



# Massachusetts Department of Environmental Protection - Drinking Water Program BACTERIOLOGICAL REPORT

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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 #: **1106004** PWS Name: **GILL ELEMENTARY SCHOOL** City/Town: **GILL** 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.#: **M-02454** Primary Lab Name: **Quabbin Analytical Lab** Subcontracted? (Y/N): **N**  
 Analysis Lab MA Cert.#: **M-02454** Analysis Lab: **Quabbin Analytical Lab**

Original Report  Resubmitted Report  Confirmation Report (1) Reason for Resubmission:  Resample  Reanalysis  Report Correction (2) Collection Date of Original Sample:   
 TC Method: **E. Coli Method** Fecal Coliform: **HPC Method** Lab Sample Notes:   
**9223B**

DEP Sample Type <sup>1</sup>	DEP Location Code #	DEP Approved Sample Location <sup>1</sup>	TOTAL COLIFORM RESULTS <sup>2</sup>	E. COLI/ or FECAL RESULTS <sup>3</sup>	CHLORINE RESULT <sup>4</sup> (mg/L)	HPC RESULT <sup>5</sup> (# cfu/mL)	COLLECTION			ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
							DATE	TIME	DATE	TIME			
SS		Raw Water	A				1/23/2019	04:45	1/24/2019	09:30	Gary Lynde	QAL-9677-1	
SS		Treated water	A				1/23/2019	04:55	1/24/2019	09:30	Gary Lynde	QAL-9677-2	

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-1 (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:   
*Dave S. Hubert* **1-25-19**

DEP Review Status:  Accepted  Disapproved  Review Comments:

certify under penalty of law that an authorized person completed this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.



# Secondary Contaminant Report

**PWS INFORMATION:** Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form.

PWS ID #: **1106004** City / Town: **GILL**  
 PWS Name: **Gill Elementary School** PWS Class: **COM**  **NTNC**  **TNC**

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A	RW1	Well #1, Raw Water <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	1/23/2019	R.Purinton
B	10000	Well #1, Point Of Entry <input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	1/23/2019	R.Purinton

  

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

**SAMPLE NOTES** - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during sample collection)

A

B

**ANALYTICAL LABORATORY INFORMATION**

Primary Lab MA Cert. #: **M-02454** Primary Lab Name: **Quabbin Analytical Lab.** Subcontracted? (Y/N) **Y**  
 Analysis Lab MA Cert. #: **MACT007** Analysis Lab Name: **Phoenix Environmental Lab**

Compound	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	0.556	<0.010	0.3	0.010	EPA 200.7	1/26/2019	SC53259-01 & 02
MANGANESE (mg/L)	0.372	<0.001	0.05*	0.001	EPA 200.7	1/26/2019	SC53259-01 & 02
ALKALINITY (mg/L as CaCO3)			None	2.00	SM2320B		SB-01
CALCIUM (mg/L)			None	0.100	EPA 200.7		SB-01
MAGNESIUM (mg/L)			None	0.0100	EPA 200.7		SB-01
HARDNESS (mg/L as CaCO3)			None	0.291	SM2340B		SB-01
POTASSIUM (mg/L)			None	0.500	EPA 200.7		SB-01
TURBIDITY (NTU)			None	0.10	EPA 180.1		SB-01
ALUMINUM (mg/L)			0.2	0.0250	EPA 200.7		SB-01
CHLORIDE (mg/L)			250	1.00	EPA 300.0		SB-01
COLOR (C.U.)			15		SM2120B		SB-01
COPPER (mg/L)			1	0.0050	EPA 200.7		SB-01
ODOR (T.O.N)			3	1	SM2150B		SB-01
pH			6.5-8.5		ASTMD1293-99B		SB-01
SILVER (mg/L)			0.10	0.0050	EPA 200.7		SB-01
SULFATE (mg/L)			250	1.00	EPA 300.0		SB-01
TDS (mg/L)			500	5	SM2540C		SB-01
ZINC (mg/L)			5	0.0050	EPA 200.7		SB-01

\* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.

LAB SAMPLE NOTES
A
B

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.

Primary Lab Director Signature: 

Date: 1/30/2019

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		



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TC Method	E Coli Method	Fecal Coliform	HPC Method	Lab Sample Notes:
9223B				

DEP Sample Type: <sup>1,3</sup>	DEP Location Code # <sup>1</sup>	DEP Approved Sample Location <sup>1</sup>	TOTAL COLIFORM RESULT <sup>1,3</sup>	E. COLI or FECAL RESULT <sup>4</sup>	CHLORINE RESULT <sup>4</sup> mg/L	HPC RESULT <sup>2</sup> # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
							DATE	TIME	DATE	TIME		
SS		Raw Water	A				1/25/2019	10:22	1/25/2019	12:30	M Brown	QAL-9683-1
SS		Treated water	A				1/25/2019	10:27	1/25/2019	12:30	M Brown	QAL-9683-2
SS	001	Kitchen	A				1/25/2019	10:36	1/25/2019	12:30	M Brown	QAL-9683-3

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*(certify/under penalties of law that) 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.*

DEP Review Status:  Accepted  Disapproved Review Comments:

Laboratory Authorized Signature and Date: *Dawn S. Hurd* 1-26-19