



Bacteriological Report

PWS ID #: PWS Name: City/Town: Class: COM NTNC TNC

Primary Lab MA Cert.#: Primary Lab Name: Subcontracted?(Y/N):
 Analysis Lab MA Cert.#: Analysis Lab:

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

COLIFORM	E. COLI	ENTEROCOCCUS	FAECAL COLIFORM	HEAVY METALS	PHOSPHORUS	PHENOL	THALASSIUM	TRICHLOROETHYLENE
3 B (Collert Quanti-Tray)-200	3 B (Collert Quanti-Tray)-200							

DEP APPROVED SAMPLE SITE INFORMATION			COLIFORM				E. COLI		ENTEROCOCCUS		ANALYST		LABORATORY	
Sample Type	Location Code#	DEP Approved Sample Site Location	DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME	NAME	ADDRESS	PHONE	STATE
RW	RW-02G	Well #2 Summer Street	<1/100ml	<1/100ml			08/06/2024	08:15	08/06/2024	17:07	Bruce Bernier	D4H0529-02		
PT	02G	Well #2 Summer Street Treated	<1/100ml	<1/100ml			06/06/2024	08:20	08/06/2024	17:07	Bruce Bernier	D4H0529-03		
RW	RW-07G	Well #7 Summer Street	<1/100ml	<1/100ml			06/06/2024	08:25	08/06/2024	17:07	Bruce Bernier	D4H0529-04		
RW	RW-06G	Well #6 Elm Street	<1/100ml	<1/100ml			06/06/2024	08:00	08/06/2024	17:07	Bruce Bernier	D4H0529-05		
RW	RW-04G	Well #4 Elm Street	<1/100ml	<1/100ml			06/06/2024	07:44	08/06/2024	17:07	Bruce Bernier	D4H0529-06		
RW	RW-05G	Well #5 Elm Street	<1/100ml	<1/100ml			08/06/2024	07:53	08/06/2024	17:07	Bruce Bernier	D4H0529-07		
PT	M-6	WTF Elm Street (Blended RS)	<1/100ml	<1/100ml			08/06/2024	07:30	08/06/2024	17:07	Bruce Bernier	D4H0529-08		
RW	RW-09G	Well #9 Glenside Drive	<1/100ml	<1/100ml			08/06/2024	08:38	08/06/2024	17:07	Bruce Bernier	D4H0529-09		

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:  08/09/2024

DEP Review Status: Accepted Disapproved Review Comments:

