Massachusetts Department of Environmental Protection - Drinking Water Program

Bacteriological Report

PWS ID #:	2032000	PWS Name:	Blackstone Water Department	City/Town:	Blackstone	Class:	COM X	NTNC ☐	TNC ☐

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		TOTAL COLIFORM RESULT	E. COLI / FECAL RESULT	CHLORINE RESULT (mg/L)	HPC RESULT (#/ml)	COLLECTION DATE	COLLECTION TIME	ANALYSIS DATE	ANALYSIS TIME	COLLECTED BY	LAB SAMPLE ID
Sample Type	Location Code	DEP Approved SAMPLE Location										
RW	RW-08G	Well #8 Glenside Drive	<1/100ml	<1/100ml			01/07/2025	08:50	01/07/2025	15:33	Bruce Bernier	D5A0828-01
RW	RW-02G	Well #2 Summer Street	10.9/100ml	<1/100ml			01/07/2025	08:30	01/07/2025	15:33	Bruce Bernier	D5A0828-02
PT	02G	Well #2 Summer Street Treated	<1/100ml	<1/100ml			01/07/2025	08:30	01/07/2025	15:33	Bruce Bernier	D5A0828-03
RW	RW-07G	Well #7 Summer Street	<1/100ml	<1/100ml			01/07/2025	08:40	01/07/2025	15:33	Bruce Bernier	D5A0828-04
RW	RW-06G	Well #6 Elm Street	<1/100ml	<1/100ml			01/07/2025	08:12	01/07/2025	15:33	Bruce Bernier	D5A0828-05
RW	RW-04G	Well #4 Elm Street	<1/100ml	<1/100ml			01/07/2025	07:54	01/07/2025	15:33	Bruce Bernier	D5A0828-06
RW	RW-05G	Well #5 Elm Street	<1/100ml	<1/100ml			01/07/2025	08:03	01/07/2025	15:33	Bruce Bernier	D5A0828-07
PT	M-6	WTF Elm Street (Blended RS)	<1/100ml	<1/100ml			01/07/2025	06:12	01/07/2025	15:33	Bruce Bernier	D5A0828-08
RW	RW-09G	Well #9 Glenside Drive	<1/100ml	<1/100ml			01/07/2025	08:50	01/07/2025	15:33	Bruce Bernier	D5A0828-09

[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 penalty...	Laboratory Authorized Signature and Date:	_R. Wainh_	01/13/2025

DEP Review Status:	☐ Accepted	☐ Disapproved	Review Comments:	

Massachusetts Department of Environmental Protection - Drinking Water Program

Bacteriological Report

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 ☒ NTNC ☐ TNC ☐

ANALYTICAL INFORMATION - Refer to your MassDEP staff lab certificate to ensure proper Lab MA Cert and certified method list.

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	

☒ 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	E. COLI or FECAL RESULT	CHLORINE RESULT mg/L	HPC RESULT #/volume	COLLECTION DATE	COLLECTION TIME	ANALYSIS DATE	ANALYSIS TIME	COLLECTED BY	LAB SAMPLE ID
Sample Type	Location Code#	DEP Approved Sample Location										
RS	006	Fire Station #2 668 Rathbun Street	<1/100ml	<1/100ml			01/06/2025	08:29	01/06/2025	15:49	Bruce Bernier	D5A0698-01
RS	004	29-31 Milli River Road	<1/100ml	<1/100ml			01/06/2025	08:40	01/06/2025	15:49	Bruce Bernier	D5A0698-02
RS	007	47 Summer Street	<1/100ml	<1/100ml			01/06/2025	10:15	01/06/2025	15:49	Bruce Bernier	D5A0698-03
RS	012	Bellingham Road Tank	<1/100ml	<1/100ml			01/06/2025	10:30	01/06/2025	15:49	Bruce Bernier	D5A0698-04
RS	010	Upper Blackstone Street Tank	<1/100ml	<1/100ml			01/06/2025	09:13	01/06/2025	15:49	Bruce Bernier	D5A0698-05
RS	008	Wojcik Farm 65 Milk Street	<1/100ml	<1/100ml			01/06/2025	08:05	01/06/2025	15:49	Bruce Bernier	D5A0698-06
RS	003	JFK School Mendon Street	<1/100ml	<1/100ml			01/06/2025	09:31	01/06/2025	15:49	Bruce Bernier	D5A0698-07
RS	011	Lincoln Street Tank	<1/100ml	<1/100ml			01/06/2025	09:45	01/06/2025	15:49	Bruce Bernier	D5A0698-08
RS	009	Lower Blackstone Street Tank	<1/100ml	<1/100ml			01/06/2025	09:23	01/06/2025	15:49	Bruce Bernier	D5A0698-09

[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.

Laboratory Authorized Signature and Date: _R. Waui_ 01/08/2025

DEP Review Status:	☐ Accepted	☐ Disapproved	Review Comments:	

Massachusetts Department of Environmental Protection - Drinking Water Program

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:	CDM [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:

Total Coliform Method	E. Coli Method	Enterococci Method	Fecal Coliform Method	HPC Method	Additional Sample Notes
23 B (Colilert Quanti-Tray)-2004	23 B (Colilert Quanti-Tray)-2004				

Sample Type	Location Code #	DEP Approved SAMPLE LOCATION	TOTAL COLIFORM RESULT	FECAL RESULT	CHLORINE RESULT mg/L	HPC RESULT cfu/ml	COLLECTION DATE	TIME	ANALYSIS DATE	TIME	COLLECTED BY	LAB SAMPLE ID #
RS	002	Municipal Center 15 St Paul Street	<1/100ml	<1/100ml			01/06/2025	10:08	01/06/2025	15:49	Bruce Bernier	D5A0702-01
RS	005	18 Butler Street	<1/100ml	<1/100ml			01/06/2025	09:55	01/06/2025	15:49	Bruce Bernier	D5A0702-02
RS	013	North Smithfield Hot Box	<1/100ml	<1/100ml			01/06/2025	10:00	01/06/2025	15:49	Bruce Bernier	D5A0702-03
RS	001	Town Barn 51 Elm Street	<1/100ml	<1/100ml			01/06/2025	08:10	01/06/2025	15:49	Bruce Bernier	D5A0702-04

[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 penalty of law that I am the person authorized to produce this report and the information contained herein is true, accurate, and complete to the best of my knowledge.

Laboratory Authorized Signature and Date: _R. Warila_ 01/08/2025

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