Massachusetts Department of Environmental Protection - Drinking Water Program

COPY 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

FEB 2 6 2016

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	0.24		02/02/16	07:~~23~~ 32	02/02/16	12:45	C. Jalbert	16B0060-01
RS	STOR 2	Tank # 2	Absent	Absent	0.21		02/02/16	07:40	02/02/16	12:45	C. Jalbert	16B0060-02
RS	001	Gate House – 001	Absent	Absent	0.0		02/02/16	07:52	02/02/16	12:45	C. Jalbert	16B0060-03
RS	007	Fire Station- 007	Absent	Absent	0.15		02/02/16	09:17	02/02/16	12:45	C. Jalbert	16B0060-04
RS	009	MDC Meter Building – 009	Absent	Absent	0.38		02/02/16	08:13	02/02/16	12:45	C. Jalbert	16B0060-05
RW		Bunyan Wells (06G &07G) RW	Absent	Absent			02/02/16	08:26	02/02/16	12:45	C. Jalbert	16B0060-06
POE		Bunyan Wells EP	Absent	Absent	0.51		02/02/16	08:28	02/02/16	12:45	C. Jalbert	16B0060-07
RW		Palmer Rd Well RW	Absent	Absent			02/02/16	08:40	02/02/16	12:45	C. Jalbert	16B0060-08
POE		Palmer Rd Well EP	Absent	Absent	0.40		02/02/16	08:42	02/02/16	12:45	C. Jalbert	16B0060-09
RW		Bethany Rd Well RW	Absent	Absent			02/02/16	09:00	02/02/16	12:45	C. Jalbert	16B0060-10
POE		Bethany Rd Well EP	Absent	Absent	0.50		02/02/16	09:02	02/02/16	12:45	C. Jalbert	16B0060-11

[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.

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: Kathleen F. Allen 2-22-16

DEP Review Status:	☐ Accepted ☐ Disapproved	Review Comments:	