**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**

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| **I. PWS INFORMATION** |
| PWS Name: | City/Town: | PWS ID: |
| PWS Address: | Schedule: 4 |
| Water Treatment Plant Name: | Date Submitted: |
| Source Water Type(s)  Surface  Ground water under the influence of surface waterFiltered:  Yes  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 *E.coli* analysis see methods listed in 40 CFR 136.3(a),Table 1H**MassDEP Northeast Region MassDEP Southeast Region MassDEP Central Region MassDEP Western Region(NERO) (SERO) (CERO) (WERO)Drinking Water Program Drinking Water Program Drinking Water Program Drinking Water Program205B Lowell Street 20 Riverside Drive 8 New Bond Street 436 Dwight StreetWilmington, MA 01887 Lakeville, MA 02347 Worcester, MA 01606 Springfield, MA 01103Att: Sean Griffin Att: James McLaughlin Att: Paula Caron Att: Mike McGrath |
| FOR MassDEP/DWP USE ONLY: |
| Date Received by MassDEP: \_. Accepted:  Disapproved:  Entered into WQTS:  Yes  NoComments: |

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