#### X

I. PWS	INFORM.	ATION: Refer to you	ur DEP	Coliform	Sampling I	Plan to help	complete	the PWS	Information	and DE	Approved	Sample :	Site Information se	ctions below.
PWS					READING V				ity/Town:		READING, I		Class: COM 🛛 N	
II. ANA	ALYTICAL	INFORMATION: Re	fer to yo	our Mass	DEP state I	ab certifica	ate for prop	oer Lab N	IA Cert.# and	certified	l methods.			
Prima	ary Lab M	A Cert.#:		Primary L	ab Name:						Subco	ontracted	1? (Y/N):	
Analy	sis Lab N	IA Cert.#: MA-	005	Ana	lysis Lab:	Andover W	ater Plant La	ab					,	₩ -
☑ Origin	nal Report [	Resubmitted Report	Confirm	nation Rep	ort (1)	Reason for R	esubmission	Resame	ole □ Reanalysis	□ Report (	Correction (2) (	Collection [	Date of Original Sample:	
TC Method E.Coli Method Fecal Co								ore Enternanyore	The point	2) (	Jone Chon L	Pate of Original Sample.		
9223B 9223B						9215B		Lab Sample Notes:						
DEP APPROVED SAMPLE SITE INFORMATION <sup>1</sup>						5.0011	0111 00111		COLLECT	TION	ANALY	SIS	T	
DEP Sample Type <sup>1,3</sup>	DEP Location Code #1	DEP Approved SAMPLE LOCATION <sup>1</sup>			TOTAL COLIFORM RESULT <sup>4,5</sup>	E.COLI or FECAL RESULT <sup>4,5</sup>	CHLORINE RESULT <sup>2</sup> mg/L	HPC RESULT <sup>2</sup> # cfu/mL	DATE	TIME	DATE	TIME	COLLECTED BY	LAB SAMPLE ID#
RS	001	THOMPSON COUN	A			1	2/4/2020	13:00	2/4/2020	13:40	M. DAUPHINE	E99020420		
RS	007	NORTH READING I	A			0	2/4/2020	11:50	2/4/2020	13:40	M. DAUPHINE	22M020420		
RS	003	HOOD SCHOOL	Α			1	2/4/2020	11:10	2/4/2020	13:40	M. DAUPHINE	TSB2020420		
RS	004	CVS DRUGSTORE	Α			182	2/4/2020	09:50	2/4/2020	13:40	M. DAUPHINE	25P020420		
RS	005	HILLVIEW COUNTR	Α			1	2/4/2020	10:35	2/4/2020	13:40	M. DAUPHINE	P33020420		
RS	006	TEMPLE OIL	A			7	2/4/2020	09:10	2/4/2020	13:40	M. DAUPHINE	L8T020420		
RS	800	SWAN POND TANK			A			22	2/4/2020	12:30	2/4/2020	13:40	M. DAUPHINE	THR020420
3 Sample 1 Report a Collect a	Type: RS-Rous #/100 mL, For ppropriate number penalties	cation Code#, and DEP Ap samples shall be taken at the tine Distribution Sample, R (present), A (absent), or T mber of repeat samples with	ne same <u>d</u> O-Original oo Numer hin 24 hou	ISTRIBUTION SIT SITE REPEAT OUS TO COUR ITS OF IABORAT	tes and at the s t, UR-Upstream at: TNTC-I (inva- tory notification	came time as to n Repeat, DR-I alid) or TNTC-F for coliform-po	otal coliform, wo Downstream Ro P (present). Positive or invalid	henever chl epeat, AR-A d samples. N	orine residual is <u>n</u> dditional Repeat,	ot detected RW-Raw W routine or re	at the sample sit later, PT-Plant Ta epeat E.Coli or fe	ap, SS-Spe	results by the end of the	
information	ontained h	erein is true, accurate and o	complete t	o the best ex	ktent of my kno	wledge.				Date:	Karen	. ma	rtu 2/10,	12020
שבר ר	Review St	atus: LI Acce	Disapprov	/ed	Review C	omments:								

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I. PWS	INFORM	ATION: Refer to you	r DEP Coliform	Sampling	Plan to help	o complete	the PWS	Information	and DE	P Approved	Sample	Site Information se	ections below.	
	ID#:		lame: NORTH					ity/Town:		READING, I		Class: COM 🛛 N		
II. ANA	ALYTICAL	INFORMATION: Re	er to your Mass	DEP state	lab certifica	ate for pro	per Lab N	A Cert.# and	d certifie	d methods.				
Prim	ary Lab M	A Cert.#:	Primary	Lab Name:						Subco	ontracte	d? (Y/N):		
Anal	ysis Lab N	//A Cert.#: MA-	005 Ana	alysis Lab:	Andover W	dover Water Plant Lab								
☐ Origin	nal Report [	Resubmitted Report [	Confirmation Re	port (1	) Reason for R	esubmission	. □ Resami	ole IT Reanalysis	Report	Correction (2) (	Collection I	Date of Original Sample:		
_	Method	E.Coli Method	oliform	HPC Me			To a realitary of	Roport	(E)		Date of Original Sample.			
	9223B 9223B			J		9215B		nple Notes:						
DI	EP APPRO	VED SAMPLE SITE INF	ORMATION1					COLLEC	TION	AMALY	'ele	T		
DEP DEP		LES ONINI EL ONI E INI	ORMATION	COLIFORM	E.COLI or	CHLORINE RESULT <sup>2</sup>	HPC RESULT <sup>2</sup>	COLLECTION		N ANALYSIS			LAB SAMPLE	
Sample Type <sup>1,3</sup>	Location Code #1	DEP Approved SAMPLE LOCATION <sup>1</sup>		RESULT <sup>4,5</sup>		mg/L	# cfu/mL	DATE	TIME	DATE	TIME	COLLECTED BY	ID#	
RS	001	THOMPSON COUN	TRY CLUB	A			0	2/11/2020	13:00	2/11/2020	14:37	M. DAUPHINE	APLO021120	
RS	007	NORTH READING I	HIGH SCHOOL	Α			252	2/11/2020	11:50	2/11/2020	14:37	M. DAUPHINE	N14021120	
RS	003	HOOD SCHOOL	100D SCHOOL				25	2/11/2020	11:10	2/11/2020	14:37	M. DAUPHINE	MTW021120	
RS	004	CVS DRUGSTORE		Α			3	2/11/2020	09:45	2/11/2020	14:37	M. DAUPHINE	E17021120	
RS	005	HILLVIEW COUNTR	RY CLUB	Α			1	2/11/2020	10:35	2/11/2020	14:37	M. DAUPHINE	77K021120	
RS	006	TEMPLE OIL		Α			17	2/11/2020	09:05	2/11/2020	14:37	M. DAUPHINE	TB12021120	
RS	008	SWAN POND TANK		Α			1	2/11/2020	12:25	2/11/2020	14:37	M. DAUPHINE	KHP021120	
<sup>2</sup> Swirks <sup>3</sup> Sample	ystems: HPC Type: RS-Rol	ocation Code#, and DEP Ap samples shall be taken at ti	he same <u>distribution</u> s O-Original Site Repe	sites and at the at. UR-Unstrea	same time as to m Repeat DR-I	otal coliform, w Downstream R	vhenever chl	orine residual is r	not detected	at the cample cit	ie. ap, SS-Spe	cial Sample		
Ollect a	ippropriate nu inder penalties	P (present) ,A (absent), or T imber of repeat samples with of law that I am the person erein is true, accurate and	hin 24 hours of labora authorized to fill out	atory notificatio	n for coliform-po	ositive or invali		Notify DEP of any	re and	V 19		results by the end of the		
DEP Review Status: ☐ Accepted ☐ Disapprove					Review C	comments								



I. PWS	INFORMA	ATION: Refer to	your DE	P Coliform	Sampling	Plan to help	p complete	the PW	S Information	and DEI	Approved S	Sample	Site Information se	ctions below.
PWS	ID#:	PW	/S Name:	NORTH	READING	WATER DE	PARTMEN	Т	city/Town:	NORTH	READING, I	MAS	Class: COM 🗵 N	ITNC   TNC
II. ANA	LYTICAL	INFORMATION:	Refer to	your Mass	DEP state	lab certifica	ate for prop	oer Lab I	//A Cert.# and	d certified	d methods.			
Prima	ary Lab MA	A Cert.#:		Primary L	.ab Name:						Subco	ontracte	d? (Y/N):	
Analysis Lab MA Cert.#: MA-005 Anal					lysis Lab:									
☑ Origin	nal Report [	Resubmitted Repo	ort 🔲 Con	firmation Rep	ort (1	) Reason for R	Resubmission:	Resam	ple 🔲 Reanalysis	s 🔲 Report	Correction (2) C	Collection I	Date of Original Sample:	
TC Method E.Coli Method				Fecal Co	liform	HPC Me	thod							
	9223B	9223B	9223B			9215	9215B		Lab Sample Notes:					
DEP APPROVED SAMPLE SITE INFORMATION <sup>1</sup>					TOTAL	E.COLI or	CHLORINE	HPC	COLLECTION		ANALY	SIS		
DEP Sample Type <sup>1,3</sup>	DEP Location Code #1	DEP Approved SAMPLE LOCATION <sup>1</sup>			COLIFORM RESULT <sup>4,5</sup>		RESULT <sup>2</sup> mg/L	RESULT <sup>2</sup> # cfu/mL	DATE	TIME	DATE	TIME	COLLECTED BY	LAB SAMPLE ID#
RS	001	THOMPSON CO	DUNTRY	CLUB	Α			1	2/18/2020	13:05	2/18/2020	13:35	M. DAUPHINE	BMC0218820
RS	007	NORTH READIN	ORTH READING HIGH SCHOOL					TNTC	2/18/2020	11:50	2/18/2020	13:35	M. DAUPHINE	22M021820
RS	003	HOOD SCHOOL			Α			482	2/18/2020	11:10	2/18/2020	13:35	M. DAUPHINE	0918021820
RS	004	CVS DRUGSTO	CVS DRUGSTORE					1	2/18/2020	09:50	2/18/2020	13:35	M. DAUPHINE	OSCR021820
RS	005	HILLVIEW COU	NTRY CL	.UB	Α			TNTC	2/18/2020	10:35	2/18/2020	13:35	M. DAUPHINE	J2A021820
RS	006	TEMPLE OIL			Α			0	2/18/2020	09:15	2/18/2020	13:35	M. DAUPHINE	THR021820
RS	800	SWAN POND TA		Α			0	2/18/2020	12:25	2/18/2020	13:35	M. DAUPHINE	88021820	
<sup>2</sup> SWTR s <sup>3</sup> Sample <sup>4</sup> Report a <sup>5</sup> Collect a	ystems: HPC Type: RS-Rou as #/100 mL, F appropriate nu ander penalties	cation Code#, and DE samples shall be taken tine Distribution Sample (present) ,A (absent) mber of repeat sample of law that I am the perein is true, accurate	n at the sample, RO-Orig i, or Too Number within 24 erson author	ne distribution s inal Site Repea merous To Cou hours of labora rized to fill out t	ites and at the it, UR-Upstrea nt: TNTC-I (in tory notification this form and to	same time as t m Repeat, DR- valid) or TNTC- n for coliform-p	total coliform, w Downstream R P (present). ositive or invali	vhenever ch lepeat, AR- d samples.	llorine residua! is Additional Repeat	not detected t, RW-Raw V y routine or r	at the sample sit Vater, PT-Plant T epeat E.Coli or fe	ap, SS-Spe	ecial Sample e results by the end of the  artu 3/3	
DEP	Review St	tatus:	ved	Review C	riew Comments:									

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I. PWS	INFORM	ATION: Ref	er to your DI	EP Coliform	Sampling	Plan to hel	p complete	the PWS	Information	and DE	P Approved	Sample	Site Information se	ections below.
	ID #:		PWS Name		READING \				ity/Town:		READING,		Class: COM ⊠ N	
II. ANA	LYTICAL	INFORMAT	ION: Refer to	your Mass	DEP state	lab certifica	ate for pro	per Lab N	IA Cert.# and					
	ary Lab M				Lab Name:							ontracte	d? (Y/N):	1
Analy	/sis Lab N	/IA Cert.#:	MA-005	Ana	alysis Lab:	Andover W	/ater Plant La	ab					(	1
☑ Origin	nal Report [	Resubmitted	Report Co	nfirmation Rep	oort (1)	Reason for R	Resubmission	: 🛛 Resami	ole 🔲 Reanalysis	□ Report	Correction (2) (	Collection	Date of Original Sample	2/18/2020
TC Method E.Coli Method Fecal Co											(=)		Date of Original Cample	2/16/2020
9223B 9223B						9215	В	Lab Sar	Lab Sample Notes:					
		VED SAMPLE	SITE INFORM	IATION1	TOTAL	E.COLI or	CHLORINE	HPC	COLLECT	TION	ANALY	SIS		
DEP Sample Type <sup>1,3</sup>	DEP Location Code #1	DEP Approved SAMPLE LOCATION <sup>1</sup>		COLIFORM RESULT <sup>4,5</sup>	FECAL RESULT <sup>4,5</sup>	RESULT <sup>2</sup> mg/L	RESULT <sup>2</sup> # cfu/mL	DATE	TIME	DATE	TIME	COLLECTED BY	LAB SAMPLE ID#	
RS	007	NODTH DE	ADING HIGH	1 5011001	A									
RS	003	HOOD SCH		SCHOOL	A			0	2/25/2020	12:15	2/25/2020	14:00	M. DAUPHINE	8X7022520
		11000 001	IOOL					1	2/25/2020	11:25	2/25/2020	14:00	M. DAUPHINE	MED022520
RS	005	HILLVIEW (	COUNTRY C	LUB	Α			236	2/25/2020	10:45	2/25/2020	14:00	M. DAUPHINE	AB89022520
									ur DEP Total Col			е.		
<sup>5</sup> Collect ap I certify und information	propriate number penalties occurred he	of law that I am I		hours of labora	tory notification	for coliform-po	ositive or invalid	d samples. N	zed Signatur	routine or re	epeat E.Coli or fe	cal positive	cial Sample results by the end of the $3/3/2$ or	
DEP F	Review St	atus:	☐ Accepted	☐ Disapprov	ved	Review C	omments:							