



**Massachusetts Department of Environmental Protection - Drinking Water Program**  
**BACTERIOLOGICAL REPORT**

**COPY**

**B**

DEC 29 2011

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.#: **MA-100** Analysis Lab: **Con-Test Analytical Laboratory**

Original Report  Resubmitted Report  Confirmation Report (1) Reason for Resubmission:  Resample  Reanalysis  Report Correction (2) Collection Date of Original Sample: **11/08/11**

TC Method **SM9223** E Coll Method **SM9223** Fecal Coliform **SM9223** HPC Method **SM9223** Lab Sample Notes: **SM9223**

DEP Sample Type <sup>1,3</sup>	DEP Location Code # <sup>1</sup>	DEP Approved SAMPLE LOCATION <sup>1</sup>	TOTAL COLIFORM RESULT <sup>4,5</sup>	E COLI or FECAL RESULT <sup>4,5</sup>	CHLORINE RESULT <sup>2</sup> mg/L	HPC RESULT <sup>2</sup>	COLLECTION DATE	TIME	ANALYSIS DATE	TIME	COLLECTED BY	LAB SAMPLE ID #
RS	STOR 1	Tank # 1	Absent	Absent	0.2		11/08/11	07:33	11/08/11	11:35	C. Jalbert	11K0244-01
RS	STOR 2	Tank # 2	Absent	Absent	0.2		11/08/11	07:40	11/08/11	11:35	C. Jalbert	11K0244-02
RS	001	Gate House - 001	Absent	Absent	0.0		11/08/11	08:30	11/08/11	11:35	C. Jalbert	11K0244-03
RS	007	Fire Station- 007	Absent	Absent	0.15		11/08/11	08:46	11/08/11	11:35	C. Jalbert	11K0244-04
RS	009	MDC Meter Building - 009	Absent	Absent	0.15		11/08/11	08:13	11/08/11	11:35	C. Jalbert	11K0244-05
RW		Bunyan Wells RW	Absent	Absent			11/08/11	09:23	11/08/11	11:35	C. Jalbert	11K0244-06
POE		Bunyan Wells EP	Absent	Absent	0.35		11/08/11	09:25	11/08/11	11:35	C. Jalbert	11K0244-07
RW		Palmer Rd Well RW	Absent	Absent			11/08/11	09:10	11/08/11	11:35	C. Jalbert	11K0244-08
POE		Palmer Rd Well EP	Absent	Absent	0.35		11/08/11	09:14	11/08/11	11:35	C. Jalbert	11K0244-09
RW		Bethany Rd Well RW	Absent	Absent			11/08/11	08:57	11/08/11	11:35	C. Jalbert	11K0244-10
POE		Bethany Rd Well EP	Absent	Absent	0.35		11/08/11	09:01	11/08/11	11:35	C. Jalbert	11K0244-11

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan  
<sup>2</sup> 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.  
<sup>3</sup> 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  
<sup>4</sup> Report as #/100 mL, P (present), A (absent), or Too Numerous To Count; TNTC-I (invalid) or TNTC-P (present).  
<sup>5</sup> 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. O'Brien 12-16-2011**

DEP Review Status:  Accepted  Disapproved Review Comments: **SM9223**