



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 OVER 1,000**

System Information		
System Name: <i>Mirror Lake Village</i>	WSID Number: <i>7890</i>	System Type (check one): <input type="checkbox"/> TNC <input type="checkbox"/> NTNC <input checked="" type="checkbox"/> Community
# of Service Connections: <i>1,200</i>	Source Water Type (check one): <input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> <u>Surface Water/GWUDI</u> <input type="checkbox"/> Consecutive	
System Population: <i>2,950</i>	# of Pressure Zones: <i>2</i>	
Number of Monthly Routine Samples Required (check one, based on the system's population served): <input type="checkbox"/> 2 (1,001 – 2,500) <input checked="" type="checkbox"/> 3 (2,501 – 3,300) <input type="checkbox"/> 4 (3,301 – 4,100) <input type="checkbox"/> 5 (4,101 – 4,900) <input type="checkbox"/> 6 (4,901 – 5,800) <input type="checkbox"/> 7 (5,801 – 6,700) <input type="checkbox"/> 8 (6,701 – 7,600) <input type="checkbox"/> 9 (7,601 – 8,500) <input type="checkbox"/> 10 (8,501 – 12,900) <input type="checkbox"/> >10 (12,901+)		
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 <u>1</u>		

Instructions for completion: This form is designed to be completed by all public drinking water systems serving a population over 1,000. Systems over 5,800 in population will either need to attach additional sheets to complete Tables 1 and 2 or are authorized to submit a custom sampling plan identifying Routine Sampling Locations and either a) Repeat locations upstream and downstream as required on this form or b) pre-determined Repeat sampling locations and justification for why those repeat locations were chosen. For systems with multiple unique distribution systems, a separate sampling plan for each distribution system is required. Attach a map with 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 water sampling tap location(s) (if the system utilizes 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.

Repeat Sampling: 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. That means if two routine monthly samples are positive in a month, the system is required to take six repeat samples, three samples 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/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.** Groundwater Systems or surface water systems that also use groundwater are also required to take triggered source water samples from each groundwater source that was active at the time of the routine positive as required by the Groundwater Rule.

	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>117 Main Street</u>	Center of Village, Population center, large hotels + restaurants nearby	1 115 Main Street 2 113 Main Street 3 111 Main Street 4 5	1 125 Main Street 2 2 Olympic Drive 3 1 Parkside Dr. 4 5
2	Routine Location 2: <u>237 East Hill Dr</u>	Pressure zone #2 East end of system	1 230 East Hill Drive 2 225 East Hill Drive 3 117 Cobble Hill Drive 4 5	1 240 East Hill Drive 2 246 East Hill Drive 3 4 5
3	Routine Location 3: <u>22 Victor Herbert Rd</u>	North/West Portion, dense residential area.	1 20 Victor Herbert Rd 2 2 Barnum Drive 3 16 Victor Herbert Rd 4 5	1 24 Victor Herbert Rd 2 29 Victor Herbert Rd 3 1 Seneca Trail 4 5
4	Routine Location 4: <u>50 Lake Placid Club Dr</u>	East side of village + Population area	1 60 Lake Placid Club Dr 2 75 Lake Placid Club Dr 3 4 5	1 27 Lake Placid Club Dr 2 22 Lake Placid Club Dr 3 4 5
5	Routine Location 5: <u>1924 W. Valley Rd</u>	South/West Portion of distribution. Highest system pressures on gravity.	1 1928 W. Valley Rd 2 1957 W. Valley Rd 3 2 Spur Trail 4 5	1 1900 W. Valley Rd 2 1862 W. Valley Rd 3 4 5
6	Routine Location 6: <u>72 S. Main Street</u>	South end of system	1 70 S. Main Street 2 62 S. Main Street 3 4 5	1 75 S. Main Street 2 10 Parkside Dr. 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. If more space is needed, attach additional sheets. Systems over 5,800 in population may submit a custom sampling plan in lieu of this form or attach additional sheets. These are the locations where the required routine monthly compliance samples are to be collected. If possible, list the 911 addresses for each location. If 911 addresses are not available, list where the samples are taken; 2) Explain why the system chooses to sample at each routine location under the "Justification" column; and 3) List at least 1 and up to 5 repeat locations within 5 connections upstream and 5 connections downstream of each Routine sampling location listed.

Table 2 – Monthly Monitoring

To be completed by all public water systems serving more than 1,000 users. Systems can list up to six routine samples each month on this form. If the system serves a population of over 5,800, attach extra sheets or submit a custom plan identifying routine sampling locations to be taken each month.

Month	Routine Sampling Locations		
January	1	117 Main street	4
	2	237 East Hill Drive	5
	3	22 Victor Herbert Drive	6
February	1	50 Lake Placid Club Drive	4
	2	1924 W. Valley Road	5
	3	72 S. Main street	6
March	1	117 Main street	4
	2	237 East Hill Drive	5
	3	22 Victor Herbert Drive	6
April	1	50 Lake Placid Club Drive	4
	2	1924 W. Valley Road	5
	3	72 S. Main street	6
May	1	117 Main street	4
	2	237 East Hill Drive	5
	3	22 Victor Herbert Drive	6
June	1	50 Lake Placid Club Drive	4
	2	1924 W. Valley Road	5
	3	72 S. Main street	6
July	1	117 Main street	4
	2	237 East Hill Drive	5
	3	22 Victor Herbert Drive	6
August	1	50 Lake Placid Club Drive	4
	2	1924 W. Valley Road	5
	3	72 S. Main street	6
September	1	117 Main street	4
	2	237 East Hill Drive	5
	3	22 Victor Herbert Drive	6
October	1	50 Lake Placid Club Drive	4
	2	1924 W. Valley Road	5
	3	72 S. Main street	6
November	1	117 Main street	4
	2	237 East Hill Drive	5
	3	22 Victor Herbert Drive	6
December	1	50 Lake Placid Club Drive	4
	2	1924 W. Valley Road	5
	3	72 S. Main street	6

Table 3 – Groundwater Source Information

For systems that utilize groundwater or that serve the system with a mixture of groundwater and surface water. Provide the names/numbers of groundwater sources (wells, springs, etc.) and the source sample tap location at which each source may be sampled **prior to any treatment**.

Attach additional sheets if necessary

Source Name/Number	Source Sample Tap Location (as shown on the attached map)	Is this a combined source sampling location?
Source 1:	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 one repeat location within 5 connections upstream and 5 connections downstream of each routine location,
 - o Monthly routine Sampling locations identified as required in Table 2,
 - o All ground water sources and source sample tap locations identified in Table 3.
- Make and retain a copy of this plan for Water System records.

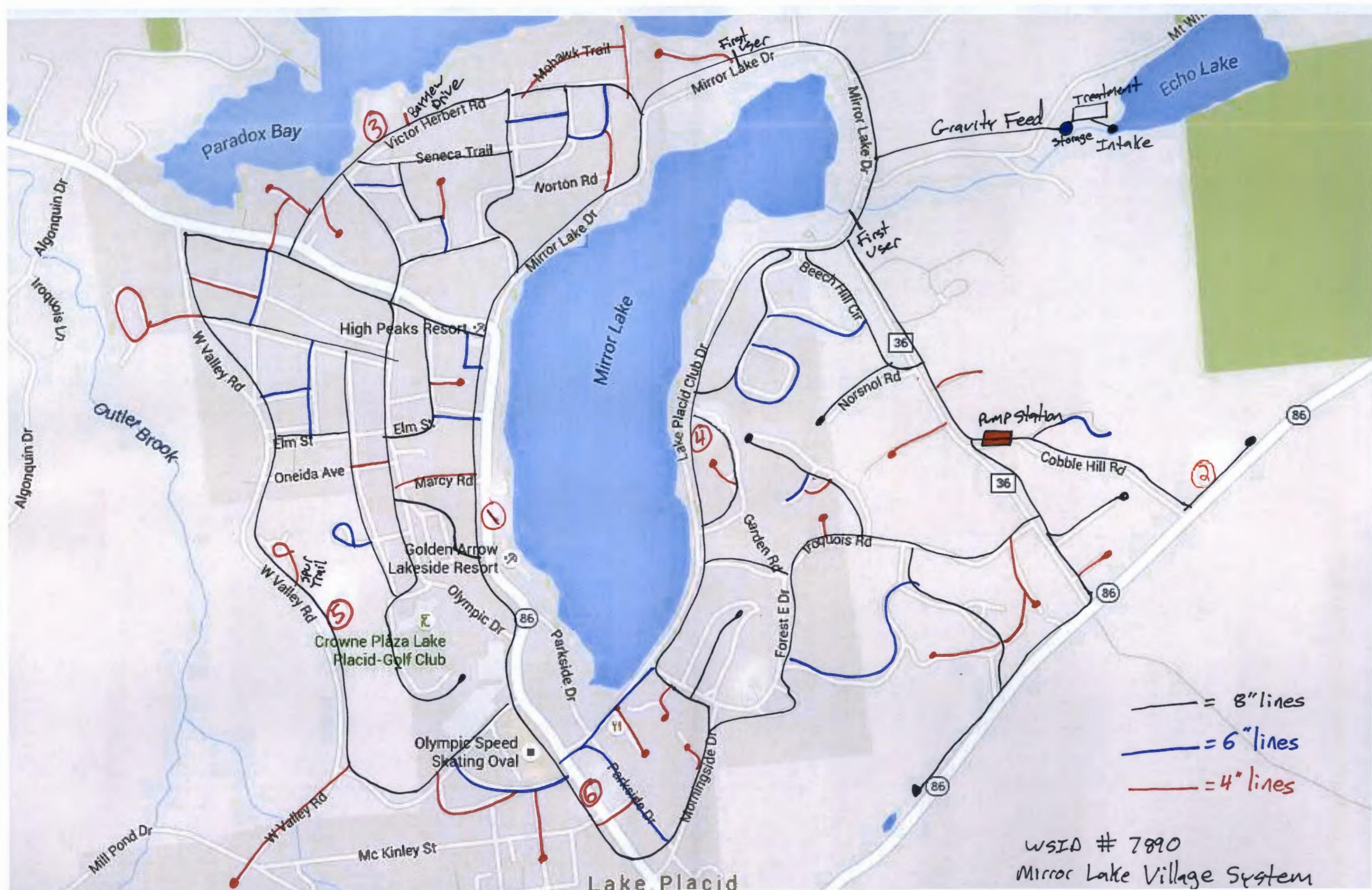
Signature of System Owner or Administrative Contact

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>Sign Here</i>	Date: <i>Date</i>
Printed Name: <i>Print Here</i>	Title: <i>Administrative Contact</i>

Return this form to:

Community and NTNC Systems	TNC Systems
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	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



— = 8" lines
 — = 6" lines
 — = 4" lines

WSID # 7890
 Mirror Lake Village System