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| **small fact sheet logo** | Massachusetts Department of Environmental Protection - Drinking Water Program | |
| Source Water Monitoring Plan and ScheduleFor *Cryptosporidium, E.coli* and Turbidity Sampling Form 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 2016-2018 Samples 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 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)