



Bacteriological Report

GENERAL INFORMATION: Search your DEP Coliform Sampling Plan to help complete the BWS 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 []

ANALYSIS INFORMATION: Report to your Massachusetts State Laboratory for proper L.A.M.A. or other analytical 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:

Method: 3 B (Coli-ert Quanti-Tray)-2004 Microbial Method: 3 B (Coli-ert Quanti-Tray)-2004 Repeat Coliform: HPC Normal: Lab Sample Note:

Table with 13 columns: Sample ID, Location Code#, DEP Approved Sample Site Location, Coliform Result, Fecal Coliform Result, HPC Result, Date, Time, Date, Time, Name, Sample ID. Contains 10 rows of data for various locations like Fire Station #2, Mill River Rd, Summer Street, etc.

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 TNTC-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: [Signature] 03/05/2025

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



Bacteriological Report

PWS INFORMATION: Refer to your DEP Coliform Sampling Plan to determine sample locations. 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 []

LABORATORY INFORMATION: Refer to your Mass DEP State Laboratory Report Form (Lab MA 067) 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:

Table with 5 columns: E. Coli Method, Fecal Method, Enterococci Method, Repeat Coliform, and HPC Method. Row 1: 13 B (Coli-ert Quanti-Tray)-2004, 13 B (Coli-ert Quanti-Tray)-2004, etc.

Table with 12 columns: Sample Type, Location Code, DEP Approved Sample Site Location, Coliform Result, Fecal Result, Chlorine Residual, HPC Residual, Collection Date, Time, Analysis Date, Time, Collector Name, and Sample ID. Contains 9 rows of data for various wells.

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 an 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: [Signature] 03/05/2025

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



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 (1) Reason for Resubmission: [] Resample [] Reanalysis [] Report Correction (2) Collection Date of Original Sample:

IC Method: 13 B (Coli-Count-2004) Method: 13 B (Coli-Count-2004) Enterococci Method: HPC Method: 13 B (Coli-Count-2004) Lab Sample Note:

DEP APPROVED SAMPLE SITE INFORMATION

Table with columns: Sample Type, Location Code#, DEP Approved Sample Location, Total Coliform Result, Fecal Coliform Result, Chlorine Residual, HPC Result, Date, Time, Analysis Date, Time, Collector, Lab Sample ID. Contains 4 rows of data.

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 TNTC-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: [Signature] 03/05/2025

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