



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 ¹	Month	Date ¹
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: _____ Title: _____
Signature: _____ Date: _____
Phone #: _____ 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:

SWTR-LT2 G (01-20-16)

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.