



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	Enterococci Method	Fecal Coliform	HPC Method	Lab Sample Notes:
19223 B (Collert-18)-2004 (18)	19223 B (Collert-18)-2004 (18)				

DEP APPROVED SAMPLE SITE INFORMATION			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 #
Sample Type ³	Location Code # ¹	DEP Approved SAMPLE LOCATION					DATE	TIME	DATE	TIME		
RS	003	Town Garage	Absent	Absent	0.52		01/10/2023	10:15	01/10/2023	16:53	Client	L3A0168-01
RS	004	Mobil Station	Absent	Absent	0.55		01/10/2023	09:15	01/10/2023	16:53	Client	L3A0168-02
RS	005	Fairview Hospital	Absent	Absent	0.54		01/10/2023	08:25	01/10/2023	16:53	Client	L3A0168-03
RS	006	Fairview Commons	Absent	Absent	0.41		01/10/2023	09:55	01/10/2023	16:53	client	L3A0168-04
RS	007	Timberlyn Heights Nursing Home	Absent	Absent	0.70		01/10/2023	08:05	01/10/2023	16:53	Client	L3A0168-05
RS	008	Waste Water Treatment Plant	Absent	Absent	0.69		01/10/2023	08:55	01/10/2023	16:53	Client	L3A0168-06
RW	RW1	Green River Pump Station	Absent	Absent			01/10/2023	07:50	01/10/2023	16:53	client	L3A0168-07
RS	EP1	Green River Pump House	Absent	Absent	0.94		01/10/2023	07:50	01/10/2023	16:53	client	L3A0168-08
RS	STOR1	Berkshire Heights Tank	Absent	Absent	0.80		01/10/2023	07:40	01/10/2023	16:53	client	L3A0168-09
RS	STOR2	Blue Hill Storage Tank	Absent	Absent	0.46		01/10/2023	09:35	01/10/2023	16:53	Client	L3A0168-10

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:  01/12/2023

DEP Review Status: Accepted Disapproved Review Comments:

