



Drinking Water and Groundwater Protection Division

BACTERIOLOGICAL SAMPLING PLAN

Instructions:

1. This form is to be used by Public Community Water Systems (CWS) and Public Non-Transient Non-Community (NTNC) Water Systems. All Consecutive Water Systems must also complete this form.
2. Read Bacteriological Sampling Plan Guidance Document.
3. Complete all sections of the Bacteriological Sampling Plan Form. The owner or administrative contact on record for the system must sign the form.
4. Attach a map of the water system which includes the following information at a minimum:
 - a. Name of the Water System and Water System Identification (WSID) Number
 - b. A schematic of the distribution system including locations served, directional flow of water, treatment facility location (including booster pumps), delineated pressure zones, etc.
 - c. Clearly labeled sample locations with a key if necessary.
5. Copy the form and map (the form and map constitute the plan) for your files.
6. Mail the original plan to the following address: Total Coliform Rule Administrator, State of VT Drinking Water and Groundwater Protection Division, 1 National Life Drive, 2 Main, Montpelier, VT 05620-3521.
7. The Division will supply a written decision on your plan. If your plan is not approved, please make corrections as requested and resubmit to the Division. Attach approval letters to your plan and file with water system records for easy referral.

Bacteriological Sampling Plan Form

System Information

System Name:

System Type:

CWS NTNC

System WSID:

Adm. Contact:

Service Connections:

Telephone:

> 100,000

Operator:

10,001-100,000

Telephone:

Population:

3,301-10,000

501-3,300

101-500

≤ 100

Source Water Type:

Surface Water/GWUDI
 Groundwater

Pressure Zones:

Certification of Sampling Sites (Please attach additional pages as necessary)

Systems on quarterly monitoring (required for NTNCs)

Quarter	Routine Sample Site(s) (identify with 911 Address if applicable)	
1 st - January 1 st thru March 31 st	Site 1:	Site 2:
2 nd - April 1 st thru June 30 th	Site 1:	Site 2:
3 rd - July 1 st thru September 30 th	Site 1:	Site 2:
4 th - October 1 st thru December 31 st	Site 1:	Site 2:

Systems on monthly monitoring (required for CWS)

Month	Routine Sample Site(s) (identify with 911 Address if applicable)	
January	Site 1:	Site 2:
	Site 3:	Site 4:
February	Site 1:	Site 2:
	Site 3:	Site 4:
March	Site 1:	Site 2:
	Site 3:	Site 4:
April	Site 1:	Site 2:
	Site 3:	Site 4:
May	Site 1:	Site 2:
	Site 3:	Site 4:
June	Site 1:	Site 2:
	Site 3:	Site 4:
July	Site 1:	Site 2:
	Site 3:	Site 4:
August	Site 1:	Site 2:
	Site 3:	Site 4:
September	Site 1:	Site 2:
	Site 3:	Site 4:
October	Site 1:	Site 2:
	Site 3:	Site 4:
November	Site 1:	Site 2:
	Site 3:	Site 4:
December	Site 1:	Site 2:
	Site 3:	Site 4:

Sample Site Location and Explanation (required for all Water Systems)	
Sample Site Location (identify with 911 Address if applicable)	Explanation
Base 1:	
Base 2:	
BAC 1:	
BAC 2:	
BAC 3:	
BAC 4:	
BAC 5:	
BAC 6:	
BAC 7:	
Signature of System Owner or Administrative Contact	
I have read the Bacteriological Sampling Plan Guidance document and certify that the above information is true and accurate to the best of my knowledge.	
Signature:	Date:
Printed Name:	Title:

This (fact sheet/form/application) and related environmental information are available electronically via the internet. For information visit us through the Vermont Homepage at <http://www.vermont.gov> or visit DWGWPD directly at <http://www.drinkingwater.vt.us>

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