

**MARYLAND DEPARTMENT OF THE ENVIRONMENT
WATER SUPPLY PROGRAM**

1800 Washington Blvd. Baltimore, MD 21230
(410) 537-3729 (800) 633-6101 ext. 3729 <http://www.mde.maryland.gov>

INORGANIC SELF-MONITORING REPORT

SAMPLED FOR COMPLIANCE: (YES/NO) Yes No

PWSID: MD - SYSTEM NAME: _____ COUNTY _____

LAB SAMPLE ID: _____

SAMPLE TYPE (Choose One): ROUTINE REPEAT SPECIAL CONFIRMATION

SAMPLE POINT ID* SAMPLE LOCATION _____

SAMPLE SITE ADDRESS _____

COLLECTION DATE _____ TIME _____

LAB CERT#: _____ LABORATORY _____ PHONE _____

SAMPLER ID _____ SAMPLER NAME _____ PHONE _____

REMARKS: _____

Analyte Name	Analyte Code	MCL (mg/l)	Result (mg/l)	Reporting Level (mg/l)	Method Code	Analysis Date
Nitrate.....	1040	10	_____	_____	_____	_____
Nitrite.....	1041	1	_____	_____	_____	_____
Nitrate+Nitrite	1038	10	_____	_____	_____	_____
Antimony	1074	0.006	_____	_____	_____	_____
Arsenic	1005	0.010	_____	_____	_____	_____
Barium.....	1010	2	_____	_____	_____	_____
Beryllium	1075	0.004	_____	_____	_____	_____
Cadmium.....	1015	0.005	_____	_____	_____	_____
Chromium.....	1020	0.1	_____	_____	_____	_____
Cyanide	1024	0.2	_____	_____	_____	_____
Fluoride	1025	4.0	_____	_____	_____	_____
Mercury	1035	0.002	_____	_____	_____	_____
Nickel	1036	-----	_____	_____	_____	_____
Selenium	1045	0.05	_____	_____	_____	_____
Sodium.....	1052	----	_____	_____	_____	_____
Thallium.....	1085	0.002	_____	_____	_____	_____
Unregulated						
Sulfate	1055		_____	_____	_____	_____

* SAMPLE POINT ID: For water treatment plants: TP + Plant ID (example: TP01)
For source/raw water well: WL+ Source ID (example: WL01)
For reservoir: RS + Source ID (example: RS01)

I do hereby affirm 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.

SIGNED _____ DATE _____