



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

**COPY**

**FEB 27 2012**

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):  Y  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: \_\_\_\_\_

TC Method	E Coli Method	Fecal Coliform	HPC Method	Lab Sample Notes:
SM9223	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	TIME	ANALYSIS DATE	TIME	COLLECTED BY	LAB SAMPLE ID #
RS	STOR 1	Tank # 1	Absent	Absent	0.3		02/07/12	07:48	02/07/12	15:05	T. Murphy	12B0241-01
RS	STOR 2	Tank # 2	Absent	Absent	0.3		02/07/12	08:00	02/07/12	15:05	T. Murphy	12B0241-02
RS	001	Gate House - 001	Absent	Absent	0.1		02/07/12	08:55	02/07/12	15:05	T. Murphy	12B0241-03
RS	007	Fire Station-007	Absent	Absent	0.2		02/07/12	10:13	02/07/12	15:05	T. Murphy	12B0241-04
RS	009	MDC Meter Building - 009	Absent	Absent	0.2		02/07/12	09:16	02/07/12	15:05	T. Murphy	12B0241-05
RW		Bunyan Wells RW	Absent	Absent			02/07/12	09:23	02/07/12	15:05	T. Murphy	12B0241-06
POE		Bunyan Wells EP	Absent	Absent	0.25		02/07/12	09:25	02/07/12	15:05	T. Murphy	12B0241-07
RW		Palmer Rd Well RW	Absent	Absent			02/07/12	09:45	02/07/12	15:05	T. Murphy	12B0241-08
POE		Palmer Rd Well EP	Absent	Absent	0.4		02/07/12	09:48	02/07/12	15:05	T. Murphy	12B0241-09
RW		Bethany Rd Well RW	Absent	Absent			02/07/12	09:59	02/07/12	15:05	T. Murphy	12B0241-10
POE		Bethany Rd Well EP	Absent	Absent	0.25		02/07/12	10:01	02/07/12	15:05	T. Murphy	12B0241-11

<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-1 (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: Melvin F. Quinn 2-17-2012

DEP Review Status:  Accepted  Disapproved Review Comments: \_\_\_\_\_