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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

SEP 0 3 2010

**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 |
|---|---|---|---|
| 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 | | |
| RO | STOR 1 | Tank # 1 | Absent | Absent | | | 08/13/10 | 08:25 | 08/13/10 | 9:45 | C. Jalbert | 10H0366-01 |
| RO | STOR 2 | Tank # 2 | Present | Absent | | | 08/13/10 | 08:30 | 08/13/10 | 9:45 | C. Jalbert | 10H0366-02 |
| DR | | 28 Ely Road | Present | Absent | | | 08/13/10 | 08:17 | 08/13/10 | 9:45 | C. Jalbert | 10H0366-03 |
| RO | 001 | Gate House - 001 | Present | Absent | | | 08/13/10 | 08:00 | 08/13/10 | 9:45 | C. Jalbert | 10H0366-04 |
| UR | 1A | 37 Old Wales Road – 1A | Present | Absent | | | 08/13/10 | 08:09 | 08/13/10 | 9:45 | C. Jalbert | 10H0366-05 |
| RO | 007 | Fire Station | Absent | Absent | | | 08/13/10 | 07:45 | 08/13/10 | 9:45 | C. Jalbert | 10H0366-06 |
| UR | 7A | 14 Park Avenue – 7A | Absent | Absent | | | 08/13/10 | 07:39 | 08/13/10 | 9:45 | C. Jalbert | 10H0366-07 |
| DR | 7B | 198 Main Street | Absent | Absent | | | 08/13/10 | 07:50 | 08/13/10 | 9:45 | C. Jalbert | 10H0366-08 |

[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:** Katherine F. Allen 8/27/10

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