



Bacteriological Report

FOR USE IN ORIGINAL REPORT ONLY. 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 DEP State lab certification for proper use of EPA 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:

Table with 5 columns: Sample ID, Sample Location, Approved Method, Facal Indicator, HPC Method. Row 1: SM 9223 B (Coli-ert Quanti-Tray)-2000, SM 9223 B (Coli-ert Quanti-Tray)-2000, [], [], []

Table with 12 columns: Sample ID, Location, DEP Approved Sample Site Location, Total Coliform Result, Fecal Coliform Result, Chlorine Residual, HPC Result, Date, Time, Date, Time, Collector, Lab Sample ID. Contains 4 rows of data for sites 002, 005, 013, and 001.

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] 07/09/2025

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