# Massachusetts Department of Environmental Protection - Drinking Water Program

**B**

# BACTERIOLOGICAL REPORT

**I. PWS INFORMATION:** Refer to your MassDEP Coliform Sampling Plan to help complete the PWS Information and MassDEP Approved Sample Site Information sections below.

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

**II. ANALYTICAL INFORMATION:** Refer to your MassDEP state lab certificate for proper Lab MA Cert. # and certified methods.

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

**Analysis Lab MA Cert.#:** | **Analysis Lab Name:**

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

| Total Coliform (TC) Method | *E.coli* (EC) Method | Enterococci (ET) Method | Fecal Coliform (FC) Method[2B] | HPC Method | Lab Sample Notes |
|---|---|---|---|---|---|
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| MassDEP Approved Sample Site Information[1] | | | TC [4,5] Result | EC [4,5] Result | ET [4,5] Result | FC [2B,4] Result | Chlorine Result[2A] mg/L | HPC Result[2A] #cfu/mL | COLLECTION | | ANALYSIS | | COLLECTED BY | LAB SAMPLE ID # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sample Type[1,3] | Location Code #[1] | Approved SAMPLE LOCATION[1] | | | | | | | DATE | TIME | DATE | TIME | | |
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[1] Sample Type, Location Code#, and Approved Sample Location must correspond to the sample information on your MassDEP Coliform Sampling Plan.

[2A] 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. [2B] Fecal reporting is for unfiltered SWTR sources only.

[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). Notify MassDEP of any *E.coli* or enterococci positive results by the end of the business day.

[5] Collect appropriate number of repeat samples within 24 hours of laboratory notification for total coliform-positive or invalid samples and *E.coli* or enterococci-positive raw water samples.

*I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.*

**Laboratory Authorized Signature and Date:**

MassDEP Review Status: ☐ Accepted ☐ Disapproved Review Comments: