

## **LINE-BY-LINE INSTRUCTIONS FOR REQUIRED LABORATORY SAMPLING INFORMATION**

### **GENERAL INFORMATION**

**System Number:** Your system specific assigned number. “UTAH” plus 5 numeric digits (i.e: UTAH12345). This number should be on all laboratory samples and correspondence with the Division of Drinking Water (DDW).

**Collection Date of this Sample:** Triggered source samples must be collected within 24 hrs of being notified of a total coliform-positive TCR routine sample, or as soon as can be received by the Laboratory.

**Original TCR+ Lab # & Collection Date:** This is the sample which triggered the GWR source sample. Indicate the laboratory number of this total coliform-positive routine sample and the date it was collected.

### **LEFT SIDE : GWR TRIGGERED SOURCE SAMPLE(S)**

**Facility ID (Source #):** The number assigned specifically to one source, labeled WS for “water source” and 3 digits. (ie: WS001, WS002) The source is either a well, spring, or water obtained from an outside source such as purchased from a wholesaler. The facility ID (source #) is listed under “sources” on your system’s “Facility Inventory Report” provided by the DDW or available from a chart located on the DDW website at [http://www.drinkingwater.utah.gov/documents/compliance/DDW\\_SAMPLING\\_POINTS.mdb](http://www.drinkingwater.utah.gov/documents/compliance/DDW_SAMPLING_POINTS.mdb).

**Name/Location:** The name of your source, or a description which identifies where your source is located. The Facility ID (Source #) and Source Name/Location are descriptions of the same source.

**Consecutive System (No samples required):** You are a consecutive system when you receive water from a wholesaler, distributor, or other off-site water source. Consecutive systems purchase water and therefore may not have a source from which to sample. You must notify the provider within 24 hrs of being informed of a coliform-positive routine TCR sample in your system. Indicate the name of your wholesaler, and the date you notified the wholesaler of the coliform-positive TCR sample in your distribution system. If your system does have sources in addition to the consecutive connection, those sources in use will also need to be tested for a fecal indicator within the 24 hour timeline.

**Sample # [ ] of [ ] source(s):** Indicate one number for each source sample and the total number of ACTIVE sources IN-USE. If you have only one active source, you will indicate: Sample # [1] of [1] source. If you have multiple sources, you **MUST** collect one sample from EVERY source IN-USE at the time of the coliform-positive routine TCR sample. Using consecutive ascending numbers, indicate the number of the sample you are collecting and the total number of active sources in-use at the time of the coliform-positive sample. (ie: sample #[1] of [5], sample #[2] of [5]....) If a source is inactive at the time of the coliform-positive routine TCR sample, you are not required to collect a sample from that source and it should not be included in calculating your total # of sources.

**Representative Site (DDW Approved):** If you have multiple sources which converge to a representative site, and have submitted a Triggered Source Water Monitoring Plan which has been approved by the DDW, you may collect samples from the representative site rather than from each source in-use. Samples must be collected before treatment and/or disinfection and must represent the sources that serve the TCR monitoring site. Representative locations have a specific assigned Sample Station number: SS and 3 digits. (ie: SS001, SS002).

### **RIGHT SIDE: TCR REPEAT SAMPLES**

**Facility ID (Distribution System ID): DS001.** All TCR samples are collected from the distribution system and are designated as DS001. This designation is consistent for all systems, is on the form, and does not require an entry.

**Address/Location:** Address or location where the sample was collected as indicated on your Bacteriological Site Sampling Plan. Your Bacteriological Site Sampling Plan should be available upon request for review by DDW.

**Original Sampling Site, Upstream, Downstream, Other:** The TCR rule specifically indicates where TCR repeat samples must be collected. For each TCR repeat sample indicate ONE sampling location. Systems serving 1000 or less people are required to take four TCR repeat samples. The 4<sup>th</sup> TCR repeat sample may also be used to satisfy the GWR triggered source water sample requirement. Using the repeat sample for both TCR and GWR may lower your sampling cost by reducing the number of samples you must take. Keep in mind that GWR triggered source samples must be collected before treatment and/or disinfection and may not represent the quality of the water served in your distribution system. Indicate if you choose to use the TCR repeat sample ONLY for the TCR, or for BOTH the TCR AND GWR. **Note:** If the 4<sup>th</sup> TCR repeat sample is used as a GWR triggered source sample, the regulatory consequences of both TCR and GWR apply.

# **\*\*PROCEDURES for a POSITIVE COLIFORM\*\* SAMPLE (After 12/1/09)**

## **Collecting and Analyzing Triggered Source Water Samples for the GROUNDWATER RULE (GWR)**

*(For groundwater systems that do not provide 4 log treatment of viruses)*

1. At least one triggered ground water source sample must be collected within 24 hrs of being notified of a positive TCR coliform sample.
2. Samples must be collected from EACH groundwater source(s) in use at the time of the total coliform positive, OR from a DDW approved representative source monitoring location (Source Water Monitoring Plan),
3. Sample must be collected before treatment and/or disinfection; and,
4. Samples must be analyzed for *E. coli*, enterococci, or coliphage.

## **Collecting and Analyzing Samples for the TOTAL COLIFORM RULE (TCR)**

1. Collect the number of repeat samples as follows:

POPULATION	NUMBER OF REPEAT SAMPLES
25 – 1,000	4
More than 1,000	3
2. Repeat samples must be collected within 24 hours of being notified of the total coliform-positive sample or, as soon as can be received by the lab.
3. Repeat samples must be taken from specific locations as follows:

- A. At the original sampling site
  - B. Within 5 service connections upstream
  - C. Within 5 service connections downstream
  - D. From any other location (\*\*may be a GW source sample)
- \*Note: If the 4<sup>th</sup> TCR repeat sample is used as a GWR triggered source water sample, the regulatory consequences of both the TCR and GWR apply.

4. 5 Routine samples are required the month following a positive coliform sample. Collect the number of TCR routine samples as follows:

POPULATION	ROUTINE	ADDITIONAL	TOTAL SAMPLES
25 – 1,000	1	4	5
1,000 – 2,500	2	3	5
2,501 – 3,300	3	2	5
3,301 – 4,100	4	1	5
more than 4,100	5 or more	0	5 or more

## **REQUIRED LABORATORY SAMPLING INFORMATION**

Original TCR + Lab #: & Collection Date:	System Number: Collection Date (of this sample):
<b><u>GWR TRIGGER SOURCE SAMPLE(S)</u></b>	<b><u>TCR REPEAT SAMPLES</u></b>
Facility ID (Source #): WS ___ ___ ___	Facility ID (Distribution System ID): DS001
Location/Name	Location/Address
<input type="checkbox"/> Consecutive System (No sample required)	
Name of Wholesaler: _____	<input type="checkbox"/> Original Sampling Site
Date Wholesaler notified: _____	<input type="checkbox"/> Upstream
<input type="checkbox"/> Sample # [     ] of [     ] source(s)	<input type="checkbox"/> Downstream
<input type="checkbox"/> Representative Site (DDW Approved) (Sample Station): SS ___ ___ ___	<input type="checkbox"/> Other: TCR repeat ONLY <input type="checkbox"/> *Other: TCR repeat AND GW Source