



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: Vermont Campground
WSID Number: 99999
System Type: TNC
of Service Connections: 68 sites + 2 Bldgs + 2 spigots = 72
Source Water Type: Groundwater
System Population: 272
of Pressure Zones: 1
Dates of Operation: Open: May 15, Close: October - Columbus Day
Number of Distribution Systems: 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): Bathhouse	Most Used Location	1 Site 45 2 Site 40 3 Site 39 4 Site 38 5 Site 37	1 Site 46 2 Site 47 3 Site 48 4 Site 49 5 Site 50
2	Routine Location 2: Site 8	Center of sites 1-14 distribution line	1 Site 2 2 Site 3 3 Site 4 4 Site 5 5 Site 6	1 Site 9 2 Site 10 3 Site 11 4 Site 12 5 Site 13
3	Routine Location 3: Site 28	center of sites 19-36 distribution line	1 Site 23 2 Site 24 3 Site 25 4 Site 26 5 Site 27	1 Site 29 2 Site 30 3 Site 31 4 Site 32 5 Site 33
4	Routine Location 4: Site 64	On Bathhouse Loop	1 Office 2 Site 68 3 Site 67 4 Site 66 5 Site 65	1 Site 63 2 Site 62 3 Site 61 4 Site 60 5 Site 59
5	Routine Location 5:		1 2 3 4 5	1 2 3 4 5
6	Routine Location 6:		1 2 3 4 5	1 2 3 4 5
7	Routine Location 7:		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	
2 nd : April 1 through June 30	Not applicable - Seasonal System
3 rd : July 1 through September 30	
4 th : October 1 through December 31	

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	—
February	—
March	—
April	—
May	Bathhouse
June	Site 8
July	Bathhouse
August	Site 28
September	Bathhouse
October	Site 64
November	—
December	—

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:	Source Sample Tap	No
Source 2 (if applicable):	—	
Source 3 (if applicable):	—	
Source 4 (if applicable):	—	

Checklist Prior to Form Submission:

- A map, including the following information:
 - 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 for systems that utilize groundwater in any portion of the system,
 - Locations served by the system,
 - Directional flow of the system and
 - All major water system infrastructure such as:
 - Sources,
 - Treatment facilities,
 - Storage tanks,
 - Pump stations,
 - Pressure zones, and
 - Major distribution lines.

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

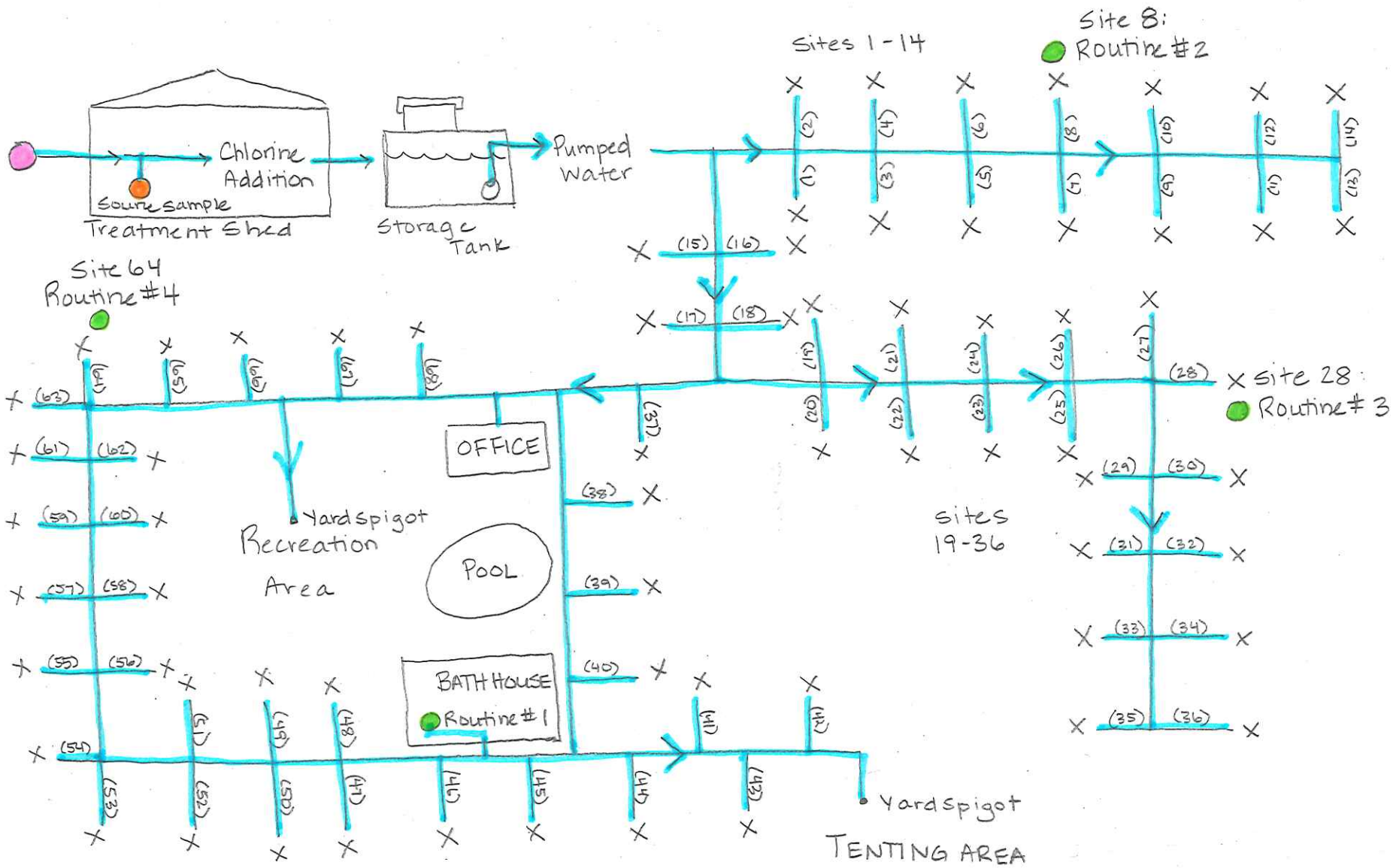
- Make and retain a copy of this plan for Water System records.

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: <i>Firstname Lastname</i>	Date: <i>9/25/2015</i>
Printed Name: <i>Firstname Lastname</i>	Title: <i>owner and operator</i>

Return this form to:

TNC Systems	Community and NTNC Systems
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Vermont Campground, WSID # 99999



KEY

- X = Sites w/ water hookups
- = water distribution lines
- (pink) = well
- (green) = Routine Sample Location
- (orange) = Source sample Location

