



Massachusetts Department of Environmental Protection - Drinking Water Program

Source Water Monitoring Plan and Schedule
For Cryptosporidium, E.Coli and Turbidity Sampling
Form for Schedule 1 Systems

SWTR- LT2 D

I. PWS INFORMATION

PWS Name: City/Town: PWS ID:
PWS Address: Schedule: 1
Water Treatment Plant Name: Date Submitted:
Source Water Type(s) Surface Ground water under the influence of surface water
Filtered: Yes No
Source(s): Name/ Location Code ID:

II. SAMPLING SCHEDULE DATES 2015-2017

Samples must be collected monthly for two years for a total of 24 samples. Sampling must begin starting April 1, 2015 ending March 1, 2017.

Table with 4 columns: Month, Date, Month, Date. Rows for Sample 1 through Sample 24.

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 January 1, 2015:
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)
MassDEP Southeast Region (SERO)
MassDEP Central Region (CERO)
MassDEP Western Region (WERO)

FOR MassDEP/DWP USE ONLY:

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

SWTR-LT2 D 12-3-2014

1. Systems must sample within a 5-day period, i.e., 2 days before or after date indicated in the Sampling Schedule Table (above) part II.