



Massachusetts Department of Environmental Protection - Drinking Water Program

**Source Water Monitoring Plan And Schedule
For E. Coli Sampling
Form for Schedule 4 Systems Only**

SWTR- LT2 A

I. PWS INFORMATION					
PWS Name:		City/Town:		PWS ID:	
PWS Address:				Schedule: 4	
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 2017-2018					
Samples must be collected bi-weekly for one year for a total of 26 samples. Sampling must begin in October 2017 and end in September 2018.					
Month	Date¹	Day of week	Month	Date¹	Day of week
Sample 1	10/ /2017		Sample 14		
Sample 2			Sample 15		
Sample 3			Sample 16		
Sample 4			Sample 17		
Sample 5			Sample 18		
Sample 6			Sample 19		
Sample 7			Sample 20		
Sample 8			Sample 21		
Sample 9			Sample 22		
Sample 10			Sample 23		
Sample 11			Sample 24		
Sample 12			Sample 25		
Sample 13			Sample 26	09/ /2018	
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, 2017:					
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 <i>E.coli</i> 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: Paula Caron	
				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: <input type="checkbox"/> Disapproved: <input type="checkbox"/> Entered into WQTS: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Comments:					

SWTR-LT2 A 5-5-2008, Revised 06-1-2017

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.