



Massachusetts Department of Environmental Protection - Drinking Water Program

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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 [X] 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:

[X] Original Report [] Resubmitted Report [] Confirmation Report (1) Reason for Resubmission: [] Resample [] Reanalysis [] Report Correction (2) Collection Date of Original Sample:

Table with 4 columns: TC Method (SM9223), E.Coli Method (SM9223), Fecal Coliform, HPC Method. Includes Lab Sample Notes field.

Main data table with columns: DEP Sample Type, DEP Location Code, DEP Approved SAMPLE LOCATION, TOTAL COLIFORM RESULT, E.COLI or FECAL RESULT, CHLORINE RESULT, HPC RESULT, COLLECTION DATE/TIME, ANALYSIS DATE/TIME, COLLECTED BY, LAB SAMPLE ID #.

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: Katherine F. Allen 3-8-16

DEP Review Status: [] Accepted [] Disapproved Review Comments: