



Massachusetts Department of Environmental Protection - Drinking Water Program

B

Bacteriological Report

REGULATORY INFORMATION For DEP Coliform Sampling Plan: Lab 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 []

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 (2)Collection Date of Original Sample: Lab Sample Notes:

[X] Original Report [] Resubmitted Report [] Confirmation Report [] Resample [] Reanalysis [] Report Correction

TC Method: E. Coli Method Enterococci Method Fecal Coliform NPC Method

3 B (Colliert Quanti-Tray)-2004 3 B (Colliert Quanti-Tray)-2004

Table with columns: Sample Type, Location Code #, DEP Approved Sample Location, Total Coliform Result, E. Coli or Fecal Result, Chlorine Result, HPC Result, Collection Date, Time, Analysis Date, Time, Collected By, Lab Sample ID #.

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-(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. Wain 07/13/2023

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