



Massachusetts Department of Environmental Protection - Drinking Water Program

B

Bacteriological Report

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

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

TC Method: E. Coli Method: Enterococci Method: Fecal Coliform HPC Method: (2) Collection Date of Original Sample: Lab Sample Notes:

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, Date, 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.

Laboratory Authorized Signature and Date: [Signature] 09/07/2023 DEP Review Status: [] Accepted [] Disapproved [] Review Comments:



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Analysis Lab MA Cert.#: M-CT008 (1) Reason for Resubmission: [] Resample [] Reanalysis [] Report Correction [] (2) Collection Date of Original Sample:

IC Method: E.Coli Method Enterococcal Method: Fecal Coliform HPC Method: [] Lab Sample Notes:

DEP APPROVED SAMPLE SITE INFORMATION 1

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, Date, Time, Collected By, Lab Sample ID #

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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: B. Wainik 09/15/2023

DEP Review Status: [] Accepted [] Disapproved [] Review Comments: Page 2 of 4