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	Lab Sample Notes:
3 B (Colilert Quanti-Tray)-2004	3 B (Colilert Quanti-Tray)-2004				

DEP APPROVED SAMPLE SITE INFORMATION [1]			TOTAL COLIFORM RESULT [4]	E.COLI or FECAL RESULT [4]	CHLORINE RESULT mg/L	HPC RESULT [2] # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
Sample Type [3]	Location Code # [1]	DEP Approved SAMPLE LOCATION					DATE	TIME	DATE	TIME		
RW	RW-08G	Well #8 Glenside Drive	<1/100ml	<1/100ml			12/02/2024	08:22	12/02/2024	18:23	Bruce Bernier	D4L0111-01
RW	RW-02G	Well #2 Summer Street	<1/100ml	<1/100ml			12/02/2024	08:07	12/02/2024	18:23	Bruce Bernier	D4L0111-02
PT	02G	Well #2 Summer Street Treated	<1/100ml	<1/100ml			12/02/2024	08:08	12/02/2024	18:23	Bruce Bernier	D4L0111-03
RW	RW-07G	Well #7 Summer Street	<1/100ml	<1/100ml			12/02/2024	08:12	12/02/2024	18:23	Bruce Bernier	D4L0111-04
RW	RW-06G	Well #6 Elm Street	<1/100ml	<1/100ml			12/02/2024	08:10	12/02/2024	18:23	Bruce Bernier	D4L0111-05
RW	RW-04G	Well #4 Elm Street	<1/100ml	<1/100ml			12/02/2024	07:45	12/02/2024	18:23	Bruce Bernier	D4L0111-06
RW	RW-05G	Well #5 Elm Street	<1/100ml	<1/100ml			12/02/2024	07:51	12/02/2024	18:23	Bruce Bernier	D4L0111-07
PT	M-6	WTF Elm Street (Blended RS)	<1/100ml	<1/100ml			12/02/2024	09:00	12/02/2024	18:23	Bruce Bernier	D4L0111-08
RW	RW-09G	Well #9 Glenside Drive	<1/100ml	<1/100ml			12/02/2024	08:22	12/02/2024	18:23	Bruce Bernier	D4L0111-09

[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: 12/04/2024

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

Massachusetts Department of Environmental Protection - Drinking Water Program

B

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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	Lab Sample Notes:
23 B (Colilert Quanti-Tray)-2004	23 B (Colilert Quanti-Tray)-2004				

DEP APPROVED SAMPLE SITE INFORMATION [1]			TOTAL COLIFORM RESULT [4]	E.COLI or FECAL RESULT [4]	CHLORINE RESULT mg/L	HPC RESULT [2] # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
Sample Type [3]	Location Code #[1]	DEP Approved SAMPLE LOCATION					DATE	TIME	DATE	TIME		
RS	006	Fire Station #2 668 Rathbun Street	<1/100ml	<1/100ml			12/03/2024	07:49	12/03/2024	14:42	Bruce Barnier	D4L0201-01
RS	004	29-31 Mill River Rd	<1/100ml	<1/100ml			12/03/2024	08:05	12/03/2024	14:42	Bruce Bernier	D4L0201-02
RS	007	47 Summer Street	<1/100ml	<1/100ml			12/03/2024	10:30	12/03/2024	14:42	Bruce Bernier	D4L0201-03
RS	012	Bellingham Road Tank	<1/100ml	<1/100ml			12/03/2024	10:45	12/03/2024	14:42	Bruce Bernier	D4L0201-04
RS	010	Upper Blackstone Street Tank	<1/100ml	<1/100ml			12/03/2024	08:40	12/03/2024	14:42	Bruce Bernier	D4L0201-05
RS	008	Wojcik Farm 65 Milk Street	<1/100ml	<1/100ml			12/03/2024	08:20	12/03/2024	14:42	Bruce Bernier	D4L0201-06
RS	003	JFK School Mendon Street	<1/100ml	<1/100ml			12/03/2024	09:30	12/03/2024	14:42	Bruce Bernier	D4L0201-07
RS	011	Lincoln Street Tank	<1/100ml	<1/100ml			12/03/2024	09:55	12/03/2024	14:42	Bruce Bernier	D4L0201-08
RS	009	Lower Blackstone Street Tank	<1/100ml	<1/100ml			12/03/2024	08:55	12/03/2024	14:42	Bruce Bernier	D4L0201-09

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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: 12/05/2024

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

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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 [2]	E.COLI or FECAL RESULT [4]	CHLORINE RESULT [2] mg/L	HPC RESULT [2] # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
Sample Type [3]	Location Code #	DEP Approved SAMPLE LOCATION					DATE	TIME	DATE	TIME		
RS	002	Municipal Center 15 St Paul Street	<1/100ml	<1/100ml			12/03/2024	10:25	12/03/2024	14:42	Bruce Bernier	D4L0202-01
RS	005	18 Butler Street	<1/100ml	<1/100ml			12/03/2024	10:05	12/03/2024	14:42	Bruce Bernier	D4L0202-02
RS	013	North Smithfield Hot Box	<1/100ml	<1/100ml			12/03/2024	10:10	12/03/2024	14:42	Bruce Bernier	D4L0202-03
RS	001	Town Barn 51 Elm Street	<1/100ml	<1/100ml			12/03/2024	07:25	12/03/2024	14:42	Bruce Bernier	D4L0202-04

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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. Warik 12/05/2024

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