



Massachusetts Department of Environmental Protection - Drinking Water Program

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BACTERIOLOGICAL REPORT

I. PWS INFORMATION: Refer to your DEP Coliform Sampling Plan to help complete the PWS Information and DEP Approved Sample Site Information sections below.

PWS ID #: **3213000** PWS Name: **NORTH READING WATER DEPARTMENT** City/Town: **NORTH READING, MAS** Class: COM NTNC TNC

II. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.

Primary Lab MA Cert.#: Primary Lab Name: Subcontracted? (Y/N):

Analysis Lab MA Cert.#: **MA-005** Analysis Lab: **Andover Water Plant Lab**

Original Report Resubmitted Report Confirmation Report (1) Reason for Resubmission: Resample Reanalysis Report Correction (2) Collection Date of Original Sample:

TC Method 9223B	E.Coli Method 9223B	Fecal Coliform	HPC Method 9215B	Lab Sample Notes:
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DEP APPROVED SAMPLE SITE INFORMATION ¹			TOTAL COLIFORM RESULT ^{4,5}	E.COLI or FECAL RESULT ^{4,5}	CHLORINE RESULT ² mg/L	HPC RESULT ² # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
DEP Sample Type ^{1,3}	DEP Location Code # ¹	DEP Approved SAMPLE LOCATION ¹					DATE	TIME	DATE	TIME		
RS	001	THOMPSON COUNTRY CLUB	A			2	7/8/2014	10:50	7/8/2014	13:45	M. DAUPHINE	B4X070814
RS	007	NORTH READING HIGH SCHOOL	A			11	7/8/2014	10:10	7/8/2014	13:45	M. DAUPHINE	2F070814
RS	003	HOOD SCHOOL	A			0	7/8/2014	11:50	7/8/2014	13:45	M. DAUPHINE	N14070814
RS	004	CVS DRUGSTORE	A			2	7/8/2014	09:30	7/8/2014	13:45	M. DAUPHINE	8d4070814
RS	005	HILLVIEW COUNTRY CLUB	A			1	7/8/2014	12:30	7/8/2014	13:45	M. DAUPHINE	B99070814
RS	006	TEMPLE OIL	A			2	7/8/2014	08:40	7/8/2014	13:45	M. DAUPHINE	10J070814
RS	008	SWAN POND TANK	A			1	7/8/2014	11:15	7/8/2014	13:45	M. DAUPHINE	F66070814

¹ DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan
² SWTR systems: HPC samples shall be taken at the same distribution sites and at the same time as total coliform, whenever chlorine residual is not detected at the sample site.
³ Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, RW-Raw Water, PT-Plant Tap, SS-Special Sample
⁴ Report as #/100 mL, P (present) ,A (absent), or Too Numerous To Count: TNTC-I (invalid) or TNTC-P (present)
⁵ Collect appropriate number of repeat samples within 24 hours of laboratory notification for coliform-positive or invalid samples. Notify DEP of any routine or repeat E.Coli or fecal positive results by the end of the business day.

I certify under penalties 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 extent of my knowledge.

Laboratory Authorized Signature and Date: *Alan Carpio* 7/10/14

DEP Review Status: Accepted Disapproved Review Comments:

