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# Massachusetts Department of Environmental Protection - Drinking Water Program
## 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: 12/22/2009

| 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 | Absent | | | 12/22/2009 | 10:21 | 12/22/2009 | 14:20 | C. Jalbert | 09L0609-014 |

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[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:** Luna Lunt 1/15/2010

DEP Review Status: ☐ Accepted ☐ Disapproved Review Comments: