



Massachusetts Department of Environmental Protection - Drinking Water Program
SOURCE WATER QUALITY CONDITIONS FOR UNFILTERED SYSTEMS

**SWTR
A**

I. PWS INFORMATION:

PWSID#: PWS Name: PWS Town:
 Treatment Plant Name: Reporting Period → Month: Year:

II. DAILY REPORTING:

Lab MA Cert. #: Lab Name: Lab Analyst:
 Coliform Sampling Type Measured and reported² Fecal Coliform **OR** Total Coliform
 Total Coliform Method: SM 9221- A - B - C SM 9222- A - B - C
 Fecal Coliform Method: SM 9221E (EC) SM 9222D (MF)
 Minimum # of samples required per week:

Source Water Coliform ¹					Source Water Turbidity ¹	
Day	# Samples Collected	(Highest) Result # / 100mL	Number of samples ≤ 20/100 mL Fecal or ≤ 100/100 mL Total	Sample Collector Name	Maximum Daily Source Water Turbidity ^{3,4,5} NTU	Source Turbidity ⁵ "EVENT" (NTU > 5)
1						<input type="checkbox"/> Yes
2						<input type="checkbox"/> Yes
3						<input type="checkbox"/> Yes
4						<input type="checkbox"/> Yes
5						<input type="checkbox"/> Yes
6						<input type="checkbox"/> Yes
7						<input type="checkbox"/> Yes
8						<input type="checkbox"/> Yes
9						<input type="checkbox"/> Yes
10						<input type="checkbox"/> Yes
11						<input type="checkbox"/> Yes
12						<input type="checkbox"/> Yes
13						<input type="checkbox"/> Yes
14						<input type="checkbox"/> Yes
15						<input type="checkbox"/> Yes
16						<input type="checkbox"/> Yes
17						<input type="checkbox"/> Yes
18						<input type="checkbox"/> Yes
19						<input type="checkbox"/> Yes
20						<input type="checkbox"/> Yes
21						<input type="checkbox"/> Yes
22						<input type="checkbox"/> Yes
23						<input type="checkbox"/> Yes
24						<input type="checkbox"/> Yes
25						<input type="checkbox"/> Yes
26						<input type="checkbox"/> Yes
27						<input type="checkbox"/> Yes
28						<input type="checkbox"/> Yes
29						<input type="checkbox"/> Yes
30						<input type="checkbox"/> Yes
31						<input type="checkbox"/> Yes
Totals:	X		Y	% Coliform Meeting Limit for month (Enter on SWTR – Form E)	(Y / X) x 100 =	

1. Samples shall be collected from the source water immediately prior to the 1st point of disinfection application.
2. If a system measures both fecal and total coliform, only the fecal coliform criterion must be reported and met.
3. A Fecal or Total Coliform sample must be taken on each day that the system operates and any source water turbidity measurement exceeds 1 NTU
4. Turbidity shall be collected at a minimum of every 4 hours. For each day that the maximum daily source water turbidity value is > 1 NTU, the DEP must be notified by the end of the next business day. Source water turbidity data must be kept on file for DEP review.
5. Enter turbidity detail of each Yes "EVENT" on SWTR – Form E

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.

PWS Authorized Signature: _____

Date: _____ Title: _____

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.