



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:

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|-----------|---------------|----------------|------------|--|
| 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 | 0.78 | | 7/1/2014 | 09:20 | 7/1/2014 | 20:11 | J. Patterson | E4070621 |
| RS | 002 | Town Hall 350 Main St | 0 | 0 | 1.01 | | 7/1/2014 | 12:55 | 7/1/2014 | 20:11 | J. Patterson | E4070622 |
| RS | 003 | Webster Hubard Hospital 340 Thompson Rd | 0 | 0 | 0.25 | | 7/1/2014 | 12:00 | 7/1/2014 | 20:11 | J. Patterson | E4070623 |
| RS | 004 | Guardian Industries 5 Cudworth Rd | 0 | 0 | 0.65 | | 7/1/2014 | 09:05 | 7/1/2014 | 20:11 | J. Patterson | E4070624 |
| RS | 005 | Robert Duteau Rawson Rd. | 0 | 0 | 0.23 | | 7/1/2014 | 10:55 | 7/1/2014 | 20:11 | J. Patterson | E4070625 |
| RS | 006 | St. Joseph School 47 Whitcomb St | 0 | 0 | 0.62 | | 7/1/2014 | 12:40 | 7/1/2014 | 20:11 | J. Patterson | E4070626 |
| RS | 007 | Stand Pipe Park Road | 0 | 0 | 0.89 | | 7/1/2014 | 12:25 | 7/1/2014 | 20:11 | J. Patterson | E4070627 |
| RS | 008 | Webster Nursing Home 745 School St | 0 | 0 | 0.41 | | 7/1/2014 | 13:10 | 7/1/2014 | 20:11 | J. Patterson | E4070628 |
| RS | 009 | Lodge Restaurant 146-148 Gore Rd | 0 | 0 | 0.59 | | 7/1/2014 | 10:30 | 7/1/2014 | 20:11 | J. Patterson | E4070629 |
| PT | MULT | #1 Pump Station Memorial Beach Fnsht Blend | 0 | 0 | 0.96 | | 7/1/2014 | 11:45 | 7/1/2014 | 20:11 | J. Patterson | E40706210 |
| PT | 03G | #3 Pump Station Bigelow Road Entry | 0 | 0 | 0.94 | | 7/1/2014 | 08:30 | 7/1/2014 | 20:11 | J. Patterson | E40706211 |
| RW | 03G | #3 Pump Station Bigelow Road-RAW | 0 | 0 | | | 7/1/2014 | 08:40 | 7/1/2014 | 20:58 | J. Patterson | E40706212 |
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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:  7/3/2014

DEP Review Status: Accepted Disapproved Review Comments:





Bacteriological Report

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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:

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|-----------|---------------|----------------|------------|--|
| 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 | 0.99 | | 7/15/2014 | 10:20 | 7/15/2014 | 20:43 | J. Patterson | E407D811 |
| RS | 002 | Town Hall 350 Main St | 0 | 0 | 0.98 | | 7/15/2014 | 13:40 | 7/15/2014 | 20:43 | J. Patterson | E407D812 |
| RS | 003 | Webster Hubard Hospital 340 Thompson Rd | 0 | 0 | 0.11 | | 7/15/2014 | 13:00 | 7/15/2014 | 20:43 | J. Patterson | E407D813 |
| RS | 004 | Guardian Industries 5 Cudworth Rd | 0 | 0 | 0.98 | | 7/15/2014 | 12:40 | 7/15/2014 | 20:43 | J. Patterson | E407D814 |
| RS | 005 | Robert Duteau Rawson Rd. | 0 | 0 | 0.34 | | 7/15/2014 | 11:40 | 7/15/2014 | 20:43 | J. Patterson | E407D815 |
| RS | 006 | St. Joseph School 47 Whitcomb St | 0 | 0 | 0.76 | | 7/15/2014 | 13:30 | 7/15/2014 | 20:43 | J. Patterson | E407D816 |
| RS | 007 | Stand Pipe Park Road | 0 | 0 | 0.89 | | 7/15/2014 | 13:15 | 7/15/2014 | 20:43 | J. Patterson | E407D817 |
| RS | 008 | Webster Nursing Home 745 School St | 0 | 0 | | | 7/15/2014 | 13:55 | 7/15/2014 | 20:43 | J. Patterson | E407D818 |
| RS | 009 | Lodge Restaurant 146-148 Gore Rd | 0 | 0 | 0.49 | | 7/15/2014 | 11:20 | 7/15/2014 | 20:43 | J. Patterson | E407D819 |
| PT | MULT | #1 Pump Station Memorial Beach Fnsht Blend | 0 | 0 | 0.69 | | 7/15/2014 | 10:00 | 7/15/2014 | 20:43 | J. Patterson | E407D8110 |
| PT | 03G | #3 Pump Station Bigelow Road Entry | 0 | 0 | 1.11 | | 7/15/2014 | 09:30 | 7/15/2014 | 20:43 | J. Patterson | E407D8111 |
| RW | 03G | #3 Pump Station Bigelow Road-RAW | 0 | 0 | | | 7/15/2014 | 09:15 | 7/15/2014 | 21:14 | J. Patterson | E407D8112 |
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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:  7/17/2014

DEP Review Status: Accepted Disapproved Review Comments:

