



Bacteriological Report

MAJOR INFORMATION: Refer to your DEP Total Coliform Sampling Plan and complete the PWS information and DEP Approved Sample Site information below.

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

ANALYTIC INFORMATION: Refer to your Massachusetts Department of Health (Department of Public Health) Lab MA Cert. and Certificate(s).

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: Coliform Method, HPC Method, Lab Sample Notes, etc. Row 1: SM 9223 B (Colliert Quanti-Tray)-200, SM 9223 B (Colliert Quanti-Tray)-200, etc.

DEP APPROVED SAMPLE SITE INFORMATION table with columns: Sample Type, Location Code#, DEP Approved Sample Site Location, Coliform Result, HPC Result, Date, Time, Analyst, Sample ID. Rows include Fire Station #2 668 Rathbun Street, 29-31 Mill River Rd, 47 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] 09/04/2025

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

