



Bacteriological Report

PLEASE PRINT INFORMATION. Refer to your DEP Total Coliform Sampling Plan to help complete the PWS Information and HPC Applied Sample Site Information sections below.

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

ANALYSIS INFORMATION. Refer to your Mass DEP state lab certificate for specific 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:

TO Method: 13 B (Colifert Quanti-Tray)-2004 13 B (Colifert Quanti-Tray)-2004
Method: 13 B (Colifert Quanti-Tray)-2004 13 B (Colifert Quanti-Tray)-2004
Repeat Coliform: [] HPC Method: []
Lab Sample Note:

Table with columns: Sample Type, Location Code#, DEP Approved Sample Site Location, Total Coliform Result, Fecal Coliform Result, Chlorine Residual (mg/L), HPC Result (cfu/ml), Date, Time, Analysis Date, Time, Analyst, and Sample ID. Contains 9 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] 04/03/2025

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

