Massachusetts Department of Environmental Protection - Drinking Water Program

B

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 Dept. 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.#: MA-100 Primary Lab Name: Con-Test Analytical Laboratory 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: 09/30/09

TC Method	*E.Coli* Method	Fecal Coliform	HPC Method
SM9223	SM9223		

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]	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	Stor 1	Tank #1	Absent		0.5		9/30/2009	07:42	9/30/2009	13:15	Craig Jalbert	09I0772-01
SS	Stor 2	Tank #2	Absent		0.6		9/30/2009	07:48	9/30/2009	13:15	Craig Jalbert	09I0772-02
SS		27 Ely Road	Absent		0.5		9/30/2009	08:12	9/30/2009	13:15	Craig Jalbert	09I0772-03
SS		28 Ely Road	Absent		0.6		9/30/2009	08:00	9/30/2009	13:15	Craig Jalbert	09I0772-04
SS	001	Gate House	Absent		.10		9/30/2009	08:25	9/30/2009	13:15	Craig Jalbert	09I0772-05
SS	009	MDC Meter Building	Absent		0.1		9/30/2009	10:24	9/30/2009	13:15	Craig Jalbert	09I0772-06
SS	007	Fire Station	Absent		0.15		9/30/2009	10:39	9/30/2009	13:15		09I0772-07

[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: Lucia Hunt 11/25/09

DEP Review Status:	☐ Accepted ☐ Disapproved	Review Comments:	