



ENVIRONMENTAL CONSERVATION

Drinking Water and Groundwater Protection Division

FORM

**REVISED TOTAL COLIFORM RULE (RTCR)
COLIFORM SAMPLING PLAN FOR ALL PUBLIC WATER SYSTEMS
SERVING A POPULATION OF 1,000 OR LESS**

System Information		
System Name: Green Hill School	WSID Number: 12345	System Type (check one): <input type="checkbox"/> TNC <input checked="" type="checkbox"/> NTNC <input type="checkbox"/> Community
# of Service Connections (if there are only a few connections, also write in the total number of available sampling taps): 1 / 20	Source Water Type (check one): <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water/GWUDI <input type="checkbox"/> Consecutive	
System Population: 300	# of Pressure Zones (if the system relies on a well pump, gravity storage, or single pump station to deliver water to all users in the distribution system, enter "1"): 1	
Dates of Operation (SEASONAL SYSTEMS ONLY): Open: _____ Close: _____		
Number of Distribution Systems (check one): <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> more than 3. If the system has more than one distribution system, identify the distribution system to which this form pertains: DS00 1		

Instructions for completion: This form is designed to be completed by all public drinking water systems serving a population of 1,000 or less. For systems with multiple distribution systems, a separate sampling plan for each distribution system is required. Attach a map to this plan. The map must include the water system name and identification (WSID) number, clearly labeled coliform sampling locations that are included in this plan, clearly labeled groundwater source sample tap locations (if the system uses groundwater), locations served by the system, directional flow of the system and major water system infrastructure such as: all sources, treatment facilities, storage tanks, pump stations, pressure zones and major distribution lines. If the system consists of a single or few buildings, a sketch of the layout of the rooms, sampling locations, and/or connections will suffice. If the system has only one or a few service connections, identify the number of connections and the number of available sample taps available in the "#of Service Connections" box above.

For Community Systems, any system served by surface water or Groundwater Under the Direct Influence of Surface Water, or seasonal TNC systems: Fill out **Table 1 and Table 3**. These types of systems are required to sample monthly. If the system uses groundwater or a combination of groundwater and surface water, also fill out **Table 4**.

For year-round NTNC and TNC systems served by only groundwater: fill out **Table 1, Table 2, Table 3, and Table 4**. Filling out Table 3 is required because while these systems are allowed to sample quarterly, if certain events happen, the system will be required to sample monthly. See the attached guidance for more information.

For all systems: If the system has a total coliform or E. coli presence in a routine compliance sample, collection of 3 repeat samples is required for each routine positive sample. Repeat sampling locations include: Repeat Sample #1 at the location where the original positive sample was taken; Repeat Sample location #2 within 5 connections upstream (toward from the well/source of water) of the original positive; and Repeat Sample location #3 within 5 connections downstream (away from the well/source of water). This form allows a system to list all 5 connections upstream and downstream although only one location is required. **All sample locations used for compliance purposes under the Revised Total Coliform Rule must be identified on this form.**

	Routine Location Address	Justification	5 Connections Upstream For repeat locations Numbers 2 – 5 are optional	5 Connections Downstream For repeat locations Numbers 2 – 5 are optional
1	Routine Location 1 (Base): <u>Kitchen</u>	central location - good repeat locations - use area in building	1 Girls sink 1 2 Girls Sink 2 3 Boys sink 1 4 Boys Sink 2 5	1 Boys locker 1 2 Boys locker 2 3 Girls locker 1 4 Girls locker 2 5
2	Routine Location 2: <u>Lab sink 2</u>	central to second floor - high quality faucet	1 Lab sink 1 2 Teachers lounge 3 Boy's sink 1 (1st floor) 4 Boy's sink 2 (1st floor) 5 Girl's sink 1 (1st floor)	1 Lab sink 3 2 3 4 5
3	Routine Location 3: <u>Second floor Boys room</u>	High use, Before drinking fountain	1 Boys room sink 1 2 Boys room sink 2 } 1st floor 3 Girls room sink 1 } 4 Girls room sink 2 } 5	1 Teachers lounge 2 Lab sink 1 3 Lab sink 2 4 Lab sink 3 5
4	Routine Location 4: <u></u>		1 2 3 4 5	1 2 3 4 5
5	Routine Location 5: <u></u>		1 2 3 4 5	1 2 3 4 5
6	Routine Location 6: <u></u>		1 2 3 4 5	1 2 3 4 5
7	Routine Location 7: <u></u>		1 2 3 4 5	1 2 3 4 5

Table 1 – Sampling Locations

Instructions: The locations for all routine samples taken for compliance purposes must be identified in this table. 1) List up to 7 routine monitoring locations. These are the locations where the required routine compliance samples (monthly or quarterly) are collected. If possible, list the 911 addresses for each location. If those addresses are not available, list where the samples are taken. 2) Explain why the system chooses to sample at each location under the “Justification” column. 3) List at least 1 and up to 5 repeat samples within 5 connections upstream and 5 connections downstream for each Routine sampling location listed.

Table 2 – Quarterly Monitoring

To be completed only by **year-round NTNC and TNC systems using groundwater**. Systems must alternate between the Routine 1 (Base) location and at least one other Routine location as identified on the previous page, depending on system complexity. Identify in what quarter each Routine sample location will be sampled.

Quarter	Routine Sampling Location
1 st : January 1 through March 31	Kitchen
2 nd : April 1 through June 30	Lab sink 2
3 rd : July 1 through September 30	Kitchen
4 th : October 1 through December 31	Second Floor Boys Room

Table 3 – Monthly Monitoring

To be completed by any **public water system serving 1,000 people or less**. Systems must alternate between the Routine 1 (Base) location and at least one other Routine location as identified on the previous page, depending on system complexity. Identify in what month each Routine sample location will be sampled.

Month	Routine Sampling Location
January	Kitchen
February	Lab sink 2
March	Kitchen
April	Second Floor Boys room
May	Kitchen
June	Lab sink 2
July	Kitchen
August	Second Floor Boys room
September	Kitchen
October	Lab sink 2
November	Kitchen
December	Second Floor Boys room

Table 4 – Source Information

Provide the names/numbers of groundwater sources (wells, springs, etc.) and the source sample tap location where each source may be sampled **prior to any treatment**. If a raw water sampling tap is not available prior to the first user, identify the first tap/faucet closest to where the water enters the system.

Attach additional sheets if necessary

Source Name/Number	Source Sample Tap Location	Is this a combined source sample location?
Source 1: Main well	utility room	N/A
Source 2 (if applicable):		
Source 3 (if applicable):		
Source 4 (if applicable):		

Checklist Prior to Form Submission:

- A map, including the following information:
 - o Water system name and identification (WSID) number,
 - o Clearly labeled coliform sampling locations that are included in this plan,
 - o Clearly labeled groundwater source sample tap locations for systems that utilize groundwater in any portion of the system,
 - o Locations served by the system,
 - o Directional flow of the system and
 - o All major water system infrastructure such as:
 - o Sources,
 - o Treatment facilities,
 - o Storage tanks,
 - o Pump stations,
 - o Pressure zones, and
 - o Major distribution lines.

- All required tables are complete, including:
 - o Complete basic system information on page 1,
 - o Justification for each routine sampling location,
 - o At least 1 repeat location within 5 connections upstream and 5 connections downstream of each routine location,
 - o Monthly and/or quarterly locations identified as required in Tables 2 and 3,
 - o All ground water sources and source sample tap locations identified in Table 4.

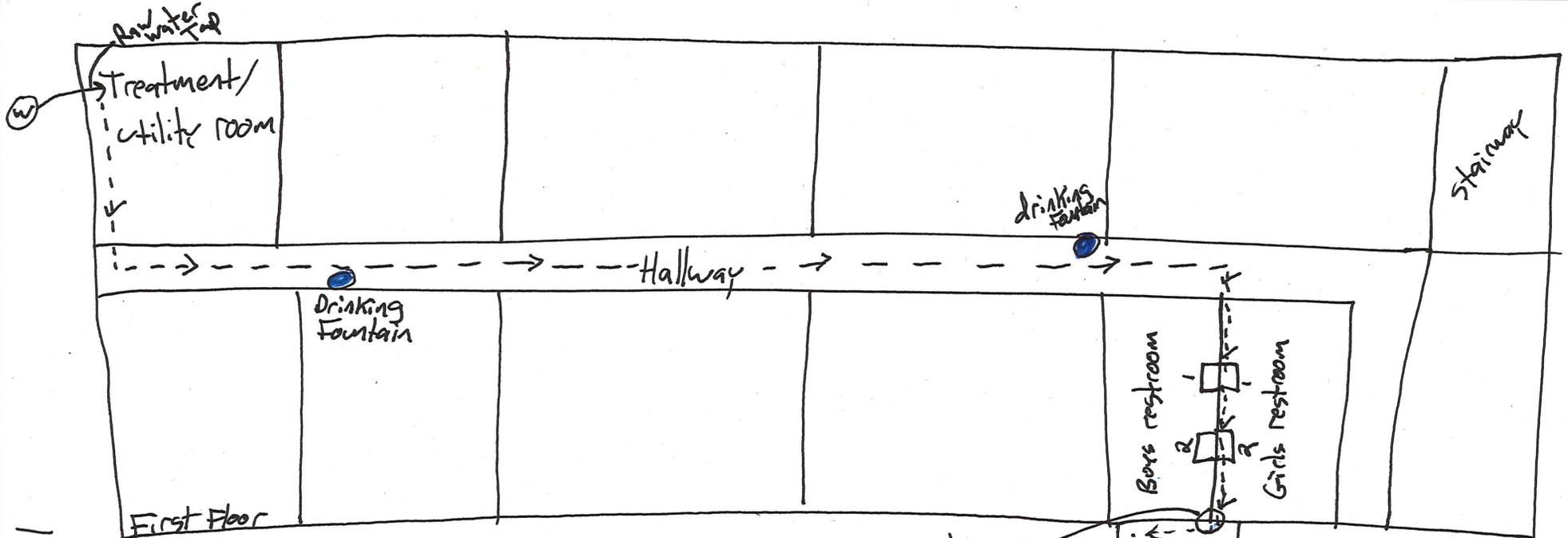
- Make and retain a copy of this plan for Water System records.

Signature of System Owner or Administrative Contact	
I have read the Coliform Sampling Plan Guidance document and certify that the above information is true and accurate to the best of my knowledge.	
Signature: Sign Here	Date: Date
Printed Name: Name here	Title: owner or AC

Return this form to:

TNC Systems	Community and NTNC Systems
Jeff Girard Drinking Water and Groundwater Protection Division 1 National Life Drive, 2 Main Montpelier, VT 05620-3521 Phone: 802-585-0314 Fax: 802-828-1541	David Love Drinking Water and Groundwater Protection Division 1 National Life Drive, 2 Main Montpelier, VT 05620-3521 Phone: 802-585-4902 Fax: 802-828-1541

Green Hills School
WSIA # 17345



up to
second
floor

