Total Coliform Sampling Plan *(use in conjunction with Technical Bulletin BSDW-92-5)*

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| I. GENERAL INFORMATION | | | | | | |
| A. PWS Information | | | | | | |
| PWSID: | | NV000 | | | | |
| PWS Name: | |  | | | | |
| PWS Address: | |  | | | | |
| City: |  | | State: |  | Zip: |  |

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| E. Population Calculation: | | C. System Type: |
| Avg Daily Population:  Community \_\_\_\_\_\_\_  Non-Transient \_\_\_\_\_\_\_  Transient \_\_\_\_\_\_\_  Total Daily \_\_\_\_\_\_\_ | Total Monthly Population:  Community \_\_\_\_\_\_\_  Non-Transient \_\_\_\_\_\_\_  Transient (x 30) \_\_\_\_\_\_\_  Total Monthly \_\_\_\_\_\_\_ | Community NTNC TNC |
| D. Water Sources: |
| Surface Spring or Well UDI\*  Well (See III Below) Spring (See III Below)  Purchased (circle 1) Surface Ground |

\*UDI indicates a groundwater supply under the direct influence of surface water.

The water system provides water from *wells, interties, pumps, # of each*. It *is/is not*  disinfected. **Note:** For each Coliform sample on an NTNC or CWS, a corresponding Chlorine residual measurement must be taken and reported on the *Disinfectant Residual Data Quarterly* report. Include water storage facilities, making note of boosters, pressure zones, etc. If system does not disinfect, the requirement for a chlorine residual may be deleted*.*

***Routine Sampling Requirements:***

To ensure samples are representative of distribution water, all samplers should use only locations listed within this Total Coliform Rule sample siting plan.

*PWS Name* is required to report a minimum of \_\_\_\_\_\_ routine coliform samples per Month.

Section II. Monitoring Requirements Table lists the locations for these sampling events. Samples will be taken according to established protocol and analyzed by a Nevada certified laboratory for coliform bacteria. *E. coli* will be analyzed by a lab following a coliform-positive result. Consecutive connections and water purchasers must inform their water supplier in the event of a positive coliform result. *If applicable add the name and number of the consecutive connection contact.*

***Repeat Sampling Requirements:***

Following notification of a coliform-positive result by a Nevada certified lab, PWS representative shall consult with BSDW or SNHD or WCHD about repeat sample monitoring. Each coliform-positive requires a minimum of       repeat samples to be collected within 24 hours of being contacted about coliform-positive. Repeat samples will be taken in accordance with Monitoring Requirements Table Repeat Locations.

System is required to take a sample of each Ground Water Source in use at the time of the original sampling event. One sample from each source will be taken for each positive original sample. This(these) sample(s) must be taken at the same time as the Repeat Samples detailed above. *If applicable list Groundwater sources that must be sampled.*

### Note: For each Coliform sample on an NTNC or CWS, a corresponding Chlorine residual measurement must be taken and reported on the Disinfectant Residual Data Quarterly report.

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| II. Monitoring Locations Attach additional copies of this sheet if more room is needed. | | | |
| Routine Sites | | Repeat Sites | |
| Routine 1 |  | Repeat 1A |  |
| Repeat 1B |  |
| Repeat 1C |  |
| Repeat 1D |  |
| Routine 2 |  | Repeat 2A |  |
| Repeat 2B |  |
| Repeat 2C |  |
| Routine 3 |  | Repeat 3A |  |
| Repeat 3B |  |
| Repeat 3C |  |
| Routine 4 |  | Repeat 4A |  |
| Repeat 4B |  |
| Repeat 4C |  |

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| III. Ground Water Samples Required (In the event of a coliform detect) | |
| Sources Required |  |
| Source 1 |  |
| Source 2 |  |
| Source 3 |  |

In the month following a coliform positive sample, System is required to take 5 samples from distribution, including the location of the initial positive sample. Those sample locations are outlined below.

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| IV. Following Month Monitoring *Populate if less than 5 Routine samples per month/quarter.* | |
| Temporary Routine Sites | |
| Temp 1 |  |
| Temp 2 |  |
| Temp 3 |  |
| Temp 4 |  |
| Temp 5 |  |

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| V. DISTRIBUTION SYSTEM SCHEMATIC |
| **ATTACH a schematic of your distribution system** showing locations of system facilities including sources, treatment plant, storage, pump stations, chlorinators, and proposed sample sites. |

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| --- | --- | --- | --- |
| Name: |  | | |
| Title: |  | | |
| Phone: |  | Fax: |  |
| Signature: |  | | |