



Massachusetts Department of Environmental Protection - Drinking Water Program
Source Water Monitoring Plan And Schedule
For E. Coli Sampling
Form for Schedule 4 Systems Only

SWTR- LT2 A

I. PWS INFORMATION

PWS Name:	City/Town:	PWS ID:
PWS Address:		Schedule: 4
Water Treatment Plant Name:		Date Submitted:
Source Water Type(s) <input type="checkbox"/> Surface <input type="checkbox"/> Ground water under the influence of surface water		
Filtered: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Source(s): Name/ Location Code ID: _____ / _____ _____ / _____ _____ / _____		

II. SAMPLING SCHEDULE DATES 2008-2009
 Samples must be collected bi-weekly for one year for a total of 26 samples. Sampling must begin in October 2008 and end in September 2009.

Month	Date	Day of week	Month	Date	Day of week
Sample 1	10/ /08		Sample 14		
Sample 2			Sample 15		
Sample 3			Sample 16		
Sample 4			Sample 17		
Sample 5			Sample 18		
Sample 6			Sample 19		
Sample 7			Sample 20		
Sample 8			Sample 21		
Sample 9			Sample 22		
Sample 10			Sample 23		
Sample 11			Sample 24		
Sample 12			Sample 25		
Sample 13			Sample 26	9/ /09	

III. CERTIFICATION

I certify under penalty 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 of my knowledge and belief.

Print Name: _____ Title: _____
 Signature: _____ Date: _____
 Phone #: _____ Email Address: _____

IV. INSTRUCTIONS:

By July 1, 2008:
1. Attach a sampling location schematic or a description of sampling locations to this form.
2. Return this form to your regional office at the address listed below.

MassDEP Northeast Region (NERO) Drinking Water Program 205B Lowell Street Wilmington, MA 01887 Att: Hilary Jean	MassDEP Southeast Region (SERO) Drinking Water Program 20 Riverside Drive Lakeville, MA 02347 Att: Dan DiSalvio	MassDEP Central Region (CERO) Drinking Water Program 8 New Bond Street Worcester, MA 01606 Att: Nora Hanley	MassDEP Western Region (WERO) Drinking Water Program 436 Dwigth Street Springfield, MA 01103 Att: Mike McGrath
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FOR MassDEP/DWP USE ONLY:

Date Received by MassDEP: _____. Accepted: Disapproved: Entered into WQTS: Yes No
 Comments: