



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 [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, and Lab Sample Notes.

Main data table with columns: DEP APPROVED SAMPLE SITE INFORMATION, 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: [Signature] 4/11/16

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