BACTERIOLOGICAL REPORT Massachusetts Department of Environmental Protection - Drinking Water Program

DEP Review Status:	SWITR systems: HPC sample 3 Sample Type: RS-Routine E 4 Report as #/100 mL, P (pres Collect appropriate number Collect appropriate number information contained in a full information containe						SS Tre		DEP DEP Sample Location Type 13 Code #	DEP APPROVED S	9223B	TC Method	☑ Original Report ☐ Res	Analysis Lab MA Cert.#:	Primary Lab MA Cert.#:	II. ANALYTICAL INFO	PWS ID #: 1106004	I. PWS INFORMATIO
☐ Accepted ☐	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. 1 Control of the business day. 1 Control of the business day. 2 Collect appropriate number of repeat samples within 24 hours of laboratory and the positive or invalid samples. Notify DEP of any routine or repeat E.Coli or fecal positive results, by the end of the business day. 2 Collect appropriate number of repeat sample site. 3 Sample Type: 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 stem. 4 Report as #/100 mL, P (present), A (absent), or Too Numerous T						Treated water	Raw Water	DEP Approved SAMPLE LOCATION	SAMPLE SITE INFORMATION1		E.Coli Method	☑ Original Report ☐ Resubmitted Report ☐ Confirmation Report	ert.#: M-02454	rt.#: M-02454 Pr	II. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert#a	004 PWS Name: G	N: Refer to your DEP C
Disapproved	tribution sites and at the site site Repeat, UR-Upstream us To Count TNTC-I (invasor of laboratory notification to filliout this form and the the pest extent of my known.	policy position must be					A	A	TION COLIFORM			ğ l		Analysis Lab:	Primary Lab Name:	ır MassDEP state la	GILL ELEMENTARY SCHOOL	oliform Sampling P
Review Comments:	ame time as total coliform, v Repeat, DR-Downstream F lid) or TNTC-P (present). for coliform-positive or inval Laborator	respond to the cample info							X-2000000	E,COLI or CHLORINE		HPC Method	(1) Reason for Resubmission:	Quabbin Analytical Lab	Quabbin Analytical Lab	b certificate for pro	SCHOOL	lan to help complete
	tal coliform, whenever chlorine residual ownstream Repeat, AR-Additional Repeat (present). (present). sitive or invalid samples. Notify DEP of a Laboratory Authorized Signa	mation on your DEP 1					1/23/2019	1/23/2019	#cfu/mL DATE		Lab Salliple Notes.	ī	: ☐ Resample ☐ Reanalysis ☐			per Lab MA Cert	City/Town:	the PWS Inform
	dual is <u>not</u> detected at Repeat, RW-Raw Ware of any routine or representative and the particles and the particles are are and the particles are are are and the particles are	otal Coliform Samplin					2019 04:55	-	TETTIME	COLLECTION	0.63.	2+62:	analysis □ Report Co				m:	nation and DEP
	t the sample site. ter, PT-Plant Tap, SS peat E.Coli or fecal po	no Plan			1		1/24/2019 09	+		ANALYSIS			orrection (2) Collect		Subcontra	methods.	GILL	Approved Sam
	-Special Sample sitive results by the end						09.30 Gary Lyride	—	ME COLLEGIED BY) 	TO THE STATE OF TH		Report Correction (2) Collection Date of Original Sample:		Subcontracted? (Y/N):		Class: CON	ole Site Informati
	d of the business day.						WUE-2011-7	QAL-9677-1	!	LAB SAMPLE			sample:		Z	nd certified methods	Class: COM ☐ NTNC ☒ TNC ☐	I. PWS INFORMATION: Refer to your DEP Coliform Sampling Plan to help complete the PWS Information and DEP Approved Sample Site Information sections below.





Secondary Contaminant Report

D.	re meneral	ATTIO	พระอัก	Description	พลากเอาสอ พ.ศ	ater Ottal	nty Samplin	e Schedule (W	(ass) to beli	completed	ns lon									
	S ID #:		0600					Town: GILL	Wass) to help complete distorn											
				entary Scho	ool				PWS Clas	s: COM	OM INTINC INTINC INTINC INTINC									
£ 194										Date										
DI	EP LOCATION (LOC) ID#			DEI	Location Nar	me		Sample In	formation	Collec		Collected By								
Α	RW1		Well	#1, Raw Wa	ter			☐ (M)ultiple ☐ (S)ingle	(R)aw	1/23/2	019	R.Purington								
в	10000		Well	#1, Point Of	Entry			☐ (M)ultiple ☑ (S)ingle	☐ (R)aw ☐ (F)inishe	ed 1/23/2	2019	R.Purington								
	Routine o	r.			submitted or				The second secon	d Report, list	WENT CONTRACT TO SEC. CO.									
	Special Sam	100 E			ion Report		en en antigant de la company de la compa	Reason for Res		//	Collection	on Date of Original Sample								
A	□ RS 🗵			iginal 🔲 Resub				□ Resample □ Reanalysis □ Report Correction □ Resample □ Reanalysis □ Report Correction												
В	□ RS 🛛		_	riginal 🗌 Resub																
A	SAMPLE NOTES : (Such as, if a Manifold/Multiple sample, list any sources that were on-line during sample collection).																			
В																				
MANANAMORE EARORANORY IN FORMATION SALES AND A SALES A																				
	mary Lab MA			M-02454		Lab Nam	e: Quabb	n Analytical Lab			Subco	ontracted? (Y/N)								
	•			MACT007	Analysis			x Environmental												
Ana	alysis Lab M	A Cei	L. #.		•	Las Maii														
	Compou	nd		Resu	iius B	SMCL	MDL (mg/L)	Lab Me	thod	Date Analyzed		Lab Sample ID#								
IRON (mg/L)				0.556	<0.010	0.3	0.010	EPA 2	00.7	1/26/2019		SC53259-01 & 02								
MANGANESE (mg/L)				0.372	<0.001	0.05*	0.001	EPA 2	:00.7	1/26/2019		SC53259-01 & 02								
ALKALINITY (mg/L as CaCO3)			aCO3)			None	2.00	SM23	20B			SB-01								
CALCIUM (mg/L)						None	0.100	EPA 2	200.7			SB-01								
MAGNESIUM (mg/L)						None	0.0100	EPA 2	200.7			SB-01								
HARDNESS (mg/L as CaCO3)			(CO3)			None	0.291	SM23				SB-01								
POTASSIUM (mg/L)						None	0.500	EPA 2			-	SB-01 SB-01								
TURBIDITY (NTU)					-	None	0.10	EPA 2			-	SB-01								
ALUMINUM (mg/L)						0.2 250	1.00		300.0		1	SB-01								
	HLORIDE (mg/L OLOR (C.U.)	-1				15	1.00		120B			SB-01								
<u> </u>	OPPER (mg/L)					1	0.0050		200.7			SB-01								
-	DOR (T.O.N)					3	1	SM2	150B			SB-01								
рł	Н					6.5-8.5	i.	ASTMD ²	1293-99B			SB-01								
SI	ILVER (mg/L)					0.10	0.0050	EPA	200.7			SB-01								
s	ULFATE (mg/L))				250	1.00		300.0		_	SB-01								
-	DS (mg/L)					500	5		2540C	·		\$B-01								
1	INC (mg/L)	diabad	a lifatira	a Haalth Advisa	in (HA) for mor	5 -	0.0050	an acute HA at 1.	200.7			SB-01								
	LAB SAM		non-international	C Health Adviso	ny (riv⊃) loi mal	igunese di	C.O HIGHE GITU	an addition in act.												
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LE	3				-041							Des S. Fralet								
p	erson authoriz	ed to i	fill out th	naities of law the	information			Primary L	ab Director	Signature:										
Ä	extent of my kno	owieda	é	ate and comple			novi to	ED Donion - LOW-	na na lata-the-	Date:	the and a	1/30/2019								
_	ır not submitting	g these	e results	erectronically, r this	na⊪ <u>i w∪</u> copie report <u>or</u> no late	es or this re er than 10	ροπ το your D days after the	EP Regional Office end of the reporti	e no later than ing period, whic	hever is soone	er. er.	of the month in which you receiv								
	DEP REVIEW				ed.	,	Review Comments			☐ WQTS Data Entered										
L	Accepted :			☐ Disapprov	eu	<u> </u>	Jonnenis				Entered									

Massachusetts Department of Environmental Protection - Drinking Water Program

BACTERIOLOGICAL REPORT

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

DEP Review Status:	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 bast extent of my knowledge.	¹ DEP Sample Type, Location ² SWTR systems: HPC sampl ³ Sample Type: RS-Routine D ⁴ Report as #/100 mL, P (pres ⁵ Collect appropriate number							SS 001 Kitc		Code #	Sample Location	DEP APPROVED	9223B	TC Method	☑ Original Report ☐ Res	Analysis Lab MA Cert.#:	Primary Lab MA Cert.#:	II. ANALYTIÇAL INFO	PWS ID #: 1106
☐ Accepted	that! am the person authorize	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 <u>distribution</u> sites and at the same time as total coliform, whenever chlorine residual is <u>not</u> 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.				*			Kitchen	Treated water	. Motor	DEP Approved SAMPLE LOCATION	DEP APPROVED SAMPLE SITE INFORMATION1		E,Coli Method	Resubmitted Report Confirmation Report	ert.#: M-02454	M-02454	II. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert.# a	1106004 PWS Name:
☐ Disapproved	ed to fill out this form and the to the best extent of my kno	ample Site Location must co distribution sites and at the s al Site Repeat, UR-Upstream rous To Count: TNTC-I (inva urs of laboratory notification							A :	>)	Λ	CATION COLIFORM			Fecal Coliform		Analysis Lab:	Primary Lab Name:	our MassDEP state I	GILL ELEMENTARY SCHOOL
Review Comments:		rrespond to the sample infor same time as total coliform, v n Repeat, DR-Downstream R alid) or TNTC-P (present). for coliform-positive or invali										14.45	E.COLI or		HPC Method	(1) Reason for Resubmission:	Quabbin Analytical Lab	Quabbin Analytical Lab	ab certificate for pro	YSCHOOL
	Laboratory Authorized Signature and Date:	mation on your DEP Total whenever chlorine residual lepeat, AR-Additional Report Samples. Notify DEP of a							1/25/2019	1/25/2019	1/25/2019	#cfu/mL DATE		ray Campic Note	i ah Sample Notes))	per Lab MA Cert.#a	City/Town:
	ture and Date:	Coliform Sampling I is <u>not</u> detected at th sat, RW-Raw Water iny routine or repea							10:36	10:27	10.99	TIME	ECTION		?	ysis Report Corr			ınd certified m	
	Colean S. Kinders	Plan e sample site. PT-Plant Tap, SS-S t E.Coli or fecal posit								+	1/25/2019 12:30	DATE TIME	ANALYSIS		-	ection (2) Collection		Subcontracted? (Y/N):	nd certified methods	GF.
	. Kindadyk	pecial Sample live results by the end of the									M Brown	E COLLECTED BY				Resample Reanalysis Report Correction (2) Collection Date of Original Sample:		ted? (Y/N): N		☐ Class: COM ☐
	1-26-19	business day.							QAL-9683-3	QAL-9683-2	OAL-9683-1		I AR SAMPLE			P:		L		Class: COM ☐ NTNC ⊠ TNC ☐