



Bacteriological Report

I. PWS INFORMATION: Refer to your MassDEP Coliform Sampling Plan to help complete the PWS Information and MassDEP Approved Sample Site Information sections below.

PWS ID #: PWS Name: City/Town: 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.#: Primary Lab Name: Subcontracted?(Y/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:

Total Coliform (TC) Method	E. Coli (EC) Method	Enterococci (ET) Method	Fecal Coliform (FC) Method	HPC Method	Lab Sample Notes
1604	1604				

MassDEP Approved Sample Site Information ¹			TC ^{4,5} Result	EC ^{4,5} Result	ET ^{4,5} Result	FC ^{2B,4} Result	Chlorine Result ^{2A} mg/L	HPC Result ^{2A} # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
Sample Type ^{1,3}	Location Code # ¹	Approved SAMPLE LOCATION ¹							DATE	TIME	DATE	TIME		
RS	001	Friendly's 129 Main St	0	0			0.42		6/3/2014	08:20	6/3/2014	20:13	D. Bouchard	E4062171
RS	002	Town Hall 350 Main St	0	0			0.74		6/3/2014	10:05	6/3/2014	20:13	D. Bouchard	E4062172
RS	003	Webster Hubard Hospital 340 Thomps	0	0			0.33		6/3/2014	10:20	6/3/2014	20:13	D. Bouchard	E4062173
RS	004	Glass Guard 5 Cudworth Rd	0	0			1.18		6/3/2014	09:10	6/3/2014	20:13	D. Bouchard	E4062174
RS	005	Robert Duteau Rewson Rd.	0	0			0.18		6/3/2014	08:55	6/3/2014	20:13	D. Bouchard	E4062175
RS	006	St. Joseph School 47 Whitcomb St	0	0			0.81		6/3/2014	09:50	6/3/2014	20:13	D. Bouchard	E4062176
RS	007	Stand Pipe Park Road	0	0			0.78		6/3/2014	09:35	6/3/2014	20:13	D. Bouchard	E4062177
RS	008	Webster Nursing Home 745 School St	0	0			0.46		6/3/2014	10:40	6/3/2014	20:13	D. Bouchard	E4062178
RS	009	Lodge Restaurant 146-148 Gore Rd	0	0			0.22		6/3/2014	08:35	6/3/2014	20:13	D. Bouchard	E4062179
PT	MULT	#1 Pump Station Memorial Beach Fnsl	0	0			1.19		6/3/2014	11:40	6/3/2014	20:13	D. Bouchard	E40621710
PT	03G	#3 Pump Station Bigelow Road Entry	0	0			1.01		6/3/2014	08:00	6/3/2014	20:13	D. Bouchard	E40621711
RW	03G	#3 Pump Station Bigelow Road-RAW	0	0					6/3/2014	08:10	6/3/2014	20:37	D. Bouchard	E40621712

¹ Sample Type, Location Code#, and Approved Sample Location must correspond to the sample information on your MassDEP Coliform Sampling Plan .
^{2A} 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 sit ^{2A} Fecal reporting is for unfiltered SWTR sources only.
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 #/100mL, P (present), A (absent), or Too Numerous To Count: TNTC-I (invalid) or TNTC-P (present). Notify MassDEP of any E. coli or enterococci positive results by the end of the business day.
⁵ Collect appropriate number of repeat samples within 24 hours of laboratory notification for total coliform-positive or invalid samples and E.coli or enterococci-positive raw water samples.

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:  6/5/2014

DEP Review Status: Accepted Disapproved Review Comments: _____



