



Only for ground water systems serving 4,900 people and under.

Water System

Name: _____

Plant

Address: _____

System#:

Contact:

Phone:

Purpose: identify specific bacteriological sample locations which are representative of the water quality throughout the distribution system and to define actions required following a coliform-positive test result(s).

Population: _____ No. Connections _____ A single distribution system (Yes or No)?

Source(s): _____ Well Tag# _____

1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Months of Operation [circle]: (Jan Feb Mar | Apr May Jun | Jul Aug Sep | Oct Nov Dec)

Examples for quarterly: Closed in Summer – Jan – Mar; Apr – Jun; Late Aug – Sep; Oct – Dec [4 quarters]

Closed in Winter – Apr – Jun; Jul – Sep; Oct [3 quarters]

1. Number of bacteriological samples required _____ per Quarter / Month / Year [circle one].

2. The following have been identified as valid taps: (*Example of Sampling Diagrams on back*)

Noncommunity

Community

Finished Tap #1: _____

:Routine Tap
[RTOR & RPOT]

Finished Tap #2: _____

: Upstream Tap
[RPOT]

Finished Tap #3: _____

: Downstream Tap
[RPOT]

Source Tap(s): _____ [raw water]

3. When coliform-positive routine samples occur, **repeat samples must be collected within 24 hours.**

Contact MDE for approval to delay repeat sampling. Community and similar distribution systems - collect at least 1 each from the original tap, upstream tap, and downstream tap.

4. **Ground Water Rule** - test for *E. coli*. Triggered by a routine coliform-positive.

Treated Systems – at least 1 additional raw water sample from each source tap.

Untreated Systems – the above repeat closest to the well can also be used for Ground Water Rule.

5. Next-month Routines - Whenever a coliform-positive routine occurs, and the system monitors less than monthly, at least three routine samples must be collected the following month. A waiver may be granted by MDE, that must be requested by the system in writing, and include a probable cause of the positive and corrective actions taken. System monitoring monthly are not required additional routines.

If E. coli contamination is confirmed, your consumers MUST be notified. Contact MDE immediately.

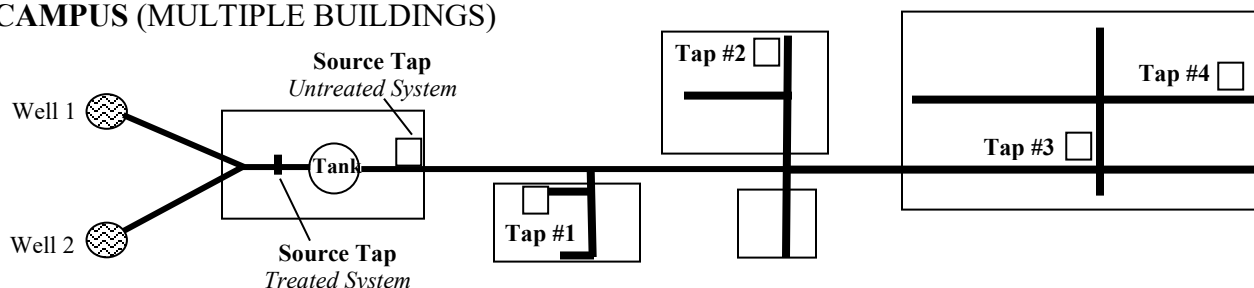
If total coliform only contamination is confirmed, you must perform a Level 1 Assessment.

However, if it is the second such incident unresolved in a 12-month rolling period,
you must contact MDE to schedule a Level 2 Assessment.

Bacteriological Sample Siting Plan for Small Systems

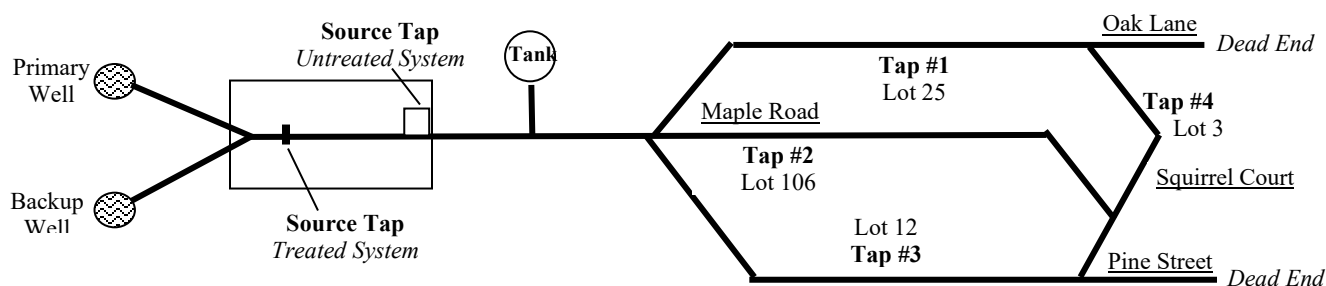
Examples of Sampling Diagrams

CAMPUS (MULTIPLE BUILDINGS)



Note that you may not be able to avoid dead ends, but be certain to select valid taps.

SMALL COMMUNITY (also campground or marina)



Note that the backup well must be sampled, if activated during routine sampling, and routines test positive.

6. Please provide a diagram of your water system; include well locations and sample taps. [Attachments welcome.]

7. *We recommend that you review the site plan with your sampler annually or whenever a new sampler is hired/contracted: (Taps should not be sprayed with bleach prior to sampling.)*

- (1) both a field pH and free chlorine test will be performed at the time of each sample;
- (2) samples will be collected in sterile 100 mL sample bottle, preserved with thiosulfate;
- (3) samples will be transported on ice and sealed from exposure to the ice;
- (4) samples will be transported in a clean container, with ONLY other drinking water samples.

Please have your sampler initial below after reviewing plan, annually. Keep for system records.

2016 _____	2017 _____	2018 _____	2019 _____
2020 _____	2021 _____	2022 _____	2023 _____

Bacteriological Sample Siting Plan for Small Systems

Supplementary Page

Water System Name: _____ **System#:** _____

The following have been identified as valid taps: (*Example of Sampling Diagrams Page 2*)

Noncommunity

Community

2(a). Source(s): _____ Well Tag# _____

Finished Tap #1: _____ **:Routine Tap**

Finished Tap #2: _____ **: Upstream Tap**

Finished Tap #3: _____ **: Downstream Tap**

Source Tap(s): _____

2(b). Source(s): _____ Well Tag# _____

Finished Tap #1: _____ **:Routine Tap**

Finished Tap #2: _____ **: Upstream Tap**

Finished Tap #3: _____ **: Downstream Tap**

Source Tap(s): _____

2(c). Source(s): _____ Well Tag# _____

Finished Tap #1: _____ **:Routine Tap**

Finished Tap #2: _____ **: Upstream Tap**

Finished Tap #3: _____ **: Downstream Tap**

2(d). Source(s): _____ Well Tag# _____

Finished Tap #1: _____ **:Routine Tap**

Finished Tap #2: _____ **: Upstream Tap**

Finished Tap #3: _____ **: Downstream Tap**

Source Tap(s): - _____