



Massachusetts Department of Environmental Protection - Drinking Water Program

**Source Water Monitoring Plan and Schedule  
For *Cryptosporidium*, *E.coli* and Turbidity Sampling  
Form for Schedule 3 Systems**

**SWTR- LT2 G**

**I. PWS INFORMATION**

PWS Name:	City/Town:	PWS ID:
PWS Address:		
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 2016-2018**

Samples must be collected monthly for two years for a total of 24 samples. Sampling must begin starting October 1, 2016 ending September 30, 2018.

Month	Date <sup>1</sup>	Month	Date <sup>1</sup>
Sample 1		Sample 13	
Sample 2		Sample 14	
Sample 3		Sample 15	
Sample 4		Sample 16	
Sample 5		Sample 17	
Sample 6		Sample 18	
Sample 7		Sample 19	
Sample 8		Sample 20	
Sample 9		Sample 21	
Sample 10		Sample 22	
Sample 11		Sample 23	
Sample 12		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: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**IV. INSTRUCTIONS**

**By July 1, 2016:**

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.
3. For *E.coli* analysis see methods listed in 40 CFR 136.3(a), Table 1H

MassDEP Northeast Region  
(NERO)  
Drinking Water Program  
205B Lowell Street  
Wilmington, MA 01887  
Att: Sean Griffin

MassDEP Southeast Region  
(SERO)  
Drinking Water Program  
20 Riverside Drive  
Lakeville, MA 02347  
Att: James McLaughlin

MassDEP Central Region  
(CERO)  
Drinking Water Program  
8 New Bond Street  
Worcester, MA 01606  
Att: Kelly Momberger

MassDEP Western Region  
(WERO)  
Drinking Water Program  
436 Dwight Street  
Springfield, MA 01103  
Att: Mike McGrath

**FOR MassDEP/DWP USE ONLY:**

Date Received by MassDEP: \_\_\_\_\_. Accepted:  Disapproved:   
Comments: \_\_\_\_\_

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<sup>1</sup> 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.