



Massachusetts Department of Environmental Protection - Drinking Water Program

Source Water Monitoring Plan and Schedule
For Cryptosporidium, E.coli and Turbidity Sampling
Form for Schedule 2 Systems

SWTR- LT2 E

I. PWS INFORMATION

Form section I containing fields for PWS Name, City/Town, PWS ID, PWS Address, Water Treatment Plant Name, Date Submitted, Source Water Type(s), Filtered status, and 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 October 1, 2015 ending September 30, 2017.

Table with 4 columns: Month, Date, Month, Date. Rows 1-12 for 2015 and rows 13-24 for 2017.

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.

Form section III containing fields for Print Name, Signature, Phone #, Title, Date, and Email Address.

IV. INSTRUCTIONS

By July 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:

Form section IV containing fields for Date Received by MassDEP, Accepted/Disapproved checkboxes, and Comments.

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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.