



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 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., Lee Subcontracted?(Y/N): N
Analysis Lab MA Cert.#: M-MA1146 Analysis Lab: Microbac Laboratories, Inc., Lee
 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 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 ¹					DATE	TIME	DATE	TIME		
RS	003	Town Garage	Absent	Absent	0.66		04/09/2024	08:35	04/09/2024	15:12	Client	E4D0169-01
RS	004	Mobil Station	Absent	Absent	0.72		04/09/2024	08:20	04/09/2024	15:12	Client	E4D0169-02
RS	006	Fairview Hospital	Absent	Absent	0.61		04/09/2024	09:05	04/09/2024	15:12	Client	E4D0169-03
RS	005	Fairview Commons	Absent	Absent	0.46		04/09/2024	07:35	04/09/2024	15:12	Client	E4D0169-04
RS	007	Timberlyn Heights Nursing Home	Absent	Absent	0.84		04/09/2024	09:15	04/09/2024	15:12	Client	E4D0169-05
RS	RW1	Green River Pump House	Absent	Absent			04/09/2024	07:38	04/09/2024	15:12	Client	E4D0169-06
RS	EP1	Green River Pump House BH	Absent	Absent	0.84		04/09/2024	07:40	04/09/2024	15:12	Client	E4D0169-07
RS	STOR1	Berkshire Heights Tank	Absent	Absent	0.85		04/09/2024	08:50	04/09/2024	15:12	Client	E4D0169-08
RS	STOR2	Blue Hill Storage Tank	Absent	Absent	0.53		04/09/2024	08:00	04/09/2024	15:12	Client	E4D0169-09
RS	EP2	Green River Pump House EM	Absent	Absent	0.82		04/09/2024	07:42	04/09/2024	15:12	Client	E4D0169-10

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:  04/11/2024

DEP Review Status: Accepted Disapproved Review Comments:

