

	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): Kitchen	Most used location	1 Mens Room 2 Ladies Room 3 4 5	1 Room 1 2 Room 2 3 Room 3 4 Room 4 5
2	Routine Location 2: Room 9	Center of North Building	1 Room 8 2 Room 7 3 Room 6 4 Room 5 5	1 Room 10 2 Room 11 3 Room 12 4 Room 13 5 Room 14
3	Routine Location 3: Room 18	Center of East Building	1 Room 17 2 Room 16 3 Room 15 4 5	1 Room 19 2 Room 20 3 4 5
4	Routine Location 4: _____		1 2 3 4 5	1 2 3 4 5
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	Kitchen
2 nd : April 1 through June 30	Room 9
3 rd : July 1 through September 30	Kitchen
4 th : October 1 through December 31	Room 18

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	Room 9
March	Kitchen
April	Room 18
May	Kitchen
June	Room 9
July	Kitchen
August	Room 18
September	Kitchen
October	Room 9
November	Kitchen
December	Room 18

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:	Maintenance Room tap	No
Source 2 (if applicable):	NA	NA
Source 3 (if applicable):	NA	NA
Source 4 (if applicable):	NA	NA

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.

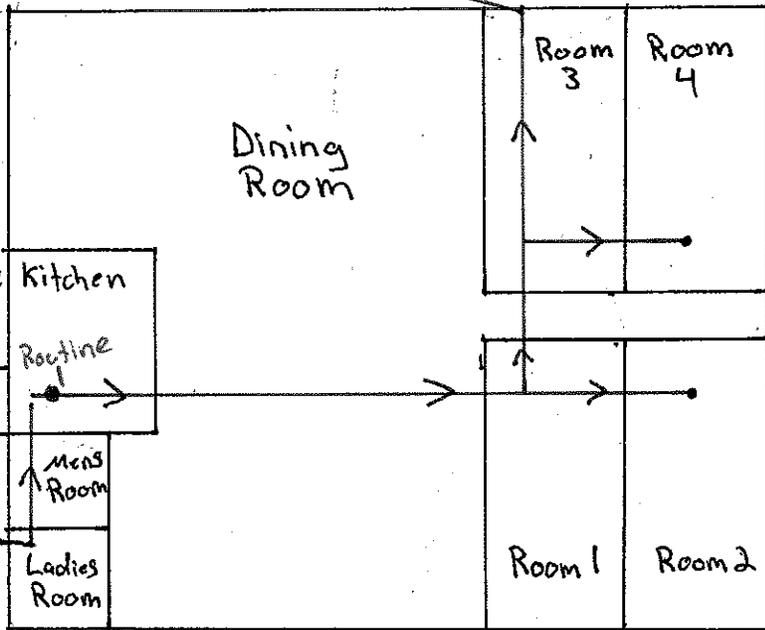
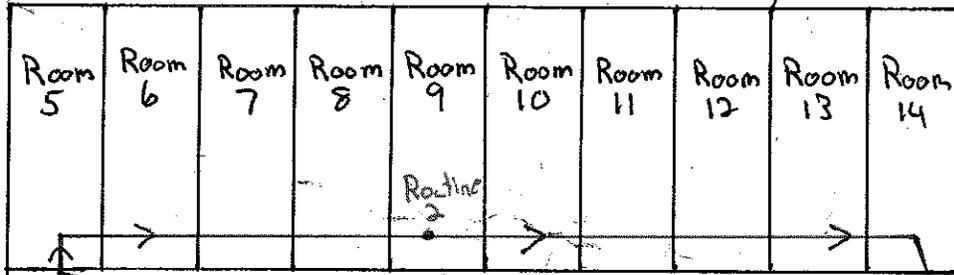
Signature of System Owner or Administrative Contact	
I have read the Coliform Sampling Plan Guidance document and certify that the above information is true and accurate to the best of my knowledge.	
Signature: <i>Sign Here</i>	Date: <i>9/25/15</i>
Printed Name: <i>Firstname Lastname</i>	Title: <i>owner/operator</i>

Return this form to:

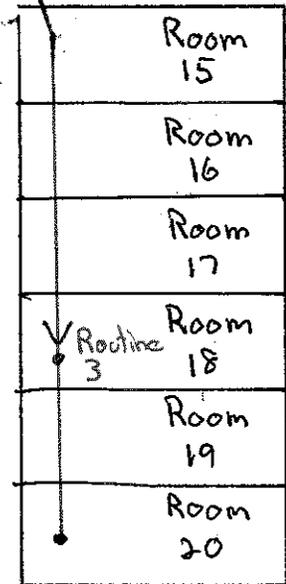
TNC Systems	Community and NTNC Systems
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Sample System WSID # 12345

North Building



Main Building



East Building

