

Name of Water System: _____

Village/ Town of: _____

Address: _____

Public Water Supply ID# _____

Date Revised: _____

Sample Siting Plan for Total Coliform Bacteria

In accordance with 10 NYCRR Subpart 5-1, monitoring requirements for coliform bacteria are based on the population served by a water system. The _____ serves approximately _____ people through _____ service connections. Our system operates _____. We are required to collect _____ sample(s) for analysis per month. We collect our coliform sample(s) during the first week of each month. This schedule gives us sufficient time to collect a second sample in the event a sample is ruined in transit or is received over-aged by the lab.

(OPTIONAL: For seasonal systems required to collect samples during a specific time period, based on periods of highest demand or highest vulnerability to contamination.) This system operates seasonally, and collects samples on a Quarterly basis. The specific time periods in which we will sample are: *(List dates and give a schedule for sample collection).*

There are _____ sampling locations that we use. They include *(List the names of the sampling locations here i.e., the Town Hall, the Highway Garage, the Firehouse, etc. If excess space is needed a separate attachment may be included.)*:

A map showing sample site locations for our distribution system is attached to this sample siting plan.

We rotate our sampling location(s) each month. A sample may be taken from any kitchen or bathroom sink cold water tap at these locations.

In the event of a routine sample resulting as total coliform positive, there will be three additional repeat samples taken within the next 24 hours of being notified of the TC+ result. These three samples will be collected at the following locations:

1. The same location as the original TC positive sample,
2. Within 5 sites upstream of the original TC positive sample, and
3. Within 5 sites downstream of the original TC positive sample.

The following source water locations will also be sampled in accordance with the ground water rule in the event of a TC positive distribution system sample:

All coliform samples must be analyzed by a New York State Department of Health Environmental Laboratory Approval Program (NYSDOH ELAP) laboratory certified to conduct analysis for TC and *E. coli*. Our laboratory for bacteriological analyses is the:

Samples will be sent to the laboratory with 24 hours of sample collection and will include all appropriate forms and fees.

We are required to inform the _____ immediately when our laboratory informs us of any positive bacteriological sample from our water supply.

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