

PWS ID **4318063**PWS Name **MAURICES CAMPGROUND INC**Town: **WELLFLEET**Class: **NC****BACTERIA SAMPLING**Apr - Sep: 2 per MONTH
Oct - Mar: 2 per MONTHSeason Start Date: 05/20
Season End Date: 10/15

Refer to your DEP Coliform Sampling Plan for approved coliform sample locations. Systems open before or beyond the start/end dates must collect samples during these extra months.

Loc ID #	SAMPLE LOCATION	MULT/SIN	R/F	D/S	WAIVER Y / N	2020				2021				2022			
						QTR1	QTR2	QTR3	QTR4	QTR1	QTR2	QTR3	QTR4	QTR1	QTR2	QTR3	QTR4

MANGANESE

10000	WELL #1 (01G)	S	F	S		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4318063-01G WELL 1																
10001	WELL #2 (02G)	S	F	S		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4318063-02G WELL 2																

NITRATE

10000	WELL #1 (01G)	S	F	S		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4318063-01G WELL 1																
10001	WELL #2 (02G)	S	F	S	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4318063-02G WELL 2																

NITRITE

10000	WELL #1 (01G)	S	F	S	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4318063-01G WELL 1																
10001	WELL #2 (02G)	S	F	S	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4318063-02G WELL 2																

SECONDARY CONTAMINANTS

10000	WELL #1 (01G)	S	F	S		[DEP recommends annual testing]											
	4318063-01G WELL 1																
10001	WELL #2 (02G)	S	F	S		[DEP recommends annual testing]											
	4318063-02G WELL 2																

SODIUM

10000	WELL #1 (01G)	S	F	S	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4318063-01G WELL 1																
10001	WELL #2 (02G)	S	F	S	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4318063-02G WELL 2																

R/F = RAW OR FINISHED WATER;

D/S = DISTRIBUTION OR SOURCE SAMPLE

Waiver: (Y)es, or (N)o

MULT/SIN: (MULT)iple sources or a (SIN)gle source

This monitoring schedule is based on the system's current inventory and is subject to change. Water systems are responsible for promptly reporting schedule errors or omissions. Errors or omissions on monitoring schedules do not prohibit the MassDEP from enforcing monitoring requirements set forth by the Regulations.