# Massachusetts Department of Environmental Protection - Drinking Water Program

B

## 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

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 | | |
| RS | STOR 1 | Tank # 1 | Absent | Absent | 0.27 | | 11/04/14 | 07:26 | 11/04/14 | 13:30 | C. Jalbert | 14K0107-01 |
| RS | STOR 2 | Tank # 2 | Absent | Absent | 0.19 | | 11/04/14 | 07:34 | 11/04/14 | 13:30 | C. Jalbert | 14K0107-02 |
| RS | 001 | Gate House – 001 | Absent | Absent | 0.0 | | 11/04/14 | 07:44 | 11/04/14 | 13:30 | C. Jalbert | 14K0107-03 |
| RS | 007 | Fire Station- 007 | Absent | Absent | 0.18 | | 11/04/14 | 09:01 | 11/04/14 | 13:30 | C. Jalbert | 14K0107-04 |
| RS | 009 | MDC Meter Building – 009 | Absent | Absent | 0.26 | | 11/04/14 | 08:01 | 11/04/14 | 13:30 | C. Jalbert | 14K0107-05 |
| RW | | Bunyan Wells RW | Absent | Absent | | | 11/04/14 | 08:16 | 11/04/14 | 13:30 | C. Jalbert | 14K0107-06 |
| POE | | Bunyan Wells EP | Absent | Absent | 0.26 | | 11/04/14 | 08:18 | 11/04/14 | 13:30 | C. Jalbert | 14K0107-07 |
| RW | | Palmer Rd Well RW | Absent | Absent | | | 11/04/14 | 08:30 | 11/04/14 | 13:30 | C. Jalbert | 14K0107-08 |
| POE | | Palmer Rd Well EP | Absent | Absent | 0.40 | | 11/04/14 | 08:32 | 11/04/14 | 13:30 | C. Jalbert | 14K0107-09 |
| RW | | Bethany Rd Well RW | Absent | Absent | | | 11/04/14 | 08:45 | 11/04/14 | 13:30 | C. Jalbert | 14K0107-10 |
| POE | | Bethany Rd Well EP | Absent | Absent | 0.34 | | 11/04/14 | 08:47 | 11/04/14 | 13:30 | C. Jalbert | 14K0107-11 |

[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-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.

DEC 01 2014

*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 P. Allen 11-19-14

DEP Review Status: ☐ Accepted ☐ Disapproved Review Comments: