BACTERIOLOGICAL SAMPLE SITING PLAN FOR COMPLIANCE WITH THE TOTAL COLIFORM AND GROUNDWATER RULES

System Information:
Name of Facility: _______________________________ System Number: ______________
Street Address: ___________________________________ Ph. No.: __________________
Mailing Address: __________________________________ Fax: ______________________
Service Connections:_________________________ Population Served: ___________ Sampling Frequency: __________________

Sample Collection:
All water samples will be collected by: ________________________________
Name of Laboratory: ________________________________________________
Mailing Address: __________________________________________________
State Lab Code: ______________ Phone #: ___________________ Fax #: __________________
The Laboratory was sent a copy of this plan on: __________________________

Raw Water Sampling for New Sources:
New sources are required to complete monthly raw water source sampling for a minimum of one year. Have all new sources met this requirement? □ YES □ NO
Dates sampled: ________________________________________________________

Map of System (REQUIRED):
A map of the distribution system showing the source(s) (well, spring, etc.), storage tanks, treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) sample locations is required. Have you enclosed this map? □ YES
Sample Locations:
The following describes each routine sample location, what months the location will be sampled, and where follow-up (repeat) samples will be taken in the event of a "positive" routine sample. A minimum of five sample sites are required and all groundwater sources must be sampled as required by the Groundwater Rule. If more than one source is used or if five sites are not adequate to represent the water system, additional sample sites must be added.

Total Coliform Rule (TCR) Distribution Sample Locations:
(Quarterly or monthly samples)

Routine Sample Location:

1. ____________________________________________________________________________  
   (location name or address)
Description: ____________________________________________________________________  
   (hose bib, sink faucet, etc.)

Water samples will be collected from this location during the months of (circle):

3rd Qtr: July Aug. Sept.  

Initial Follow-up (repeat) Distribution Sample Locations for TCR Samples:

1. ____________________________________________________________________________  
   (location name or address)

2. ____________________________________________________________________________  
   (location name or address up-stream)

3. ____________________________________________________________________________  
   (location name or address down-stream)

4. ____________________________________________________________________________  
   (location name or address)

Once TCR issues are resolved, a total of five samples must be collected during the next routine sampling period from all TCR sites. If all five follow-up samples are coliform negative, the system may return to routine sampling.

Groundwater Rule Source Sample Locations:
(In the event of a coliform positive TCR sample)

List all sources that serve the water system. All sources must be sampled for E. coli following a total coliform and/or fecal positive sample (list all sources):

1. __________________________________________  
   (source)

2. __________________________________________  
   (source)

3. __________________________________________  
   (source)

4. __________________________________________  
   (source)

5. __________________________________________  
   (source)

6. __________________________________________  
   (source)

*If sources serve completely separate portions of the distribution system, use alternative form.

Report Prepared by: ____________________________  
Signature and Title: ____________________________ Date: ____________________________