

**COPIES**  
**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: **12/06/11**

TC Method: **SM9223** E.Coli 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>4</sup> mg/L	HPC RESULT <sup>2</sup>	COLLECTION DATE	COLLECTION TIME	ANALYSIS DATE	ANALYSIS TIME	COLLECTED BY	LAB SAMPLE ID #
RS	STOR 1	Tank # 1	Absent	Absent	0.25		12/06/11	07:35	12/06/11	14:05	C. Jalbert	11L0161-01
RS	STOR 2	Tank # 2	Absent	Absent	0.25		12/06/11	07:40	12/06/11	14:05	C. Jalbert	11L0161-02
RS	001	Gate House - 001	Absent	Absent	0.0		12/06/11	07:57	12/06/11	14:05	C. Jalbert	11L0161-03
RS	007	Fire Station - 007	Absent	Absent	0.2		12/06/11	08:31	12/06/11	14:05	C. Jalbert	11L0161-04
RS	009	MDC Meter Building - 009	Absent	Absent	0.2		12/06/11	08:27	12/06/11	14:05	C. Jalbert	11L0161-05
RW		Bunyan Wells RW	Absent	Absent			12/06/11	08:38	12/06/11	14:05	C. Jalbert	11L0161-06
RW		Bunyan Wells EP	Absent	Absent	0.25		12/06/11	08:40	12/06/11	14:05	C. Jalbert	11L0161-07
RW		Palmer Rd Well RW	Absent	Absent			12/06/11	08:54	12/06/11	14:05	C. Jalbert	11L0161-08
POE		Palmer Rd Well EP	Absent	Absent	0.3		12/06/11	08:56	12/06/11	14:05	C. Jalbert	11L0161-09
RW		Bethany Rd Well RW	Absent	Absent			12/06/11	09:12	12/06/11	14:05	C. Jalbert	11L0161-10
POE		Bethany Rd Well EP	Absent	Absent	0.3		12/06/11	09:14	12/06/11	14:05	C. Jalbert	11L0161-11

<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- (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.

DEP Review Status:  Accepted  Disapproved Review Comments: **Waltham F. Allen 12-22-11**

Laboratory Authorized Signature and Date: **Waltham F. Allen 12-22-11**