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| **small fact sheet logo** | Massachusetts Department of Environmental Protection - Drinking Water Program |
| Source Water Monitoring Plan and Schedule For *Cryptosporidium, E.coli* and Turbidity SamplingForm for Schedule 3 Systems |  SWTR- LT2 G |

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| I. PWS INFORMATION |
| PWS Name: | City/Town: | PWS ID: |
| PWS Address: |  |
| 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 2016-2018Samples must be collected monthly for two years for a total of 24 samples. Sampling must begin starting October l, 2016 ending September 30, 2018. |
| **Month** | Date1 | **Month** | Date1 |
| 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 Program205B Lowell StreetWilmington, MA 01887Att: Sean Griffin | MassDEP Southeast Region (SERO)Drinking Water Program20 Riverside DriveLakeville, MA 02347Att: James McLaughlin  | MassDEP Central Region (CERO)Drinking Water Program8 New Bond StreetWorcester, MA 01606Att: Kelly Momberger | MassDEP Western Region (WERO)Drinking Water Program436 Dwight StreetSpringfield, MA 01103Att: Mike McGrath |
| FOR MassDEP/DWP USE ONLY: |
| Date Received by MassDEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Accepted: □ Disapproved: □ Comments: |

SWTR-LT2 G (01-20-16)