

# Monthly Monitoring Worksheets

This guide contains simple monthly monitoring worksheets to help you keep track of your Total Coliform Rule sampling and sample results. (While the monitoring worksheets presented here can be a useful management tool, system operators are reminded that the original laboratory results must be kept on file as well.) These worksheets can help you ensure that you collect the right number of routine samples each month. These worksheets will also help you ensure that you collect the appropriate number of repeat samples in the event that any routine samples are total coliform-positive. Finally, the worksheets will help you organize your follow-up if you have a monthly MCL violation (if you have more than one routine and/or repeat samples that are total coliform-positive) or you have an acute MCL violation (triggered by fecal coliform/*E. coli* positives).

The following pages explain how to use these worksheets. A series of examples is included showing how the worksheets would be filled out in various circumstances and what follow-up would be needed. Finally, a 12-month supply of blank worksheets is provided. Additional worksheets are available by calling the Safe Drinking Water Hotline at 1-800-426-4791 and requesting publication number EPA 816-R-01-017B.

It should be noted that some Primacy Agencies (typically the State regulatory agency, except in a few cases) may have their own monitoring worksheets that small community drinking water systems are required to complete. The worksheets contained in this section should not replace monitoring forms required by the Primacy Agency.

# TCR Monthly Monitoring Worksheets

Total Coliform Rule — Monthly Monitoring Worksheet										
Month and Year _____										
<b>1</b> Date Sample Collected	<b>1</b> Routine Sample Location	<b>2</b> Date Results Known	<b>3</b> Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)		<b>Repeat Samples</b>					
			<b>4A</b> Date Sample Collected	<b>Location</b> • One must be at same site as routine. • One must be within 5 taps upstream. • One must be within 5 taps downstream. • One additional sample anywhere within the distribution system (if a fourth repeat sample is required).	<b>4B</b> Date Results Known	<b>4C</b> Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	<b>4C</b> Fecal Coliform or E. coli Result (b,c) (Circle "+" if present, "-" if absent)			
	1.		+ / -	+ / -	1.1			+ / -	+ / -	
					1.2			+ / -	+ / -	
					1.3			+ / -	+ / -	
					1.4 (d)			+ / -	+ / -	
	2.		+ / -	+ / -	2.1			+ / -	+ / -	
					2.2			+ / -	+ / -	
					2.3			+ / -	+ / -	
	3.		+ / -	+ / -	3.1			+ / -	+ / -	
					3.2			+ / -	+ / -	
					3.3			+ / -	+ / -	
	4.		+ / -	+ / -	4.1			+ / -	+ / -	
					4.2			+ / -	+ / -	
					4.3			+ / -	+ / -	
	5.		+ / -	+ / -	5.1			+ / -	+ / -	
					5.2			+ / -	+ / -	
					5.3			+ / -	+ / -	
<b>5</b>	<p>(a) If more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the end of the next business day and notify the public within 30 days.</p> <p>(b) If ANY sample tests positive for fecal coliforms or <i>E. coli</i> you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed).</p> <p>(c) If a routine total coliform-positive sample is followed by a repeat sample that tests positive for fecal coliform or <i>E. coli</i>, or a routine sample that tests positive for fecal coliforms or <i>E. coli</i> is followed by a repeat total coliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed), and notify the public WITHIN 24 HOURS.</p> <p>(d) Note: Fourth repeat sample for systems taking one routine sample per month.</p>									
	Immediate Follow-up Actions.									
	A. Notification			B. Problem Identification			C. Corrective Measures Taken			

# Using the TCR Monthly Monitoring Worksheets

This section presents instructions for completing the TCR Monthly Monitoring Worksheets. Each step presented here corresponds to a numbered section of the sample TCR worksheet on page 17.

## Step #1

### Enter date and location of routine sample

- Enter date when routine sampling occurred.
- Record specific location information (e.g., street address) for the routine sample location.
- The sample sites chosen must be representative of water throughout the distribution system according to a written Sample Siting Plan (see Appendix A).

## Step #2

### Indicate routine total coliform test result(s)

- Enter date when laboratory results became known to the system.
- Your laboratory will report whether total coliforms are present or absent in a given sample. Circle “+” if coliforms are present, or circle “-” if coliforms are absent.

## Step #3

### Indicate routine fecal (or *E. coli*) test result(s) (if applicable)

- Any routine total coliform test sample that indicates the presence of coliform will also be tested for the presence of fecal coliforms or *E. coli* by the laboratory.
- Lab analysis results for fecal coliform or *E. coli* will also be reported either present or absent in a given sample. Circle “+” if fecal coliforms or *E. coli* are present, or circle “-” if fecal coliforms or *E. coli* are absent. **Note: If a routine total coliform test sample indicates the absence of coliforms, neither “+” or “-” should be circled since a fecal coliform or *E. coli* test was not performed.**

## Step #4

### Repeat Sampling

- If **any one** of the routine total coliform samples shows the presence of coliforms, repeat samples are required. If you collect only one routine sample per month, then you must collect four repeat samples. If you collect two or three routine samples per month, then you must collect three repeat samples.

## Step #4A

### Enter date and location of *repeat* samples (if applicable)

- Enter date when routine sampling occurred. Note that repeat sampling is required **within 24 hours**, or the next business day, after the system is notified of the presence of total coliforms in any one of its samples. **All** repeat samples must be collected on the same day.
- Record specific location information (e.g., street address) for each repeat sample location.
- The repeat sample locations chosen must include one sample from the same tap as the original routine sample testing “present,” one sample within five service connections upstream, one sample within five service connections downstream, and (if required) a fourth repeat sample taken anywhere in the distribution system. A description of these Repeat Sampling Sites should also be included in your Sample Siting Plan (see Appendix A).

## Step #4B

### Indicate *repeat* total coliform test results

- Enter date when laboratory results became known to the system.
- Lab analysis results for total coliforms will be reported as either present or absent in a given sample. Circle “+” if coliforms are present, or circle “-” if coliforms are absent.

## Step #4C

### Indicate *repeat* fecal coliform or *E. coli* test results

- Any repeat sample that shows the presence of coliforms will also be tested for the presence of fecal coliforms or *E. coli* by the laboratory.
- Lab analysis results for fecal coliforms or *E. coli* will be reported as either present or absent in a given sample. Circle “+” if fecal coliforms or *E. coli* are present, or circle “-” if fecal coliforms or *E. coli* are absent. **Note: If a repeat total coliform test sample indicates the absence of coliforms, then neither “+” or “-” should be circled since a fecal coliform or *E. coli* test was not performed.**

## Step #5

### Immediate follow-up actions

- Certain **immediate** follow-up actions need to be undertaken based on the sample results (both routine and repeat).

#### A. Notification.

**If more than one sample (routine and/or repeat) in a month are total coliform-positive, you must notify the State by the end of the next business day and notify the public within 30 days.**

**If ANY sample (routine or repeat) tests positive for fecal coliforms or *E. coli*, you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed).**

**If a routine total coliform-positive sample is followed by a repeat sample that tests positive for fecal coliforms or *E. coli*, or a routine sample that tests positive for fecal coliforms or *E. coli* is followed by a repeat total coliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed) and notify the public WITHIN 24 HOURS.**

#### B. Problem Identification.

If the cause of the coliform contamination is not known, the repeat samples should be used to help identify the source of the problem. The cause of the coliform contamination could be in the treatment process itself, or somewhere in the distribution system.

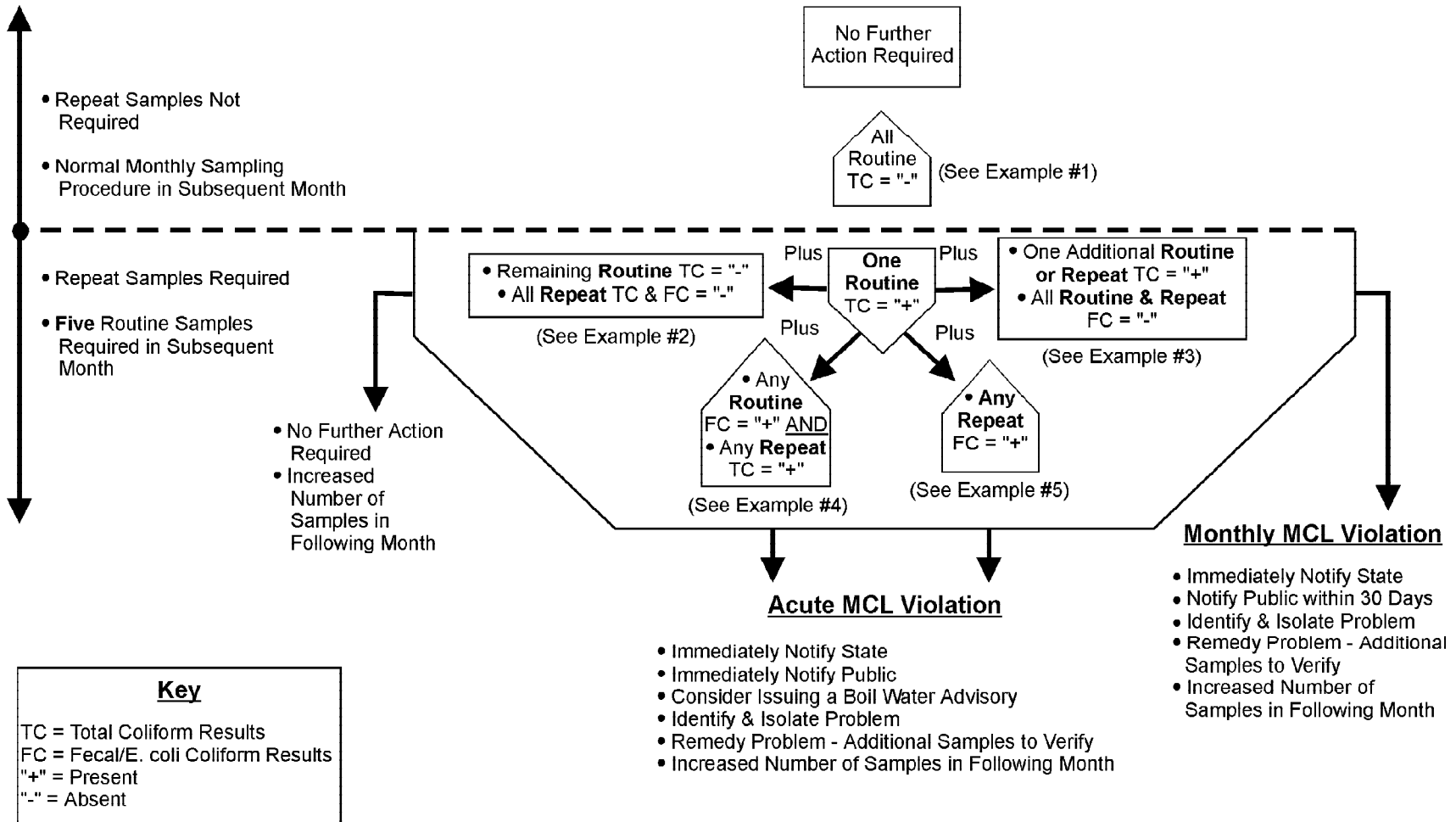
#### C. Corrective Measures Taken.

Any corrective actions or measures taken by the small community drinking water system **prior to or after** repeat testing should be noted.

- Record the follow-up actions taken in the space provided on the monitoring worksheets.

# Interpreting the Sampling Results

The **sample monitoring result diagram** below illustrates the possible results of total coliform sampling. As mentioned previously, a possible result of total coliform testing is the violation of MCLs, either monthly or acute. The examples in the following section should be used with the sample monitoring diagram as a guide to how to interpret the results.



## Sample Routine Test Results

This is a typical report that a water system would receive. The results from this report would be used to complete a monthly monitoring worksheet.

Water System Name <i>Skookumchuck Rec Site</i>		PLWS ID No. <i>2250007B</i>
Collector <i>R. Michels</i>	Date Collected <i>9-16-98</i>	County <i>Idaho</i>
Report Results To:		
Name <i>BLM</i>		
Address <i>Rt. 3 Box 181</i>		
City <i>Cottonwood</i>	State <i>ID</i>	Zip Code <i>83622</i>
Phone Number:		

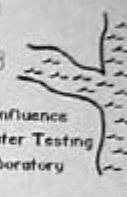
**CONFLUENCE WATER TESTING LABORATORY**  
2019 Idaho Street, Lewiston, ID 83501  
(208) 798-0149

**COLIFORM BACTERIA ANALYSIS REPORT**  
CONTAMINANT ID#3100

Public Drinking Water System  
 Private Drinking Water

Shaded areas must be fully filled out or samples will not be run. Please samples need not have permit or Chlorine residual. Clean areas are for lab use only.  
Your sample will be analyzed for TOTAL COLIFORMS unless you specify another analysis under Remarks.

**RECEIVED**  
SEP 21 1998  
BLM Cottonwood  
Confluence Water Testing Laboratory



Lab ID No.

### RESULTS

**Sample Type Codes**

B - Routine Sample	U - Upstream Repeat	W - Untreated (source)
P - Repeat Sample (At original site)	D - Downstream Repeat	V - Invalidated by lab.
	X - Other Repeat	C - Construction/Special

REMARKS \_\_\_\_\_

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## Example #1 Explanation

This system serves between 25 and 1,000 persons and thus collects one routine sample per month.

The example is for the month of August 2001. The total coliform laboratory result shows that coliforms are absent. No further action is required. Normal routine testing will continue in the following month.

# Examples of Total Coliform Test Results

Example #1: Population served by small community drinking water system = 25 to 1,000 persons. One routine sample per month.

Total Coliform Rule — Monthly Monitoring Worksheet									
					Month and Year <u>August 2001</u>				
Date Sample Collected	Routine Sample Location	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or <i>E. coli</i> Result (b,c) (Circle "+" if present, "-" if absent)	Repeat Samples				
					Date Sample Collected	Location • One must be at same site as routine. • One must be within 5 taps upstream. • One must be within 5 taps downstream. • One additional sample anywhere within the distribution system (if a fourth repeat sample is required).	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or <i>E. coli</i> Result (b,c) (Circle "+" if present, "-" if absent)
8/6/01	1. 123 Main Street	8/9/01	+ / -	+ / -	1.1			+ / -	+ / -
					1.2			+ / -	+ / -
					1.3			+ / -	+ / -
					1.4 (d)			+ / -	+ / -
	2.		+ / -	+ / -	2.1			+ / -	+ / -
					2.2			+ / -	+ / -
					2.3			+ / -	+ / -
	3.		+ / -	+ / -	3.1			+ / -	+ / -
					3.2			+ / -	+ / -
					3.3			+ / -	+ / -
	4.		+ / -	+ / -	4.1			+ / -	+ / -
					4.2			+ / -	+ / -
					4.3			+ / -	+ / -
	5.		+ / -	+ / -	5.1			+ / -	+ / -
					5.2			+ / -	+ / -
					5.3			+ / -	+ / -

(a) If more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the end of the next business day and notify the public within 30 days.

(b) If ANY sample tests positive for fecal coliforms or *E. coli* you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed).

(c) If a routine total coliform-positive sample is followed by a repeat sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliforms or *E. coli* is followed by a repeat total coliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed), and notify the public WITHIN 24 HOURS.

(d) Note: Fourth repeat sample for systems taking one routine sample per month.

Immediate Follow-up Actions.

A. Notification	B. Problem Identification	C. Corrective Measures Taken
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## Example #2 Explanation

This system serves between 1,001 and 2,500 persons and thus collects two routine samples per month.

The example is for the month of September 2001. One routine total coliform sample indicated the presence of coliforms, so repeat sampling was done. The three repeat samples indicated no further total coliform, fecal coliform, or *E. coli*-positive result.

The number of routine samples is increased to **FIVE** for the month of October. If all five October routine total coliform samples show that total coliforms are absent, then the system can resume its normal two routine samples per month schedule in November.



## Example #3 Explanation

This system serves between 2,501 and 3,300 persons and thus collects three routine samples per month.

The example is for the month of October 2001. One of the three routine total coliform samples showed the presence of coliforms, but the corresponding fecal result showed the absence of fecal coliforms. Since one routine total coliform sample indicated the presence of coliforms, repeat sampling was done.

Three repeat samples were collected as follow-up to the routine sample. Two of the three repeat samples showed the presence of total coliforms, but fecal coliforms were absent from these samples. This constitutes a monthly MCL violation since more than one sample (routine and/or repeat) showed that total coliforms are present. The system must immediately notify the State and also notify the public within 30 days.

The number of routine samples is increased to **FIVE** for the month of November. If all five November routine total coliform samples show that total coliforms are absent, then the system can resume its normal three routine samples per month schedule in December.

# Examples of Total Coliform Test Results

Example #3: Population served by small community drinking water system = 2,501 to 3,300. Three routine samples per month.

Total Coliform Rule — Monthly Monitoring Worksheet									
Month and Year <u>October 2001</u>									
Date Sample Collected	Routine Sample Location	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or <i>E. coli</i> Result (b,c) (Circle "+" if present, "-" if absent)	Repeat Samples				
					Date Sample Collected	Location <small>• One must be at same site as routine. • One must be within 5 taps upstream. • One must be within 5 taps downstream. • One additional sample anywhere within the distribution system (if a fourth repeat sample is required).</small>	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or <i>E. coli</i> Result (b,c) (Circle "+" if present, "-" if absent)
10/9/01	1. 135 East Street	10/11/01	+ / -	+ / -	10/11/01	1.1 135 East Street	10/15/01	+ -	+ -
					10/11/01	1.2 129 East Street	10/15/01	+ -	+ -
					10/11/01	1.3 143 East Street	10/15/01	+ -	+ / -
						1.4 (d)		+ / -	+ / -
10/9/01	2. 79 West Street	10/11/01	+ / -	+ / -		2.1		+ / -	+ / -
						2.2		+ / -	+ / -
						2.3		+ / -	+ / -
10/9/01	3. 234 Main Street	10/11/01	+ / -	+ / -		3.1		+ / -	+ / -
						3.2		+ / -	+ / -
						3.3		+ / -	+ / -
	4.		+ / -	+ / -		4.1		+ / -	+ / -
						4.2		+ / -	+ / -
						4.3		+ / -	+ / -
	5.		+ / -	+ / -		5.1		+ / -	+ / -
						5.2		+ / -	+ / -
						5.3		+ / -	+ / -

(a) If more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the end of the next business day and notify the public within 30 days.

(b) If ANY sample tests positive for fecal coliforms or *E. coli* you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed).

(c) If a routine total coliform-positive sample is followed by a repeat sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliforms or *E. coli* is followed by a repeat total coliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed), and notify the public WITHIN 24 HOURS.

(d) Note: Fourth repeat sample for systems taking one routine sample per month.

Immediate Follow-up Actions.

A. Notification	B. Problem Identification	C. Corrective Measures Taken
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## Example #4 Explanation

This system serves between 25 and 1,000 persons and thus collects one routine sample per month.

The example is for the month of November 2001. The routine total coliform laboratory result showed that both total coliforms and fecal coliforms are present. Upon receiving these results on November 7, 2001, the system immediately notified the State that it had detected the presence of fecal coliforms in the routine sample. Repeat sampling was done.

Four repeat samples were collected as follow-up to the routine sample. Two of the four repeat samples showed that total coliforms were present. Fecal coliforms were absent from the repeat samples. This constitutes an acute MCL violation since there are fecal coliforms present in a routine sample and total coliforms are present in a repeat sample. The system must immediately (within 24 hours of knowing laboratory results) notify the State and the public.

The number of routine samples is increased to **FIVE** for the month of December. If all five December routine total coliform samples show that total coliforms are absent, then the system can resume its normal one sample per month schedule in January 2002.



## Example #5 Explanation

This system serves between 1,001 and 2,500 persons and thus collects two routine samples per month.

The example is for the month of December 2001. One of the routine samples showed that total coliforms are present. Fecal coliforms were absent from the routine samples. Repeat sampling was done.

Three repeat samples were collected as follow-up to the routine sample. Two of the three repeat samples showed the presence of total coliforms, with one sample also showing that fecal coliforms are present. This constitutes an acute MCL violation since fecal coliforms are present in a repeat sample. The system must immediately (within 24 hours of knowing laboratory results) notify the State and the public.

The number of routine samples is increased to FIVE for the month of January 2002. Should all January routine total coliform samples show that total coliforms are absent, then the system can resume its normal two samples per month schedule in February.

# Examples of Total Coliform Test Results

Example #5: Population served by small community drinking water system = 1,001 to 2,500. Two routine samples per month.

Total Coliform Rule — Monthly Monitoring Worksheet									
Month and Year <u>December 2001</u>									
Date Sample Collected	Routine Sample Location	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or <i>E. coli</i> Result (b,c) (Circle "+" if present, "-" if absent)	Repeat Samples				
					Date Sample Collected	Location <small>• One must be at same site as routine. • One must be within 5 taps upstream. • One must be within 5 taps downstream. • One additional sample anywhere within the distribution system (if a fourth repeat sample is required).</small>	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or <i>E. coli</i> Result (b,c) (Circle "+" if present, "-" if absent)
12/3/01	1. 402 East Street	12/5/01	+ / -	+ / -	12/6/01	1.1 402 East Street	12/7/01	+ -	+ -
					12/6/01	1.2 410 East Street	12/7/01	+ / -	+ / -
					12/6/01	1.3 396 East Street	12/7/01	+ / -	+ / -
						1.4 (d)		+ / -	+ / -
12/3/01	2. 500 West Street	12/5/01	+ / -	+ / -	2.1			+ / -	+ / -
					2.2			+ / -	+ / -
					2.3			+ / -	+ / -
	3.		+ / -	+ / -	3.1			+ / -	+ / -
					3.2			+ / -	+ / -
					3.3			+ / -	+ / -
	4.		+ / -	+ / -	4.1			+ / -	+ / -
					4.2			+ / -	+ / -
					4.3			+ / -	+ / -
	5.		+ / -	+ / -	5.1			+ / -	+ / -
					5.2			+ / -	+ / -
					5.3			+ / -	+ / -

(a) If more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the end of the next business day and notify the public within 30 days.

(b) If ANY sample tests positive for fecal coliforms or *E. coli* you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed).

(c) If a routine total coliform-positive sample is followed by a repeat sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliforms or *E. coli* is followed by a repeat total coliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed), and notify the public WITHIN 24 HOURS.

(d) Note: Fourth repeat sample for systems taking one routine sample per month.

Immediate Follow-up Actions.

A. Notification	B. Problem Identification	C. Corrective Measures Taken
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# 12-Month Supply of “Monthly Monitoring Worksheets”

**Systems can use the monitoring worksheets** on the following pages to track the results of laboratory analyses of their coliform samples. These forms can be a useful management tool, helping operators ensure they remain in compliance with TCR monitoring requirements and identifying potential problem areas that require special attention.

Systems are reminded that the analytical results reported by their laboratories also must be kept on file. Some State agencies may have their own monitoring forms, which small community drinking water systems are required to complete. The forms that follow should not replace monitoring forms required by the State agency.

Additional blank worksheets may be obtained by calling the Safe Drinking Water Hotline at 1-800-426-4791 and requesting publication EPA 816-R-01-017B.

**Total Coliform Rule — Monthly Monitoring Worksheet**

Month and Year \_\_\_\_\_

Date Sample Collected	Routine Sample Location	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or <i>E. coli</i> Result (b,c) (Circle "+" if present, "-" if absent)	Repeat Samples				
					Date Sample Collected	Location <ul style="list-style-type: none"> <li>• One must be at same site as routine.</li> <li>• One must be within 5 taps upstream.</li> <li>• One must be within 5 taps downstream.</li> <li>• One additional sample anywhere within the distribution system (if a fourth repeat sample is required).</li> </ul>	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or <i>E. coli</i> Result (b,c) (Circle "+" if present, "-" if absent)
1.			+ / -	+ / -	1.1			+ / -	+ / -
					1.2			+ / -	+ / -
					1.3			+ / -	+ / -
					1.4 (d)			+ / -	+ / -
2.			+ / -	+ / -	2.1			+ / -	+ / -
					2.2			+ / -	+ / -
					2.3			+ / -	+ / -
3.			+ / -	+ / -	3.1			+ / -	+ / -
					3.2			+ / -	+ / -
					3.3			+ / -	+ / -
4.			+ / -	+ / -	4.1			+ / -	+ / -
					4.2			+ / -	+ / -
					4.3			+ / -	+ / -
5.			+ / -	+ / -	5.1			+ / -	+ / -
					5.2			+ / -	+ / -
					5.3			+ / -	+ / -

**(a) If more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the end of the next business day and notify the public within 30 days.**

**(b) If ANY sample tests positive for fecal coliforms or *E. coli* you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed).**

**(c) If a routine total coliform-positive sample is followed by a repeat sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliforms or *E. coli* is followed by a repeat total coliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed), and notify the public WITHIN 24 HOURS.**

**(d) Note: Fourth repeat sample for systems taking one routine sample per month.**

**Immediate Follow-up Actions.**

A. Notification

B. Problem Identification

C. Corrective Measures Taken

**Total Coliform Rule — Monthly Monitoring Worksheet**

Month and Year \_\_\_\_\_

Date Sample Collected	Routine Sample Location	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or <i>E. coli</i> Result (b,c) (Circle "+" if present, "-" if absent)	Repeat Samples				
					Date Sample Collected	Location <ul style="list-style-type: none"> <li>• One must be at same site as routine.</li> <li>• One must be within 5 taps upstream.</li> <li>• One must be within 5 taps downstream.</li> <li>• One additional sample anywhere within the distribution system (if a fourth repeat sample is required).</li> </ul>	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or <i>E. coli</i> Result (b,c) (Circle "+" if present, "-" if absent)
1.			+ / -	+ / -	1.1			+ / -	+ / -
					1.2			+ / -	+ / -
					1.3			+ / -	+ / -
					1.4 (d)			+ / -	+ / -
2.			+ / -	+ / -	2.1			+ / -	+ / -
					2.2			+ / -	+ / -
					2.3			+ / -	+ / -
3.			+ / -	+ / -	3.1			+ / -	+ / -
					3.2			+ / -	+ / -
					3.3			+ / -	+ / -
4.			+ / -	+ / -	4.1			+ / -	+ / -
					4.2			+ / -	+ / -
					4.3			+ / -	+ / -
5.			+ / -	+ / -	5.1			+ / -	+ / -
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**(a) If more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the end of the next business day and notify the public within 30 days.**

**(b) If ANY sample tests positive for fecal coliforms or *E. coli* you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed).**

**(c) If a routine total coliform-positive sample is followed by a repeat sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliforms or *E. coli* is followed by a repeat total coliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed), and notify the public WITHIN 24 HOURS.**

**(d) Note: Fourth repeat sample for systems taking one routine sample per month.**

**Immediate Follow-up Actions.**

A. Notification

B. Problem Identification

C. Corrective Measures Taken