Massachusetts Department of Environmental Protection - Drinking Water Program

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BACTERIOLOGICAL REPORT

MAY 20 2009

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		
SS		Palmer Rd. Well	0				5/7/09	11:32	5/7/09	14:10	Craig Jalbert	SA94487-01

[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: 5/12/09

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