



Bacteriological Report

PWS INFORMATION Refer to your DEP Coliform Sampling Plan to help complete the PWS information and DEP approved Sample Site Information section.

PWS ID #: 2032000 PWS Name: Blackstone Water Department City/Town: Blackstone Class: COM NTNC TNC

ANALYTICAL INFORMATION Refer to your Mass DEP State Laboratory for proper Lab MA Cert. and certified methods.

Primary Lab MA Cert.#: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. - Dayville Subcontracted?(Y/N): N
Analysis Lab MA Cert.#: M-CT008 Analysis Lab: Microbac Laboratories, Inc. - Dayville

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

Coliform Method	Fecal Coliform Method	Fecal Streptococci Method	Chlorine Residual	THC Method	Lab Sample Notes
13 B (Coli-ert Quanti-Tray)-200	13 B (Coli-ert Quanti-Tray)-200				

DEP APPROVED SAMPLE SITE INFORMATION												
Sample Type	Location Code#	DEP Approved Sample Location	Coliform Result	Fecal Coliform Result	Chlorine Residual (mg/L)	THC (mg/L)	Collection Date	Time	Analysis Date	Time	Collector	Lab Sample ID
RS	006	Fire Station #2 668 Rathbun Street	<1/100ml	<1/100ml			02/05/2025	10:15	02/05/2025	18:13	Bruce Bernier	D5B0410-01
RS	004	29-31 Mill River Road	<1/100ml	<1/100ml			02/05/2025	09:24	02/05/2025	18:13	Bruce Bernier	D5B0410-02
RS	007	47 Summer Street	<1/100ml	<1/100ml			02/05/2025	09:36	02/05/2025	18:13	Bruce Bernier	D5B0410-03
RS	012	Bellingham Road Tank	<1/100ml	<1/100ml			02/05/2025	10:00	02/05/2025	18:13	Bruce Bernier	D5B0410-04
RS	010	Upper Blackstone Street Tank	<1/100ml	<1/100ml			02/05/2025	09:44	02/05/2025	18:13	Bruce Bernier	D5B0410-05
RS	008	Wojcik Farm 65 Milk Street	<1/100ml	<1/100ml			02/05/2025	09:02	02/05/2025	18:13	Bruce Bernier	D5B0410-06
RS	003	JFK School Mendon Street	<1/100ml	<1/100ml			02/05/2025	08:54	02/05/2025	18:13	Bruce Bernier	D5B0410-07
RS	011	Lincoln Street Tank	<1/100ml	<1/100ml			02/05/2025	09:12	02/05/2025	18:13	Bruce Bernier	D5B0410-08
RS	009	Lower Blackstone Street Tank	<1/100ml	<1/100ml			02/05/2025	08:46	02/05/2025	18:13	Bruce Bernier	D5B0410-09

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-(Invalid) or TNCT-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.

Laboratory Authorized Signature and Date: *B. Wain* 02/07/2025

DEP Review Status: Accepted Disapproved Review Comments:



Bacteriological Report

PWS INFORMATION: Refer to your DEP Coliform Sampling Plan to help you locate the PWS information and DEP Approved Sample Site information sections below.

PWS ID #: 2032000 PWS Name: Blackstone Water Department City/Town: Blackstone Class: COM [X] NTNC [] TNC []

ANALYTICAL INFORMATION: Refer to your MASSDEP State Laboratory Website for proper lead and copper sampling methods.

Primary Lab MA Cert.#: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. - Dayville Subcontracted?(Y/N): N
Analysis Lab MA Cert.#: M-CT008 Analysis Lab: Microbac Laboratories, Inc. - Dayville

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

Table with 5 columns: Coliforms, HPC, Fecal Coliforms, Fecal Streptococci, H2S Method. Row 1: 3 B (Collet Quantl-Tray)-200, 3 B (Collet Quantl-Tray)-200, , ,

DEP APPROVED SAMPLE SITE INFORMATION table with columns: Sample Type, Location Code#, DEP Approved Sample Site Location, Total Coliform Result, Fecal Coliform Result, Chlorine Residual, Sample Volume, Date, Time, Analysis Date, Time, Collected By, Sample ID. Contains 10 rows of data.

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 #/100mL,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.

Laboratory Authorized Signature and Date: [Signature] 02/10/2025

DEP Review Status: [] Accepted [] Disapproved Review Comments:

