# Massachusetts Department of Environmental Protection - Drinking Water Program

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# BACTERIOLOGICAL REPORT

**I. PWS INFORMATION: Refer to your DEP Coliform Sampling Plan to help complete the PWS Information and DEP Approved Sample Site Information sections below.**

**PWS ID #:** 1191000 **PWS Name:** Monson Water & Sewer **City/Town:** Monson **Class:** COM ☒ NTNC ☐ TNC ☐

**II. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.**

**Primary Lab MA Cert.#:** MA138 **Primary Lab Name:** Spectrum Analytical, Inc. **Subcontracted? (Y/N):** N

**Analysis Lab MA Cert.#:** **Analysis Lab:**

☒ Original Report ☐ Resubmitted Report ☐ Confirmation Report

**(1) Reason for Resubmission:** ☐ Resample ☐ Reanalysis ☐ Report Correction

**(2) Collection Date of Original Sample:**

| TC Method | *E.Coli* Method | Fecal Coliform | HPC Method |
|---|---|---|---|
| 1604 | 1604 | | |

**Lab Sample Notes:**

| DEP APPROVED SAMPLE SITE INFORMATION[1] | | | TOTAL COLIFORM RESULT[4,5] | *E.COLI* or FECAL RESULT[4,5] | CHLORINE RESULT[2] mg/L | HPC RESULT[2] # cfu/mL | COLLECTION | | ANALYSIS | | COLLECTED BY | LAB SAMPLE ID # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DEP Sample Type[1,3] | DEP Location Code #[1] | DEP Approved SAMPLE LOCATION[1] | | | | | DATE | TIME | DATE | TIME | | |
| RS | 001 | Gate House | 0 | | | | 4/7/08 | 08:38 | 4/7/08 | 16:00 | Tom Murphy | SA76773-01 |
| RS | 003 | Middle School | 0 | | | | 4/7/08 | 09:00 | 4/7/08 | 16:00 | Tom Murphy | SA76773-02 |
| RS | 009 | MDC Meter Bld/ | 0 | | | | 4/7/08 | 09:10 | 4/7/08 | 16:00 | Tom Murphy | SA76773-03 |
| RS | 007 | Fire Station | 0 | | | | 4/7/08 | 09:29 | 4/7/08 | 16:00 | Tom Murphy | SA76773-04 |
| RS | | Palmer Rd. Well | 0 | | | | 4/7/08 | 09:20 | 4/7/08 | 16:00 | Tom Murphy | SA76773-05 |

[1] DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan.
[2] SWTR systems: HPC samples shall be taken at the same distribution sites and at the same time as total coliform, whenever chlorine residual is not detected at the sample site.
[3] Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, RW-Raw Water, PT-Plant Tap, SS-Special Sample
[4] Report as #/100 mL, P (present) ,A (absent), or Too Numerous To Count: TNTC-I (invalid) or TNTC-P (present).
[5] Collect appropriate number of repeat samples within 24 hours of laboratory notification for coliform-positive or invalid samples. Notify DEP of any routine or repeat E.Coli or fecal positive results by the end of the business day.

*I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.*

**Laboratory Authorized Signature and Date:** 4/10/08

| DEP Review Status: | ☐ Accepted ☐ Disapproved | Review Comments: | |
|---|---|---|---|