



Bacteriological Report

PWS ID #: 2032000 PWS Name: Blackstone Water Department City/Town: Blackstone Class: COM 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

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

Method	Coli Method	Enterococci Method	Fecal Coliform	HPC Method
SM 9223 B (Coli-ert Quanti-Tray)-2004	SM 9223 B (Coli-ert Quanti-Tray)-2004			

DEP APPROVED SAMPLE SITE INFORMATION			TOTAL COLIFORM RESULT	BIOLOGICAL FECALES RESULT	ENTEROCOCCI RESULT	HPC RESULT	COLLECTED DATE	TIME	ANALYSIS DATE	TIME	COLLECTED BY	LAB SAMPLE ID
RS	006	Fire Station #2 868 Rathbun Street	<1/100ml	<1/100ml			06/02/2025	08:30	06/02/2025	16:37	Bruce Bernier	D5F0208-01
RS	004	29-31 Mill River Rd	<1/100ml	<1/100ml			06/02/2025	08:45	06/02/2025	16:37	Bruce Bernier	D5F0208-02
RS	007	47 Summer Street	<1/100ml	<1/100ml			06/02/2025	10:15	06/02/2025	16:37	Bruce Bernier	D5F0208-03
RS	012	Bellingham Road Tank	<1/100ml	<1/100ml			06/02/2025	10:30	06/02/2025	16:37	Bruce Bernier	D5F0208-04
RS	010	Upper Blackstone Street Tank	<1/100ml	<1/100ml			06/02/2025	10:00	06/02/2025	16:37	Bruce Bernier	D5F0208-05
RS	008	Wojcik Farm 65 Milk Street	<1/100ml	<1/100ml			06/02/2025	09:48	06/02/2025	16:37	Bruce Bernier	D5F0208-06
RS	003	JFK School Mendon Street	<1/100ml	<1/100ml			06/02/2025	09:39	06/02/2025	16:37	Bruce Bernier	D5F0208-07
RS	011	Lincoln Street Tank	<1/100ml	<1/100ml			06/02/2025	09:39	06/02/2025	16:37	Bruce Bernier	D5F0208-08
RS	009	Lower Blackstone Street Tank	<1/100ml	<1/100ml			06/02/2025	10:10	06/02/2025	16:37	Bruce Bernier	D5F0208-09

¹ DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your OEP 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 appropriate number of repeat samples within 24 hours of laboratory notification for coliform-positive or invalid samples. Notify OEP of any routine or repeat E.Coli or fecal positive results by the end of the business day.

Laboratory Authorized Signature and Date: *R. Wain* 06/04/2025

DEP Review Status: Accepted Disapproved Review Comments:



Massachusetts Department of Environmental Protection - Drinking Water Program

B

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 [X] NTNC [] TNC []

ANALYTICAL INFORMATION: Refer to your Mass DEP Laboratory Certificate of Approval Lab MA Cert. and valid 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: Method, Coliform Method, Enterococci Method, Fecal Coliform, HPC Method. Row 1: SM 9223 B (Coli-ert Quant-Tray)-2004, SM 9223 B (Coli-ert Quant-Tray)-2004, , ,

Table with 13 columns: Sample Type, Location Code#, DEP Approved Sample Location, Total Coliform Result, E. Coli or Fecal Result, Coliform Result, HPC Result, Collection Date, Time, Analysis Date, Time, Collector Name, Sample ID. Rows include Municipal Center 15 St Paul Street, 18 Butler Street, North Smithfield Hot Box, Town Barn 51 Elm Street.

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 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] 06/04/2025

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

