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

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		

[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.

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

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: _____