BACTERIOLOGICAL MONITORING REPORT FORM

This report must be received by the 10<sup>th</sup> day of each succeeding month in which samples were collected.  
Results of invalidated samples are not to be included on this report form.

System Name Town of Cecilton

PWSID 0 0 7 - 0 0 0 4 Analysis Method(s) SM9223-B

Laboratory Name Suburban Testing Labs Lab ID# 347

Sampler(s) JWS Sampler 

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				-		
				-		

(Full Name) Jordan W. Smith ID 

				-		
				-		

Number(s) 

				-		
				-		

Month of Collection:  
(Check 1 Month Only)

- Jan  Feb  Mar   
 Apr  May  Jun   
 Jul  Aug  Sep   
 Oct  Nov  Dec

Year 2023

1) Population 663 Duration  MONTHLY  QUARTERLY  
Required number of routine samples 1

2) Number Collected & Analyzed  
Number of Total Coliform Positive  
Number of Fecal/*E. coli* Positive

Routine Samples		Repeat Samples	
2A -	1	2B -	0
2C -	0	2D -	0
	0		

3) Percentage of Samples Total Coliform Positive:  
from Item 2 above  $\frac{(2C + 2D)}{(2A + 2B)} \times 100$  0

4) Complete Page 2 of this form, listing all test results reported above, if 2C is greater than "0."

5) Were any routine fecal coliform positives followed by (same-month) repeat coliform-positives?  
If YES, this is a violation - Contact MDE. Yes  No

6) Systems with ground water sources Total Number of Source Water Samples Collected:  
System must also complete and submit the Ground Water Rule Report Form, if applicable. 1

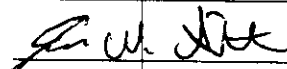
7) Mean Field Chlorine Residual level for Month of Collection: milligrams per liter (mg/L)  
Systems over 3,300 persons must complete and submit the Disinfection Residual Monitoring Form quarterly. If the chlorine residual exceeded 4.0 mg/L, this may be a violation. 2.08

8) 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 Jordan W Smith Operator

Date 08-10-2023

Signature 

Telephone 443-252-1410

