

Massachusetts Department of Environmental Protection - Drinking Water Program
BACTERIOLOGICAL REPORT

COPY B

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

Primary Lab MA Cert.#: **MA-100** Primary Lab Name: **Con-Test Analytical Laboratory** Subcontracted? (Y/N): **N** **MAR 22 2012**

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: **03/06/12**

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

DEP Sample Type ^{1,3}	DEP Location Code # ¹	DEP Approved Sample Location ¹	TOTAL COLIFORM RESULT ^{4,5}	E/COLI or FECAL RESULT ^{4,5}	CHLORINE RESULT ² mg/L	HPC RESULT ²	COLLECTION DATE	TIME	ANALYSIS DATE	TIME	COLLECTED BY	LAB SAMPLE ID #
RS	STOR 1	Tank # 1	Absent	Absent	.25		03/06/12	08:22	03/06/12	12:45	T. Murphy	12C0130-01
RS	STOR 2	Tank # 2	Absent	Absent	.25		03/06/12	08:30	03/06/12	12:45	T. Murphy	12C0130-02
RS	001	Gate House - 001	Absent	Absent	.1		03/06/12	09:45	03/06/12	12:45	T. Murphy	12C0130-03
RS	007	Fire Station - 007	Absent	Absent	.2		03/06/12	11:29	03/06/12	12:45	T. Murphy	12C0130-04
RS	009	MDC Meter Building - 009	Absent	Absent	.2		03/06/12	10:18	03/06/12	12:45	T. Murphy	12C0130-05
RW		Bunyan Wells RW	Absent	Absent			03/06/12	10:42	03/06/12	12:45	T. Murphy	12C0130-06
POE		Bunyan Wells EP	Absent	Absent	.3		03/06/12	10:45	03/06/12	12:45	T. Murphy	12C0130-07
RW		Palmer Rd Well RW	Absent	Absent			03/06/12	10:59	03/06/12	12:45	T. Murphy	12C0130-08
POE		Palmer Rd Well EP	Absent	Absent	.35		03/06/12	11:02	03/06/12	12:45	T. Murphy	12C0130-09
RW		Bethany Rd Well RW	Absent	Absent			03/06/12	11:16	03/06/12	12:45	T. Murphy	12C0130-10
POE		Bethany Rd Well EP	Absent	Absent	.35		03/06/12	11:19	03/06/12	12:45	T. Murphy	12C0130-11

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-Route Distribution Sample, RC-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-1 (invalid) or TNTC-2 (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 3-16-12**

DEP Review Status: Accepted Disapproved Review Comments: