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 laboratory certificate for approved 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 Methods	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]							COLLECTION		ANALYSIS			
Sample Type [3]	Location Code	DEP Approved Sample Location	TOTAL COLIFORM RESULT	E.COLI OR FECAL RESULT	CHLORINE RESULT mg/L	HPC RESULT #cfu/ml	DATE	TIME	DATE	TIME	COLLECTED BY	LAB SAMPLE ID
RS	002	Municipal Center 15 St Paul Street	<1/100ml	<1/100ml			05/05/2025	10:20	05/05/2025	18:29	Bruce Bernier	D5E0366-01
RS	005	18 Butler Street	<1/100ml	<1/100ml			05/05/2025	10:32	05/05/2025	18:29	Bruce Bernier	D5E0366-02
RS	013	North Smithfield Hot Box	<1/100ml	<1/100ml			05/05/2025	10:44	05/05/2025	18:29	Bruce Bernier	D5E0366-03
RS	001	Town Barn 51 Elm Street	1/100ml	<1/100ml			05/05/2025	08:03	05/05/2025	18:29	Bruce Bernier	D5E0366-04

[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] Raport 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 that the information contained in this report is true and complete to the best of my knowledge and belief.

Laboratory Authorized Signature and Date: R. Warich 05/07/2025

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

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 approved 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							COLLECTION		ANALYSIS			
Sample Type[3]	Location Code#	DEP Approved SAMPLE LOCATION	TOTAL COLIFORM RESULT[4]	E.COLI or fecal RESULT[4]	CHLORINE RESIDUAL[2]	HPC RESULT (cfu/ml)	DATE	TIME	DATE	TIME	COLLECTED BY	LAB SAMPLE ID#
RS	001	Town Barn 51 Elm Street	<1/100ml	<1/100ml			05/07/2025	10:50	05/07/2025	18:26	Bruce Bernier	D5E0754-01
UR	001A	49 Elm St	<1/100ml	<1/100ml			05/07/2025	10:58	05/07/2025	18:26	Bruce Bernier	D5E0754-02
DR	001B	70 Elm St	<1/100ml	<1/100ml			05/07/2025	11:15	05/07/2025	18:26	Bruce Bernier	D5E0754-03

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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-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 declare under penalty of perjury that the information contained in this report is true, accurate and complete to the best of my knowledge.

Laboratory Authorized Signature and Date: R. Waite 05/09/2025

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

Massachusetts Department of Environmental Protection - Drinking Water Program

B

Bacteriological Report

I. PWS INFORMATION - Refer to your DEP Coliform Sampling Plan to complete the PWS information and DEP Approved Sample Site Information section below.

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

II. ANALYTICAL INFORMATION - Refer to your Mass DEP State Lab certificate for proper Lab MA Cert. & 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:

Total Coliform Method	E. Coli Method	Enterococci Method	Fecal Coliforms	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 [5]	CHLORINE RESULT (mg/L)	HPC RESULT (CFU/ml)	COLLECTION DATE	COLLECTION TIME	ANALYSIS DATE	ANALYSIS TIME	COLLECTED BY	LAB SAMPLE ID #
Sample Type [3]	Location Code#	DEP Approved Sample Site Location										
RS	006	Fire Station #2 668 Rathbun Street	<1/100ml	<1/100ml			05/05/2025	08:24	05/05/2025	18:29	Bruce Bernier	D5E0368-01
RS	004	29-31 Mill River Rd	<1/100ml	<1/100ml			05/05/2025	08:37	05/05/2025	18:29	Bruce Bernier	D5E0368-02
RS	007	47 Summer Street	<1/100ml	<1/100ml			05/05/2025	11:00	05/05/2025	18:29	Bruce Bernier	D5E0368-03
RS	012	Bellingham Road Tank	<1/100ml	<1/100ml			05/05/2025	11:15	05/05/2025	18:29	Bruce Bernier	D5E0368-04
RS	010	Upper Blackstone Street Tank	<1/100ml	<1/100ml			05/05/2025	09:15	05/05/2025	18:29	Bruce Bernier	D5E0368-05
RS	008	Wojcik Farm 65 Milk Street	<1/100ml	<1/100ml			05/05/2025	09:00	05/05/2025	18:29	Bruce Bernier	D5E0368-06
RS	003	JFK School Mendon Street	<1/100ml	<1/100ml			05/05/2025	09:45	05/05/2025	18:29	Bruce Bernier	D5E0368-07
RS	011	Lincoln Street Tank	<1/100ml	<1/100ml			05/05/2025	10:00	05/05/2025	18:29	Bruce Bernier	D5E0368-08
RS	009	Lower Blackstone Street Tank	<1/100ml	<1/100ml			05/05/2025	09:30	05/05/2025	18:29	Bruce Bernier	D5E0368-09

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[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 that I am authorized to act on behalf of the laboratory and that the information contained in this report is true, accurate and complete to the best of my knowledge.

Laboratory Authorized Signature and Date: R. Waite 05/07/2025

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

Massachusetts Department of Environmental Protection - Drinking Water Program

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Analysis Lab MA Cert.#: M-CT008 **Analysis Lab:** Microbac Laboratories, Inc. - Dayville

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Total Coliform 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]							COLLECTION		ANALYSIS			
Sample Type	Location Code#	DEP Approved Sample Site Location	TOTAL COLIFORM RESULT [4]	E.COLI OR FECAL RESULT [4]	CHLORINE RESULT mg/L	HPC RESULT /100mL	DATE	TIME	DATE	TIME	COLLECTED BY	LAB SAMPLE #
RW	RW-08G	Well #8 Glenside Drive	<1/100ml	<1/100ml			05/05/2025	07:27	05/05/2025	18:29	Bruce Bernier	D5E0361-01
RW	RW-07G	Well #7 Summer Street	<1/100ml	<1/100ml			05/05/2025	07:17	05/05/2025	18:29	Bruce Bernier	D5E0361-02
RW	RW-04G	Well #4 Elm Street	<1/100ml	<1/100ml			05/05/2025	07:04	05/05/2025	18:29	Bruce Bernier	D5E0361-03
RW	RW-05G	Well #5 Elm Street	<1/100ml	<1/100ml			05/05/2025	07:09	05/05/2025	18:29	Bruce Bernier	D5E0361-04
PT	M-6	WTF Elm Street (Blended RS)	<1/100ml	<1/100ml			05/05/2025	06:45	05/05/2025	18:29	Bruce Bernier	D5E0361-05
RW	RW-09G	Well #9 Glenside Drive	<1/100ml	<1/100ml			05/05/2025	07:27	05/05/2025	18:29	Bruce Bernier	D5E0361-06

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[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 perjury that I have personally examined the information contained in this report and all attachments and to the best of my knowledge and belief, it is true, accurate, and complete.

Laboratory Authorized Signature and Date: R. Waite 05/07/2025

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