



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 SM9223	E.Coli Method SM9223	Fecal Coliform	HPC Method	Lab Sample Notes:
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DEP APPROVED SAMPLE SITE INFORMATION ¹			TOTAL COLIFORM RESULT ⁵	E.COLI or FECAL RESULT ⁴	CHLORINE RESULT ² mg/L	HPC RESULT ³	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	0.20		07/12/16	07:30	07/12/16	14:25	C. Jalbert	16G0432-01
RS	STOR 2	Tank # 2	Absent	Absent	0.22		07/12/16	07:35	07/12/16	14:25	C. Jalbert	16G0432-02
RS	001	Gate House - 001	Absent	Absent	0.00		07/12/16	07:47	07/12/16	14:25	C. Jalbert	16G0432-03
RS	007	Fire Station- 007	Absent	Absent	0.15		07/12/16	09:12	07/12/16	14:25	C. Jalbert	16G0432-04
RS	009	MDC Meter Building - 009	Absent	Absent	0.16		07/12/16	08:05	07/12/16	14:25	C. Jalbert	16G0432-05
RW		Bunyan Wells (06G & 07G) RW	Absent	Absent			07/12/16	08:22	07/12/16	14:25	C. Jalbert	16G0432-06
POE		Bunyan Wells EP	Absent	Absent	0.25		07/12/16	08:24	07/12/16	14:25	C. Jalbert	16G0432-07
RW		Palmer Rd Well RW	Absent	Absent			07/12/16	08:33	07/12/16	14:25	C. Jalbert	16G0432-08
POE		Palmer Rd Well EP	Absent	Absent	0.33		07/12/16	08:37	07/12/16	14:25	C. Jalbert	16G0432-09
RW		Bethany Rd Well RW	Absent	Absent			07/12/16	08:52	07/12/16	14:25	C. Jalbert	16G0432-10
POE		Bethany Rd Well EP	Absent	Absent	0.46		07/12/16	08:54	07/12/16	14:25	C. Jalbert	16G0432-11

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: *Katherine F. Allen* 7-15-16

DEP Review Status: Accepted Disapproved Review Comments: