



# 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 (Colilert-18)-2004 (18)	19223 B (Colilert-18)-2004 (18)				

DEP APPROVED SAMPLE SITE INFORMATION			TOTAL COLIFORM RESULT <sup>4,5</sup>	E.COLI or FECAL RESULT <sup>4,5</sup>	CHLORINE RESULT <sup>2</sup> mg/L	HPC RESULT <sup>1</sup> # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
Sample Type <sup>1,3</sup>	Location Code # <sup>1</sup>	DEP Approved SAMPLE LOCATION					DATE	TIME	DATE	TIME		
RS	003	Town Garage	Absent	Absent	0.56		07/12/2022	10:05	07/12/2022	17:10	Client	L2G0275-01
RS	004	Mobil Station	Absent	Absent	0.60		07/12/2022	09:25	07/12/2022	17:10	Client	L2G0275-02
RS	005	Fairview Hospital	Absent	Absent	0.50		07/12/2022	08:05	07/12/2022	17:10	Client	L2G0275-03
RS	006	Fairview Commons	Absent	Absent	0.38		07/12/2022	08:45	07/12/2022	17:10	Client	L2G0275-04
RS	007	Timberlyn Heights Nursing Home	Absent	Absent	0.69		07/12/2022	07:45	07/12/2022	17:10	Client	L2G0275-05
RS	008	Waste Water Treatment Plant	Absent	Absent	0.30		07/12/2022	09:45	07/12/2022	17:10	Client	L2G0275-06
RW	RW1	Green River Pump Station	Absent	Absent			07/12/2022	07:25	07/12/2022	17:10	Client	L2G0275-07
RS	EP1	Green River Pump House	Absent	Absent	0.76		07/12/2022	07:25	07/12/2022	17:10	Client	L2G0275-08
RS	STOR1	Berkshire Heights Tank	Absent	Absent	0.60		07/12/2022	08:20	07/12/2022	17:10	Client	L2G0275-09
RS	STOR2	Blue Hill Storage Tank	Absent	Absent	0.45		07/12/2022	09:00	07/12/2022	17:10	Client	L2G0275-10

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan  
<sup>2</sup> 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.  
<sup>3</sup> 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  
<sup>4</sup> Report as #/100mL,P (present),A (absent), or Too Numerous To Count: TNTC-I(Invalid) or TNCT-P(present).  
<sup>5</sup> 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:  07/13/2022

DEP Review Status:  Accepted  Disapproved Review Comments:

