



All systems over 1000 Persons

REVISED TOTAL COLIFORM RULE (RTCR)
COLIFORM SAMPLING PLAN FOR ALL PUBLIC WATER SYSTEMS
SERVING A POPULATION OVER 1,000

System Information form with fields for System Name, PWS Number, System Type, # of Service Connections, Source Water Type, System Population, and Number of Monthly Routine Samples Required.

Instructions for completion: This form is designed to be completed by all public drinking water systems serving a population over 1,000. Systems over 5,800 in population are authorized to submit a custom sampling plan identifying Routine Sampling Locations and either a) Repeat locations upstream and downstream as required on this form or b) pre-determined Repeat sampling locations and justification for why those repeat locations were chosen.

Repeat Sampling: If the system has a total coliform or E. coli presence in a routine compliance sample, collection of 3 repeat samples is required for each routine positive sample within 24 hours. That means if two routine monthly samples are positive in a month, the system is required to take six repeat samples, three samples for each routine positive sample.

All repeat samples must be taken within 24 hours once you have received notification from the laboratory.

Please contact our office to determine if a Level 1 or Level 2 Assessment will also be required.

	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 _____		1	1
			2	2
			3	3
			4	4
			5	5
2	Routine Location 2: _____		1	1
			2	2
			3	3
			4	4
			5	5
3	Routine Location 3: _____		1	1
			2	2
			3	3
			4	4
			5	5
4	Routine Location 4: _____		1	1
			2	2
			3	3
			4	4
			5	5
5	Routine Location 5: _____		1	1
			2	2
			3	3
			4	4
			5	5
6	Routine Location 6: _____		1	1
			2	2
			3	3
			4	4
			5	5
7	Routine Location 7: _____		1	1
			2	2
			3	3
			4	4
			5	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. If more space is needed, attach additional sheets. Systems over 5,800 in population may submit a custom sampling plan in lieu of this form or attach additional sheets. These are the locations where the required routine monthly compliance samples are to be collected. If possible, list the 911 addresses for each location. If 911 addresses are not available, list where the samples are taken; 2) Explain why the system chooses to sample at each routine location under the “Justification” column; and 3) List at least 1 and up to 5 repeat locations within 5 connections upstream and 5 connections downstream of each Routine sampling location listed.

**Table 2 – Monthly Monitoring**

To be completed by all **public water systems serving more than 1,000 users**. Systems can list up to six routine samples each month on this form. If the system serves a population of over 5,800, submit a custom plan identifying routine sampling locations to be taken each month.

<b>Month</b>	<b>Routine Sampling Locations</b>	
January	1	4
	2	5
	3	6
February	1	4
	2	5
	3	6
March	1	4
	2	5
	3	6
April	1	4
	2	5
	3	6
May	1	4
	2	5
	3	6
June	1	4
	2	5
	3	6
July	1	4
	2	5
	3	6
August	1	4
	2	5
	3	6
September	1	4
	2	5
	3	6
October	1	4
	2	5
	3	6
November	1	4
	2	5
	3	6
December	1	4
	2	5
	3	6

**Table 4 – Groundwater Rule Source Information**

**Does your system use a groundwater source (well) that does not have 4-log inactivation treatment for viruses:**  Yes  No

If yes, 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**

Assessment samples must be taken at the same time as the routine compliance samples and for each total coliform positive sample.

Source Name/Number	Description of location of raw water sample tap
Source :	
Source 2 (if applicable)	
Source 3 (if applicable)	
Source 4 (if applicable)	

**Checklist Prior to Form Submission:**

- A map, including the following information:
  - o Water system name and identification (PWS) number,
  - o Clearly labeled coliform sampling locations that are included in this plan,
  - o Clearly labeled groundwater source sample tap locations (raw wells),
  - o Locations served by the system,
  - o Directional flow of the system, and
  - o All major water system components such as:
    - o Sources,
    - o Treatment facilities,
    - o Storage tanks,
    - o Pump stations, 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 one repeat location within 5 connections upstream and 5 connections downstream of each routine location,
  - o Monthly routine Sampling locations identified as required in Table 2,
  - o All ground water sources and source sample tap locations identified in Table 3.
- Make and retain a copy of this plan for Water System records.

<b>Signature of System Owner or Administrative Contact</b>	
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:	Date:
Printed Name:	Title:

**Return this form to:**  
**Department of Health - Hillsborough**  
**Environmental Health - Safe Drinking Water**  
**1105 E Kennedy Blvd**  
**Tampa, FL 33602**  
**Phone: 813-307-8059**  
**Fax: 813-272-7242**



### **Sample Collection and submittal to the Laboratory**

Refer to the laboratory's sampling instructions for important collection information. The chlorine residual must be measured at the time when the coliform sample is collected and recorded on the sample collection/chain-of-custody form that is submitted with the coliform sample to the laboratory. Identify sample locations on the form using the 911 address wherever possible. The Potable Water System (PWS) Number must be included on the sample collection /chain-of-custody form as well as other sample identification information. This information is listed on the system monitoring schedule issued by the Department (Facility ID, Sample Point ID). Remember to record the coliform sample type.

### **Repeat Samples**

If the system receives a positive result during routine monitoring, collection of three repeat samples within 24 hours of notification of the positive result is required. Systems need to take three repeat samples for each positive routine sample. Always keep sufficient sample bottles on hand at any given time so that the system is able to collect repeat samples within the 24-hour time requirement. The Revised Total Coliform Rule requires that the extent and severity of the contamination be examined through the repeat sampling. All repeat samples must be taken on the same day. The system must take:

1. One sample from the original sample location.
2. One sample from a tap within five connections upstream of the original sample point.
3. One sample from a tap within five connections downstream of the original sample point.
4. If the system is served by groundwater, then a source sample will be required from each source that was active as of the time of the routine positive sample for Groundwater Rule compliance purposes.

**Systems serving more than 5,800 users** may choose to follow the above requirements for repeat samples or submit a Standard Operating Procedure that identifies pre-determined repeat sampling locations along with the justification behind why the system has selected these repeat locations. The Department will review and consider this Standard Operating Procedure as part of the overall approval of the coliform sampling plan.

### **Return to Routine Monitoring Schedule**

Systems sampling on a monthly schedule do not have any special sampling requirements during the month following a coliform positive sampling result; systems resume normal monthly monitoring at the approved sampling locations and frequency the next month.

This form and related environmental information are available electronically via the internet. For information visit the Florida Department of Health- Hillsborough County Homepage at <http://hillsborough.floridahealth.gov>

Florida Department of Health Hillsborough County  
1105 E. Kennedy Blvd  
Tampa, FL 33602