Massachusetts Department of Environmental Protection - Drinking Water Program

B

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 #: 1113000 **PWS Name:** Great Barrington Fire District **City/Town:** Gt. Barrington **Class:** COM [X] NTNC [ ] TNC [ ]

II. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.

Primary Lab MA Cert.#: M-MA1146 **Primary Lab Name:** Microbac Laboratories, Inc., Le **Subcontracted?(Y/N):** N

Analysis Lab MA Cert.#: M-MA1146 **Analysis Lab:** Microbac Laboratories, Inc., Le

[X] 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
SM 9223 B (Colilert-18)-2004 (18hr)	SM 9223 B (Colilert-18)-2004 (18hr)			

Lab Sample Notes:

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 #
Sample Type [1,3]	Location Code # [1]	DEP Approved SAMPLE LOCATION					DATE	TIME	DATE	TIME		
RS	003	Town Garage	Absent	Absent	0.62		10/14/2025	10:00	10/14/2025	16:05	Client	E5J0233-01
RS	004	Mobile Station	Absent	Absent	0.54		10/14/2025	09:45	10/14/2025	16:05	Client	E5J0233-02
RS	005	Fairview Commons	Absent	Absent	0.68		10/14/2025	09:07	10/14/2025	16:05	Client	E5J0233-03
RS	006	Fairview Hospital	Absent	Absent	0.76		10/14/2025	08:35	10/14/2025	16:05	Client	E5J0233-04
RS	007	Timberlyn Heights	Absent	Absent	0.78		10/14/2025	08:16	10/14/2025	16:05	Client	E5J0233-05
RS	RW1	Green River RAW	Absent	Absent			10/14/2025	08:00	10/14/2025	16:05	Client	E5J0233-06
RS	EP1	Green River Pump House BH	Absent	Absent	0.86		10/14/2025	08:00	10/14/2025	16:05	Client	E5J0233-07
RS	EP2	Green River Pump House EM	Absent	Absent	0.85		10/14/2025	08:02	10/14/2025	16:05	Client	E5J0233-08
RS	STOR1	Berkshire Heights Tank	Absent	Absent	0.79		10/14/2025	08:50	10/14/2025	16:05	Client	E5J0233-09
RS	STOR2	Blue Hill Tank	Absent	Absent	0.40		10/14/2025	09:25	10/14/2025	16:05	Client	E5J0233-10

[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 appropiate 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: R. Wait 10/16/2025

DEP Review Status: [ ] Accepted [ ] Disapproved **Review Comments:**