

TOWN OF WEBSTER
MASSACHUSETTS
350 Main St. Webster, MA.01570
DEPARTMENT OF PUBLIC HEALTH

Michael Stelmach, Chairman
Nancie Zecco, Vice Chairman
David J. Zalewski, Member



Cathleen Liberty
Health Agent

April 11, 2014

Recently, the Webster Board of Health and the Webster Water Department have been notified by Webster residents that the tap water has a chlorine smell. The Webster Water Department is required to disinfect the water supply in order to protect drinking water from disease-causing organisms, and/or pathogens. The most commonly used disinfectants are chlorine containing products introduced at the source of supply. The Water Department has increased the chlorine content to maintain safe and compliant drink water for the Town. The level of chlorine residual in the water is tested bi-weekly throughout the system. In all instances the results are well below the DEP Maximum Residual Disinfectant Level of 4.0 mg/l (310 CMR 22.07E) which is not harmful when ingested. See most recent report below, column entitled "Chlorine Content."

Sincerely,

Cathleen Liberty
Health Agent



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 #: 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:

TC Method	E.Coli Method	Fecal Coliform	HPC Method	Lab Sample Notes: <input type="text"/>
1604	1604			

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 # cfu/mL	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	001	Friendly's 129 Main St	0	0	0.20		4/1/2014	11:40	4/1/2014	18:49	J. Patterson	E4041151
RS	002	Town Hall 350 Main St	0	0	0.25		4/1/2014	13:50	4/1/2014	18:49	J. Patterson	E4041152
RS	003	Webster Hubard Hospital 340 Thompson Rd	0	0	0.07		4/1/2014	12:10	4/1/2014	18:49	J. Patterson	E4041153
RS	004	Glass Guard 5 Cudworth Rd	0	0	0.32		4/1/2014	11:20	4/1/2014	19:11	J. Patterson	E4041154
RS	005	Robert Duteau Rewson Rd.	0	0	0.11		4/1/2014	11:00	4/1/2014	19:11	J. Patterson	E4041155
RS	006	St. Joseph School 47 Whitcomb St	0	0	0.41		4/1/2014	13:35	4/1/2014	19:11	J. Patterson	E4041156
PT	MULTI	#1 Pump Station Memorial Beach Fnsht Blend	0	0	0.69		4/1/2014	13:25	4/1/2014	19:11	J. Patterson	E4041157
PT	03G	#3 Pump Station Bigelow Road Entry	0	0	0.53		4/1/2014	08:00	4/1/2014	19:11	J. Patterson	E4041158
RW	03G	#3 Pump Station Bigelow Road-RAW	0	0			4/1/2014	08:15	4/1/2014	19:44	J. Patterson	E4041159
RS	007	Stand Pipe Park Road	0	0	0.67		4/1/2014	12:40	4/1/2014	19:11	J. Patterson	E40411510
RS	008	Webster Nursing Home 745 School St	0	0	0.17		4/1/2014	14:05	4/1/2014	19:11	J. Patterson	E40411511
RS	009	Lodge Restaurant 146-148 Gore Rd	0	0	0.20		4/1/2014	10:15	4/1/2014	19:11	J. Patterson	E40411512

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 #/100mL,P (present),A (absent), or Too Numerous To Count: TNTC-I(invalid) or TNCT-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:  4/4/2014

DEP Review Status: Accepted Disapproved Review Comments:

