

PROCEDURES for a POSITIVE COLIFORM SAMPLE

Collecting and Analyzing Triggered Source Water Samples for the GROUNDWATER RULE (GWR)

(For groundwater systems that do not provide 4 log treatment of viruses)

1. At least one triggered ground water source sample must be collected within 24 hrs of being notified of a positive TCR coliform sample.
2. Samples must be collected from EACH groundwater source(s) in use at the time of the total coliform positive, OR from a DDW approved representative source monitoring location (Source Water Monitoring Plan),
3. Sample must be collected before treatment and/or disinfection; and,
4. Samples must be analyzed for *E. coli*, enterococci, or coliphage.

Collecting and Analyzing Samples for the TOTAL COLIFORM RULE (TCR)

1. Collect the number of repeat samples as follows:

POPULATION	NUMBER OF REPEAT SAMPLES
25 – 1,000	4
More than 1,000	3
2. Repeat samples must be collected within 24 hours of being notified of the total coliform-positive sample or, as soon as can be received by the lab.
3. Repeat samples must be taken from specific locations as follows:

- A. At the original sampling site
 - B. Within 5 service connections upstream
 - C. Within 5 service connections downstream
 - D. From any other location (**may be a GW source sample)
- *Note: If the 4th TCR repeat sample is used as a GWR triggered source water sample, the regulatory consequences of both the TCR and GWR apply.

4. 5 Routine samples are required the month following a positive coliform sample. Collect the number of TCR routine samples as follows:

POPULATION	ROUTINE	ADDITIONAL	TOTAL SAMPLES
25 – 1,000	1	4	5
1,000 – 2,500	2	3	5
2,501 – 3,300	3	2	5
3,301 – 4,100	4	1	5
more than 4,100	5 or more	0	5 or more

REQUIRED LABORATORY SAMPLING INFORMATION

Original TCR + Lab #: & Collection Date:	System Number: Collection Date (of this sample):
<u>GWR TRIGGER SOURCE SAMPLE(S)</u>	<u>TCR REPEAT SAMPLES</u>
Facility ID (Source #): WS ____	Facility ID (Distribution System ID): DS001
Location/Name	Location/Address
<input type="checkbox"/> Representative Site: SSG001	
<input type="checkbox"/> Sample # [] of [] source(s)	<input type="checkbox"/> Original Sampling Site
<input type="checkbox"/> Sampled all sources in use at time of +	<input type="checkbox"/> Upstream
<input type="checkbox"/> Other source(s) not in use _____	<input type="checkbox"/> Downstream
<input type="checkbox"/> Name of Wholesaler: _____	<input type="checkbox"/> Other: TCR repeat ONLY or,
<input type="checkbox"/> Date Wholesaler notified: _____	<input type="checkbox"/> *Other: TCR repeat AND GW Source