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 #: 2032000 **PWS Name:** Blackstone Water Department **City/Town:** Blackstone **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-CT008 **Primary Lab Name:** Microbac Laboratories, Inc. - Dayville **Subcontracted?(Y/N):** N

Analysis Lab MA Cert.#: M-CT008 **Analysis Lab:** Microbac Laboratories, Inc. - Dayville

[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
23 B (Colilert Quanti-Tray)-2004	23 B (Colilert Quanti-Tray)-2004			

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 [1]					DATE	TIME	DATE	TIME		
RW	RW-08G	Well #8 Glenside Drive	<1/100ml	<1/100ml			08/07/2023	11:10	08/07/2023	18:45	James Sullivan	D3H0783-01
RW	RW-02G	Well #2 Summer Street	<1/100ml	<1/100ml			08/07/2023	11:15	08/07/2023	18:45	James Sullivan	D3H0783-02
RW	RW-07G	Well #7 Summer Street	<1/100ml	<1/100ml			08/07/2023	11:30	08/07/2023	18:45	James Sullivan	D3H0783-03
RW	RW-06G	Well #6 Elm Street	<1/100ml	<1/100ml			08/07/2023	11:00	08/07/2023	18:45	James Sullivan	D3H0783-04
RW	RW-04G	Well #4 Elm Street	<1/100ml	<1/100ml			08/07/2023	10:40	08/07/2023	18:45	James Sullivan	D3H0783-05
RW	RW-05G	Well #5 Elm Street	<1/100ml	<1/100ml			08/07/2023	10:45	08/07/2023	18:45	James Sullivan	D3H0783-06
PT	M-6	WTF Elm Street (Blended RS)	<1/100ml	<1/100ml			08/07/2023	10:30	08/07/2023	18:45	James Sullivan	D3H0783-07
RS	001	Town Barn 51 Elm Street	<1/100ml	<1/100ml			08/07/2023	06:00	08/07/2023	18:45	James Sullivan	D3H0783-08
RW	RW-09G	Well #9 Glenside Drive	<1/100ml	<1/100ml			08/07/2023	11:10	08/07/2023	18:45	James Sullivan	D3H0783-09

[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: R. Waite 08/09/2023

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

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Primary Lab MA Cert.#: M-CT008 **Primary Lab Name:** Microbac Laboratories, Inc. - Dayville **Subcontracted?(Y/N):** N

Analysis Lab MA Cert.#: M-CT008 **Analysis Lab:** Microbac Laboratories, Inc. - Dayville

[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
23 B (Colilert Quanti-Tray)-2004	23 B (Colilert Quanti-Tray)-2004			

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 [1]					DATE	TIME	DATE	TIME		
PT	02G	Well #2 Summer Street Treated	<1/100ml	<1/100ml			08/07/2023	11:15	08/08/2023	17:06	James Sullivan	D3H0974-01

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Laboratory Authorized Signature and Date: R. Waite 08/10/2023

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