

United States
Environmental Protection
Agency

Office of Water (4606)

EPA 816-R-01-017B June 2001

## Monitoring Worksheets Total Coliform Rule Monthly

Drinking Water to Protect Public Health [EPA 816-R-01-017A]) Guide to the Total Coliform Rule: Monitoring (To Be Used With USEPA's A Small Systems

## Please Note:

The worksheets provided in this document are intended for use with USEPA's A Small Systems Guide to the Total Colliform Rule: Monitoring Drinking Water to Protect Public Health. Copies of that document can be obtained by calling the Safe Drinking Water Hotline at 1-800-426-4791 and requesting publication number EPA 816-R-01-017A.

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A. Notification

B. Problem Identification

(c) If a routine total coliform-positive sample is followed by a repeat sample that tests positive for fecal coliform or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliform or *E. coll*, or a routine sample that tests positive for fecal coliform or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll*, or a routine sample that tests positive for fecal coliforms or a routine sample that tests positive for fecal colliforms or a routine sample that tests positive for fecal colliforms or a routine sample that tests 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. Immediate Follow-up Actions. (b) If ANY sample tests positive for fecal coliforms or E. coll you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed) Date Sample Collected Total Coliform Rule — Monthly Monitoring Worksheet A. Notification Note: Fourth repeat samp Çī 4. ώ Ņ :-Routine Sample Location B. Problem Identification Date Results Known (Circle '+' # present, "-' If absent) Total Coliform Result (a,c) Month and Year +/-+/-+ Result (b,c)

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| frabsent) Coliform E coll + 77 +/-+ + 9 Date Sample Collected <u>5</u>3 5.2 4.3 4.2 3.3 3.2 3 2.3 2.2 2.1 1.4 Ξ <u>4.</u> ည် ÿ 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). <u>a</u> ဂ Corrective Measures Taken Repeat Samples Known Results (Circle '+' if present, '-' if absent) Total Collform Result (a,c) + +/-+/-+ 1 + +/-+/-+/-+/-+/+ 4 + / + +/-+ +/-+ +/-(Circle \*+\* if present \*-\* if absent) Fecal Coliform or E. coli Result (b.c) +(-+/-+/-+ + +/-#/-+ + + 4 +/-+/-+/-+/-\*

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B. Problem Identification		llowed by a repeat sample that tes stilive sample, you must notify the	s or E. coll you must noutly the Sia	it) in a month is total coliform posi	+/1-+/-			+/+			+/			+./-				# /s		Date Result (a.c) Result (b.c)	9	Month and Year	sheet
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C. Corrective Measures Taken		(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.  (d) Note: Fourth repeat sample for systems taking one routine sample per month.	E RES	ust notify the State by the end of the next business day and notify the public within	n in	5.1	4.3	4.2	4.1	3.3	3.2	3.1	2.3	2.2	2.1	1.4 (d)	1.3	1.2		Cone 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).	Repeat Samples		
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Sample Collected	Routine Sample Location		Hesun (b,c)  "i" (Circle '+' if present, "-" n) "frabsent)	Date Sample Collected	<ul> <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	***************************************	Result (b,c) (Circle "+" if present "-" if absent)
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					1.4 (d)		***	+7
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					2.3		*	-/+/-
3.					3.1		+(-)	+/-
		+	+ +		3.2	745 Y		-/+
					3.3		+7-	+/+
4.					4.1	4	+/-	+/-
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mmediate Follow-up Actions.	w-up Actions.	King one routine same	ole per month.	Service Servic			ltive for fecs te office is c	id).
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Collected	nouune sampie Location	(Circle "+" if present, "-" if absent)	Date Sample Collected	<ul> <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	Result (8,0) (Circle, "+" if present, "-" if absent)	Result (b,c) (Circle "+" I present, "," if absent)
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		+/+//		1.2		+/-	+/-
				1.3		+/-	+/-
	2.					+/.	+/-
		+/: +/:		2.2		+/-	+/-
				2.3		+/+	+/-
	ω			3.1		<b>*</b> /-	+/-
		+/- +/-		3.2		+/-	+/-
				3.3		-7.+	+/-
	4.			4.1			-/+
		+/- +/-		4.2		+/-	+/+
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	5.			5.1		+/-	+/-
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(a) If more the

30 days.

(b) If ANY sample tests positive for lecal 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* 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

		Month and Year	'ear		Repeat Samples		:	
}		Total Collorm	Fecal Collform or E.coll		Location		Total	Fecal Coliform or
Date Sample Collected	Routine Sample Location	Date Result (a.c) Results Results Known (Circle 1 "if the present, "if if absent)		Date Sample Collected	<ul> <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	* # T	3,775
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	3.				3.1		+/-	+
		+	+		3.2		+/-	#/*
					3.3	1 (1) 1 (1) 2 (1)	+/-	+/-
	4.				4.1		+/-	+/-
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(a) If more t 30 days.	re than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the er	eat) in a month is total co	oliform posit	ive, you m	nust notify the State by the end of the next business day and notify the public within	s day and r	notify the pu	ıblic within
(b) If AN	(b) If ANY sample tests positive for fecal coliforms or <i>E. coli</i> you must notify the State THE DAY YOU RECEIVE THE RESU	rms or <i>E. coli</i> you must n	otify the Sta	te THE DA	AY YOU RECEIVE THE RESULTS (or the next day if the State office is closed).	the State o	ffice is clos	ed).
(c) If a re or E. col and noti	(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> , c or <i>E. coli</i> is followed by a repeat total coliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE REand notify the public WITHIN 24 HOURS.	followed by a repeat san positive sample, you mu	nple that tes st notify the	ts positive State THE	a for fecal coliform or <i>E. coli</i> , or a routine sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample that tests positive for fecal coliform at the sample sample that tests positive for fecal coliform at the sample sampl	at tests posi ay if the Stat	itive for fecte the office is c	al coliform Nosed),
(d) Note:	(d) Note: Fourth repeat sample for systems taking one routine sample per month.	ring one routine sample.	aer month.	# C	東京 日本の	To the	A STATE OF THE STA	ale.
Immediate	Immediate Follow-up Actions.							
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A. Notification

B. Problem Identification

(c) If a routine total collform-positive sample is followed by a repeat sample that tests positive for fecal collform or *E. coll.* or a routine sample that tests positive for fecal collforms or *E. coll.* is followed by a repeat total collform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RESULTS for the next day if the State office is closed), and notify the public WITHIN 24 HOURS. (b) If ANY sample tests positive for fecal coliforms or E. coll you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed). (a) If more than one sample (routine and/or repeat) in a month is total collform positive, you must notify the State by the end of the next business day and notify the public within 30 days. Total Coliform Rule — Monthly Monitoring Worksheet Immediate Follow-up Actions. (d) Note: Fourth repeat sample for systems taking one routine sample per month. Date Sample Collected Ģ 4. ω io <u>...</u> Routine Sample Location Date
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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). Repeat Samples Total
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A. Notification

B. Problem Identification

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-	(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 <i>E. coli</i> is followed by a repeat total coliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RE and notify the public WITHIN 24 HOURS.  (d) Note: Fourth repeat sample for systems taking one toutine sample per month.	(b) If ANY sample tests positive for fecal coliforms or <i>E. coli</i> you must notify the State THE DAY YOU RECEIVE THE RESU	(a) If more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the east of days.			•						•			•				-	Routine Sample Location			Total Coliform Rule — Monthly Monitoring Worksheet
B. Problem	llowed by a sitive sam g one routi	s or E. coli	t) in a mon									the supplements								Date Results Known			sheet
B. Problem Identification	a repeat sa ple, you mu ine sample	you must r	ıth is total c	:	+/-	7		+/-			+/-			+					gardi Valenda	Collform Collform Result (a,c) (Circle "+" if present, "-" if absent)		Month and Year	
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C. Corrective Measures Taken	or a routine sample that SULTS (or the next da	Y YOU RECEIVE THE RESULTS (or the next day if the State office is closed).	ust notify the State by the end of the next business day and notify the public within	5.3	5.2	5.1	4.3	4.2	4.1	3.3	3.2	3.1	2.3	2.2	2.1	1.4 (d)	1.3	1.2	1.1	Constitution     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).	Repeat Samples		
	y if the State	the State of	s day and n		ń	9														Date Results Known			
	tive for feca e office is cl	fice is close	otify the pu	+/-	+/-	- +/-	+/-	+/-	+/-	<i>4/-</i>	-14		*****	* <b>/</b> *	Š	1	$\mathcal{A}_{\mathbf{f}}$	<b>.</b>	<b></b>	Total Collform Result (a.c.) (Circle "-" If present." If absent)			
	l coliforms losed),	Ö,	blic within	+/-	+/-	+/	+/-	+/-	+/-	+/-	+/-	+/-	+)-	-/.t	+7/1	+/-	+/+	****	+/>	Fecal Colliom or E. Coll Result (b.c) (Circle *-4* # present, ">* If absent)			

Total Colifo	Total Coliform Rule — Monthly Monitoring Worksheet	heet					
		Month and Year					
				Repeat Samples			
Date	Routine Sample I ocation	Coliform Co Result (a.c) Re		Location		1. T. C.	Fecal Collform or E. coll
Collected	nomine cample cocanon	Known (Circle + # # (Circle *+ # # present, ** present, ** present, ** (if absent) if absent)	Sample Collected	<ul> <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 (	Gircle "+" if (Circle	Result (b,c) (Circle "+" if present ""
_	•					+/+	+/-
				1.2		+/-	*/-
				13		+/-	+/-
	1000			1.4 (d)		+/-	<b>‡</b>
ĺУ	•			2.1			-1+
		+ / + / -		2.2		+/-	+1.+
	ARRIVATOR OF THE PROPERTY OF T			2.3		-/+	+/-
ω	·			3.1		1.7/+	+/-
		+ / - + / -		3.2		*/-	+/-
				3.3		-/.	+/-
.4				4.1		-/+	+.
		+/		4.2		+/-	+/-
				4.3		+/-	+/-
51	•			5.1		±/	+/-
		+/+/		5.2		+/-	+1.5
				5.3		-44	+/-
(a) if more the	(a) If more than one sample (routine and/or repeat) in a month is total collform positive; you must notify the State by the 30 days.	) in a month is total collform posit	ive, you n	rust notify the State by the end of the next business day and notify the public within	day and no	alify the pub	ic within
(b) If ANY sa	DIFANY sample tests positive for facal coliforms of <i>E-colliv</i> olumist porfix the State THE DAY VOLUBECEIVE	or E-coll you must notify the Sta	te THE DA	WYOU BECEVE THE DESILES for the part day if the State of fire is consoli			
		is a semi you muse in the out	֓֞֞֞֜֜֞֞֜֜֞֜֜֞֜֜֜֜֜֞֜֜֜֜֜֜֞֜֜֜֜֓֓֓֓֓֓֓֓		in same at	ine is close.	
(c) If a routir or E. coli is and notify if	(c) If a routine total colliform-positive sample is followed by a repeat sample that tests positive for focal colliform or <i>E. co</i> . or <i>E. coll</i> is followed by a repeat total colliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE Fand notify the public WITHIN 24 HOURS.	lowed by a repeat sample that tes sitive sample, you must notify the	ts positive State THE	for fecal colliform or <i>E. coll</i> , or a routine sample that tests positive for fecal colliforms. DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed).	tests posit if the State	ive for fecal office is clo	collforms sed),
(d) Note: Fo	Fourth repeat sample for systems taking one routine sample per month.	) one routine sample per month.					
Immediate Fol	Immediate Follow-up Actions.						

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Immediate Follow-up Actions.

A. Notification

B. Problem Identification

Total Coli	Total Coliform Rule — Monthly Monitoring Worksheet	theet		5				
			Month and Year					
					Repeat Samples			
Date		Total. Coliform Date Result (a,c	recal Collform or m E. coll (a,c) Result (b,c)		Location	7	Total Coliform	Fecal Collform or E. coll
Sample Collected	Hounne Sample Location	Known (Circle "+" present " present " if absent)	"# 	Sample Collected	<ul> <li>One must be within 5 taps upstream.</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>	Results Known	(Circle "+" if present, "-" if absent)	Result (b.c.) (Circle "+" if present, ", if absent)
					1.1		+/-	+)
					10		+7+	+/
		+	+		1.3		÷1,÷	
			AL ST		1.4 (d)		. t	+1+
	5.	6.0			2.1		*/*	+/,
		+	+ / <del>- /   /   /   /   /   /   /   /   /   / </del>		2.2		-/t	- 14 A
					2.3		-/4	***
	э.				3.1		***	+/-
٠		+ \			3.2		-/*	+/-
					3.3		+/-	+/-
	4.				4.1	3 41 3 44 4 4	+/-	+/-
		+	+ (-		4.2		-/+	+/-
					4.3		+/-	+/-
	2.		7.4		5.1	1	+/-	+/-
		+/	+/-		5.2		+/-	+/-
					5.3		+/-	+/-
(a) If more 30 days.	(a) If more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the en 30 days.	at) in a month is to	otal coliform posi	tive, you m	ust notify the State by the end of the next business day and notify the public within	ss day and I	notify the pu	ublic within
(b) If ANY	sample tests positive for fecal coliform	ıs or <i>E. coli</i> you m	ust notify the Sta	ite THE DA	(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).	if the State o	office is clos	ed).
(c) If a rou or <i>E. coll</i> and notifi	(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> , o or <i>E. coli</i> is followed by a repeat total coliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RES and notify the public WITHIN 24 HOURS.	ollowed by a repear stive sample, you	at sample that tes u must notify the	sts positive State THE	for fecal coliform or <i>E. coli</i> , or a routine sample that tests positive for fecal coliform: DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed),	nat tests pos ay if the Stat	sitive for fec te office is o	al coliform: closed),
(d) Note:	(d) Note: Fourth repeat sample for systems taking one routine sample per month.	lg one routine san	nple per month.			ŧ		
immediate	immediate Follow-up Actions.							
A. Notification	งชัดก	B. Problem Identification	ation		C. Corrective Measures Taken			

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otal Col	otal Coliform Rule Monthly Monitoring Worksheet	rksheet				
		Month and Year				
			***************************************	Repeat Samples		
Date		Total Coliform Coliform or Coliform E colif Result (a.c) Passit (b.c.)			Total Coliform	Fecal Colliform or
Sample Collected	Routine Sample Location	(Circle "+" if present, "-" "If absent)	Date Sample Collected	<ul> <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 Result (a,c) Results Known (Circle +*) Fresent,*-  If absent)	Circle "+" if present "-"  if (Circle "+" if present "-"  if absent)
	1.				+/-	+),+
		f /ı		1.2	1.	+/-
				13	+/+	+/+
	3			(2)		
		+/- +/-			+/-	+/-
				2.3	+/-	+/-
	ώ			3.1	+/-	+/-
		#/- +/-		3.2	**************************************	-/+
				3.3		+/-
				4.1	-/+	+/,
		+/-		4.2	+/-	+/-
				4.3	-7.4	+/-
	5.			5.1	-/+	-1.+
		+/		5.2	+/-	+/-
				5.3	-7+	-/+
) if more	) If more than one sample (routine and/or repeat) in a month is total colliform positive, you must notify the State by the en	eat) in a month is total collform posit	Hive your	just notify the State by the end of the next business day and notify the nublic within	den and notify the reh	

(b) If ANY sample tests positive for fecal coliforms or E. coll 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 colliform-positive sample is followed by a repeat sample that tests positive for fecal colliform or *E. coll.* or a routine sample that tests positive for fecal colliforms or *E. coll.* or a routine sample that tests positive for fecal colliforms or *E. coll.* 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

	Mon	th and Year			i		
		Exxa.		Repeat Samples			-
	20				,	Total Collform	Fecal Coliform or E; coli
Routine Sample Location		# (Circle ** present * If absent	Date Sample Collected	<ul> <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	Result (a.c) (Circle "+" if present, "-" (f absent)	
			6.4	1.1		+/-	+),
			288.7	1.2	333	+3.	
		:		1.3		¥)/-	
				1.4 (d)		·//*	17.47
2.				2.1		<b>.</b>	
	+	. / - + / -		2.2		(*)·	+/-
			28082	2.3		-/+/-	+1-
ý.			Si 14 (4)	3.1		+/-	-/+
		1		3.2		+/-	+/-
				3.3		+/-	+/-
4.				4.1		+/-	+/-
	+	-/- +/-		4.2		+/-	+/-
				4.3		+/-	+/-
5.				5.1		. +/-	+/-
	+	-/- +/-		5.2		+/-	+/-
				5.3		+/-	+/-
than one sample (routine and/or repea	at) in a month is	total coliform po	sitive, you r	must notify the State by the end of the next busines	s day and I	notify the pr	ublic within
sample tests positive for fecal coliform	s or <i>E. coli</i> you	must notify the S	tate THE D	AY YOU RECEIVE THE RESULTS (or the next day if	f the State c	ffice is clos	ed).
	1.  Routine Sample Location  1.  1.  2.  3.  3.  4.  4.	Routine Sample Location  Results Results (Circ pres pres pres pres pres pres pres pres	Month and Year  Total Coliform Date Results (Circle + it absemt)  1. Result (a.c.) Fecali (Circle + it absemt)  1. Fecali Coliform Coliform Result (a.c.) Fecali (Circle + it absemt)  Fermit (a.c.) Fecali (Circle + it absemt)  Frabsent)  Frabsent)  1. +/- +/-  2	Month and Year  Total Collor  Collor  Results (Circle ** if Circle ** if Cheen ** if absent)  1.   1.   1.   4.   4.   4.   4.   4.	Date   Collected   Present   Prese	Results   Collected   Collec	Repeat Samples  Results (Circle * In Continuation Stream. In Continuation Stream. In Continuation In Continuat

(c) If a routine total coliform-positive sample is followed by a repeat sample that tests positive for fecal coliform or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll* 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.

Immediate Follow-up Actions.

A. Notification

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

B. Problem Identification

A. Notification	Immediate Fo	(c) If a rout or E. coll is and notify (d) Note: Fo	(b) If ANY s	(a) If more in 30 days.		i,															Date Sample Collected		-	Total Colife
חל	Immediate Follow-up Actions.	(c) If a routine total coliform-positive sample is followed by a repeat sample that tests positive for fecal coliform or E. coli. or E. coli is followed by a repeat total coliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE R and notify the public WITHIN 24 HOURS.  (d) Note: Fourth repeat sample for systems taking one routine sample per month.	(b) If ANY sample tests positive for febal coliforms or E. collyou must notify the State THE DAYYOU RECEIVE THE RES	(a) If more than one sample (routine and/or repeat) in a month is total colliform positive, you must notify the State by the 30 days:			ŷ,			4.			3.			io					Routine Sample Location			Total Coliform Rule — Monthly Monitoring Worksheet
B. Problem Identification		llowed by a repeat sample sinve sample, you must no sinve sample, you must no	s or E. <i>coll</i> you must notify	t) in a month is total colifor		+/-			+/-			+/+			+/- +						Coliform Cell Date Result (a.c) Res Results (Circle ** # Circle Known (Present Pres Habsent) If a		Month and Year	sheet
		that tests positive the State THE tonth.	the State THE D/	m positive, you n			1		-												Coliform or Econol Result(b,c) Date (Circle*+" If Sample present; Collected if absent)	Fecal		
C. Corrective Measures Taken		e for fecal coliform or <i>E. coli</i> , or a routine sample that tests positive for fecal coliforms: DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed). If	AY YOU RECEIVE THE RESULTS (or the next day if the State office is closed).	rust notify the State by the end of the next business day and notify the public within	5.3	5,2	5.1	4.3	4.2	4.1	3.3	3.2	3.1	2.3	2.2	2.1	1.4 (d)	1.3	1.2	1.1	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).	Repeat Samples		
		it tests positi y if the State	the State offi	s day and no									15								Date Hesults Known (			
		ive for fecal ( office is clos	ice is closed)	itify the publi	+/-	+/+	+/.	+/-	+1-	+/-	+/-	4/-	+/-	+/-	+/+	+/-	+/-	+/+	+/-	-/+	Total C Collform (Ac) A Result (Ac) A (Circle 4 tr (C present 9 or (fabsent) 1			
		colliforms sed),		c within	+/-	+/+	+/-	+//-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	-/+	Fecal Colliform or E. coll. Result (b.c)  Circle *** If present. **  If absent)			

Total Colin	Total Coliform Rule — Monthly Monitoring Worksheet  Date Sample Collected  1.  1.  2.	heet  Month and Year  Total Collorm Co	Year  Fecal Coliform or Result (b.c.)  (Circle ** if present * " if absent)  ### ### ############################	Date Sample Collected	Location  One must be at same site as routine. One must be within 5 taps upstream. One additional sample anywhere within the distribution system (if a fourth repeat sample is required).  1.1  1.2  1.3  1.4 (d)  2.1	Date Results Known	Total Coliform Result(ac) (Circle +* If present *-" If absent)  + / - + / - + / - + / - + / - + / - + / - + / -	Fecal Collidorm or E. Collidorm or E. Collidorm or Feral (b.c) (Circle ** if present,, if absent) +/
	<del></del>	+ .	4		1.1 1.2 1.3 1.4 (d)		1. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	7 1 10 1 10 10 10 10 10 10 10 10 10 10 10
	2.	±	# 1		2.1 2.2 2.3		* + +	*/- */-
	3.	± .	+		3.1		*   *   *	+/-
		+	+		4.1 4.2 4.3		+	+/-
	5.	+/-	+		5.1 5.2 5.3		*	+/-
(a) If more 30 days. (b) If ANY: (c) If a rou or E. coll is and notify (d) Note: F	<ul> <li>(a) If more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the en 30 days.</li> <li>(b) If ANY sample tests positive for fecal coliforms or <i>E. coll</i> you must notify the State THE DAY YOU RECEIVE THE RESUL</li> <li>(c) If a routine total coliform-positive sample is followed by a repeat sample that tests positive for fecal coliform or <i>E. coll</i>, o or <i>E. coll</i> is followed by a repeat total coliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RES and notify the public WITHIN 24 HOURS.</li> <li>(d) Note: Fourth repeat sample for systems taking one routine sample per month.</li> </ul>	t) in a month is tota s or <i>E. coll</i> you mus lowed by a repeat s sitive sample, you n	coliform positive troutify the State ample that tests nust notify the State per must notify the State per month.	ve, you m THE DAY Positive State THE	d of the next busines: TS (or the next day if r a routine sample the SULTS (or the next da	s day and no the State offi ttests positively if the State	otify the pul fice is close tive for feca s office is cl	blic within id). I coliforms osed),
Immediate Foli A. Notification	Immediate Follow-up Actions. A. Notification	B. Problem identification	a		С. Сопестие Measures Taken			

arom II (B)		:															Date Sample Collected			Total Colif
than one sample (routine and/or repea			ò			4.			<u></u> Ω			,2					Routine Sample Location			Total Coliform Rule — Monthly Monitoring Worksheet
t) in a mont				100													Date Results Known			heet
h is total co		+/-			+/-			+/-			+/-				F / .		Collorm Result (a,c) (Circle "+ ") present "-" (f absent)	•	Month and Year	
oliform posi		+/;			+/,			+/-	-		+/-			1.0	F / ,		Collform of E.coll Besuit (b.c) (Circle *+" If present, *- If absent)	Fecal	rear	
tive. vou m																	Date Sample Collected			
(a) If your than one sample (routine and/or repeat) in a month is total colliform positive, you must notify the State by the end of the next business day and notify the public within	5.3	5.2	5.1	4.3	4.2	4.1	3.3	3.2	3.1	2.3	2.2	2.1	1.4 (d)	1.3	1.2	11	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).	Repeat Samples		
day and ne																	Date Results Known			
otify the pul	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+7	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	Total Colliform Result (a.c) (Circle, "4" tf present, "3" If absent)			
blic within	+/-	-7.4	+/-	+/-	+/+	+/.	+/-	+1	+/-	ť	ţ	+/-	+/-	+/-	+/-	+/-	Fecal Collorm or E. collorm or E. collor or Pesult (b.c.)  [Circle "-" if present "-" fabsent)			

(a) i inde and one sample (rounne and/of épéan in a montre total collidar positive, you must nount the state by the end of the next outsiness day and nount in public winter. 30 days:

(b) If ANY sample tests positive for tecal coliforms or *E. coll* 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. coll.* or a routine sample that tests positive for fecal coliforms or *E. coll.* or a routine sample that tests positive for fecal coliforms or *E. coll.* 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

Total Col	Total Coliform Rule — Monthly Monitoring Worksheet	heet							
l			Month and Year	/ear					
				Eccal		Repeat Samples			
Date		Date	Total Coliform Result (a.c)	Coliform or		Location		Total	Fecal Collform or
Sample Collected	Routine Sample Location	regeren. Turken	(Circle "+" if present, "-" if absent)	Result (b,c) (Circle "+" if present," " if absent)	Date Sample Collected	<ul> <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		Result (b.c) (Circle "+" if present." "
				e e e e e e e e e e e e e e e e e e e		1.1		+/-	+/-
						1.2		+/-	+7-
			+	1		1.3		-/+	-1+
						1.4 (d)		+1-	-//
	2.					2.1		+/===	+)+
			+	+)		2.2		+)===	· +/-
						2.3		-/-	-/+
	3.					3.1		+(	+ f-
	,		+/-	+ /-		3.2		-/+	+/-
			*******************************			3.3		+/-	+/-
	4.					4.1		+/-	+/-
			+/-	+/-		4.2		-/-	+/-
						4.3		+/-	+/-
	5.					5.1		+/-	+/-
			+/-	+/-		5.2		+/-	+/-
						5.3		+/-	+/-
(a) If more	(a) If more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the er	t) in a mon	th is total co	oliform posit	live, you m	rust notify the State by the end of the next business day and notify the public within	s day and n	otify the pu	blic within
(b) If ANY	(b) If ANY sample tests positive for fecal coliforms or E. coli you must notify the State THE DAY YOU RECEIVE THE RESU	s or E. coli	you must n	otify the Sta	te THE DA	VY YOU RECEIVE THE RESULTS (or the next day if the State office is closed).	the State of	fice is close	id).

(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.

immediate Follow-up Actions.

A. Notification

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

B. Problem Identification

A. Notification	Immediate Follow-up Actions.	(d) Note: Fou	or E. coll is for and notify the	E I MAIL SOIL	STR ANY CO.	(a) If more than 30 days.			5.			4.			ώ			'n					Date Sample Collected		2	Total Colifor
	ow-up Actions.	(d) Note: Fourth repeat sample for systems taking one routine sample per month.	e total coliform-positive sample is t ollowed by a repeat total coliform-p e public WITHIN 24 HOLLRS	in in a trice of the state of the second state		an one sample (routine and/or repe										The state of the s						•	Routine Sample Location			Total Coliform Rule — Monthly Monitoring Worksheet
B. Problem Identification		ig one routine sample per month.	ollowed by a repeat sample that tes ositive sample, you must notify the	(Winder), sample lesis bosine inclined complines of <i>Econ</i> ryou must notify the state the DATTOU RECEIVE. THE RE-		(a) If more than one sample (routine and/or repeat) in a month is total collform positive, you must notify the State by the 30 days.					+/ +/-			+/+ +/-			+/				F/1 F/1		Date Result (a,c) Result (b,c) Results (Circle + If (Circle + If present - present - fransent)  If absent) If absent)	Fecal	Month and Year	ksheet
		<u> </u>	ts positive State THE	te int by	i i	ive, you m																	Date Sample Collected			
C. Corrective Measures Taken			(C) If a foutine total colliform-positive sample is followed by a repeat sample that tests positive for fecal colliform or E-coll, or a routine sample that tests positive for fecal colliforms (C) If a foutine total colliform-positive sample, you must notify the Sate THE DAY YOU RECEIVE THE RESULTS (or the next day if the Sate office is closed), and notify the public WITHIN 24-HOURS	V TOU HECEIVE THE MESULIS (OF The next day II		ust notify the State by the end of the next busines.	5.3	5.2	5.1	4.3	4.2	4.1	3.3	3.2	3.1	2.3	2.2	2.1	1.4 (d)	1.3	1.2	1.1	Constitution     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).	Repeat Samples		
			at tests positive for fecal colliforms y if the State office is closed),	SUETS (of the next day if the State office is closed).		e end of the next business day and notify the public within	4.4		# / * Tell # / / * / * / / *	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	30年7年 17年18日 2018年 11日 11日 11日 11日 11日 11日 11日 11日 11日 11	+/-	+//+	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	+/-	#/r +/n	-14   (1-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	77.4	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			+/+	Total Collform Collform Collform Collform E collform E collform E collform E collform Circle + If (Circle + If present, - bresent, - if absent) If absent)			

Total Coliform Rule — Monthly Monitoring Worksheet

Month and Year

				0		Repeat Samples			
}		7	Total Collion	Collion or		Location		Total	Fecal Collform or
Sample Collected	Routine Sample Location	Results Known	Circle "+" if	Result (b,c) (Circle "+" if	Date Sample Collected	<ul> <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> </ul>	Date Results Known	Result (a,c)	Result (b,c)
		and the second second	if absent)	present, "-" If absent)	Collected	<ul> <li>One additional sample anywhere within the distribution system (if a fourth repeat sample is required).</li> </ul>		present,"-" (f absent)	(Circle "+" if present, "-" if absent)
								-/+	+,
						1.2		÷/-	-7+
			+	4		1.3		-/+/	·/*
						1.4 (d)		-/+	-7+
5.						2.1		Sew Contraction	.//
			+ •	+/>		2.2		+./+	+/-
						2.3		+/-	+/+
3.	<b>,</b>					3.1		-/+	-/+
		501 2	<b>.</b>			3.2		+/-	*/-
						3.3		+/-	+/-
.4.						4.1		+/-	+/+
			+/-	+/-		4.2		+/-	-1+
				,		4.3		+/-	+1-
5.	,		-			5.1	-	-/+	-/+
e			+/-	+/-		5.2		+/-	+/-
						5.3		-/+	-/+

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 coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliforms or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or *E. coli*, or a routine sample that tests positive for fecal coliform or a routine sample that test 

(d) Note: Fourth repeat san

immediate Follow-up Actions.

A. Notification

B. Problem Identification

Total Coliform Rule — Monthly Monitoring Worksheet	sheet		
	Month and Year		
	ESPACE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT	Repeat Samples	
	Coliform Co Result(a,c) Re	Location	***************************************
Collected		<ul> <li>One must be within 5 taps upstream.</li> <li>Collected         <ul> <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> </li> </ul>	Results Results (Circle ** If (Circle ** If present If absent)  Tabsent  Tabsent
1.		1.1	+/-
		1.2	#/-
	H ( a	1.3	-/+
		1.4 (d)	
io		2.1	-1/4
	+/-	2.2	* <i>l</i> + <i>l</i>
		2.3	+/+
ω		3.1	+
	+/+/-	3.2	
		3.3	+/-
4.		4.1	+/5
	+ ,	4.2	
	The second secon	4.3	-/
Ş.T		5.1	+V- +V4
	+/+/-	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	it) in a month is total coliform positi	by the	end of the next business day and notify the public within
(b) If ANY sample tests positive for fecal coliforms of	s or <i>E. coll</i> you must notify the State	E RES	ULTS (or the next day if the State office is closed).
(c) If a routine total colliging positive sample is fo	llowed by a repeat sample that fest	is nositive for feeal coliform or <i>E-roll</i> or a routine sample tha	at tests positive for fecal collinums
or E. Will is followed by a repeat total colliform-positive sample, you must notify the State. THE DAY YOU RECEIVE THE Pand notify the public WITHIN 24 HOURS.	sitive sample, you must notify the S	State THE DAY YOU RECEIVE THE RESULTS (or the next da	RESULTS (or the next day if the State office is closed).
(d) Note: Fourth repeat sample for systems taking one routine sample per month	g one routine sample per month.		
Immediate Follow-up Actions.			

A. Notification

B. Problem Identification

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Total Coli	Total Coliform Rule — Monthly Monitoring Worksheet	sheet	Month and Year	Year					
				Feral		Repeat Samples			
Date Sample Collected	Routine Sample Location	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present "-"	Coliform or E. coll Result (b,c) (Circle "+" if present."	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.	Date Date Results Known	Total Coliform Result (a.c) (Circle "+" [[	Fecal Coliform or E. coll Result (b,c
						agazziii (ii a souiui iopoat saiiibio io iodanoa).			if absent)
						1.1		<i>‡);</i>	+/)**
						1.2		*/*	+/-
			+	+ / -		1.3			+1-#
						1.4 (d)		-//-	+1.
	2.					2.1		*	
			<u></u>	+ (-)		2.2		*)	*/ <b>/</b>
						2.3		-/#/-	+7-
	ω		10.70 10.70 10.46 10.46	6.3	3333	3.1		-/+	-/+
			+ /-	+ >		3.2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	+/	·/+
						3.3		+/-	+/-
	4.			5 A)		4.1	12.00	+/-	·/·
		-	+/-	+ /-		4.2		-/+	-/+
						4.3		+/-	+/-
	5.	-				5.1		+/-	+/-
			+/-	+ /-		5.2	,	+/-	+/-
						5.3		+/-	+/-
(a) If more 30 days.	(a) If more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the er 30 days.	at) in a mo	nth is total c	oliform posi	itive, you n	nust notify the State by the end of the next business day and notify the public within	ss day and n	otify the pu	blic within
(b) If ANY	(b) If ANY sample tests positive for fecal coliforms or <i>E. coli</i> you must notify the State THE DAY YOU RECEIVE THE RESU	is or E. col	li you must r	otify the St	ate THE DA	AY YOU RECEIVE THE RESULTS (or the next day if the State office is closed).	if the State of	ffice is clos	ed),
(c) If a rou or E. coll in and notify	(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 <i>E. coli</i> is followed by a repeat total coliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RE and notify the public WITHIN 24 HOURS.	ollowed by ositive sam	a repeat san	mple that tes	sts positive State THE	e for fecal coliform or <i>E. coli</i> , or a routine sample that tests positive for fecal coliform EDAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed),	hat tests pos day if the Stat	itive for feca e office is c	al coliform losed),
(d) Note:	(d) Note: Fourth repeat sample for systems taking one fourthe sample per month.	ng one rou	tine sample	per month.	T. T.	Parties of the state of the sta			

Immediate Follow-up Actions.

A. Notification

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

B. Problem Identification

Total Colifor	Total Coliform Rule — Monthly Monitoring Worksheet	sheet  Month and Year	Year			:		
			Ford		Repeat Samples			
Date		Total Collform Date Result (a,c)	Colliform or E. coll		Location		Total Collform	Fecal Colliform or
Collected	nouine sample Location		CATALON PRODUCTION :	Date Sample Collected	<ul> <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	Date Result (a,c)   Results (Circle ",4") ( Known present "," ( If absent)	Result (b,c) (Circle "+" if present."-"
1.	The state of the s				1.1		*	
		H	F (		12		+1-	+//-
			7		1.3	8,000 POOR	+//-	+/-
					1.4 (d)		+/-	+1.+
į»		-			2.1		+/-	+1-
		+/;	+/-		2.2		+/-	+7:
۵							+/-	+/-
		F).	<b>F</b>		3 2 -			
					3		+//-	*
4.					4.1		+/-	+/-
		+ 7	+/-		4.2		+/-	-/+
					4.3		+/-	+/-
<u>ن</u>					5.1		-/-	+/.
*.		+/-	+/-		5.2		<i>+)</i> .	+/-
					5.3		+/.	+/-
a) If more th 30 days.	a) if more than one sample (routine and/or repeat) in a month is total collform positive, you must notify the State by the er 30 days.	at) in a month is total c	oliform positiv	/e, you m	iust notify the State by the end of the next business day and notify the public within	day and no	tify the put	ilic within
b) If ANY sai	b) if ANY sample tests positive for fecal coliforms or E. coli you must notify the State THE DAY YOU RECEIVE THE RESUL	s or <i>E. coll</i> you must n	otify the State	THE DA	V YOU RECEIVE THE RESULTS (or the next day if the State office is closed).	he State off	īce is close	d).
c) If a routin	e total coliform-positive sample is to	illowed by a repeat san	iple that tests	positive	for fecal colliform or E. coll, or a routine sample that	tests posit	ive for fecal	coliforms
ind notify th	or E. <i>Sol</i> is followed by a repeat total colliform-positive sample you must notify the State THE DAY YOU RECEIVE THE RES and notify the public WITHIN 24 HOURS.	sitive sample, you mu	st notify the S	tate THE	SULTS (or the next day	if the State	office is cli	osed),
d) Note; Fou	d) Note: Fourth repeat sample for systems taking one routine sample per month	g one routine sample <sub>l</sub>	ermonth.					
mmediate Foll	mmediate Follow-up Actions.							
A. Notification		B. Problem Identification			C. Corrective Measures Taken			

A. Notification	(c) If a rou or E, coll and notify (d) Note:	(b) If ANY	(a) If more 30 days.		1				-					•	,					Date Sample Collected		Total Coll
Immediate Follow-up Actions. A. Notification	If a routine total colliform-positive sample is E. coli is followed by a repeat total colliform- d notify the public WITHIN 24 HOURS.  Note: Fourth repeat sample for systems tak	(b) If ANY sample tests positive for fecal coliforms or <i>E. coli</i> you must notify the State THE DAY YOU RECEIVE THE RESU	(a) If more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the earth and days.	A SOLD AND ADMINISTRATION OF THE PRINTING ASSOCIATION OF THE PRINCIPLE ASS		ò						Ċ			io					Routine Sample Location		Total Coliform Rule — Monthly Monitoring Worksheet
8. Probler	followed by positive sar	ms or E. co	eat) in a mo							4.2		72.6 70% 77%								Date Results Known		ksheet
B. Problem Identification	followed by a repeat sal cositive sample, you mu cositive sample, you mu ing one cutine sample	<i>ili</i> you must ı	onth is total o		+/-	-		+ ,			+			<b>+</b>			4			Coliform Result (a,c) (Circle "+" II present, "." If absent)		Month and Year
	mple that tex ust notify the	notify the St	coliform posi		+ /-			+/-			+	はない		+ +			1	F		-32 7 S	FI PCS	Year
	sts positive State THE	ate THE D/	itive, you n																	Date Sample Collected		
C. Corrective Measures Taken	(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.  (d) Note: Fourth repeat sample for systems taking one fourine sample per month.	AY YOU RECEIVE THE RESULTS (or the next day if the State office is closed).	nust notify the State by the end of the next business day and notify the public within	5.3	5.2	5.1	4.3	4.2	4.1	3.3	3.2	3.1	2.3	2.2	2.1	1.4 (d)	1.3	1.2	1.1	Location     One must be at same sile as routine.     One must be within 5 taps upstream.     One must be within 5 taps stownstream.     One additional sample anywhere within the distribution system (if a fourth repeat sample is required).	Repeat Samples	
	at tests positive for y if the State office	the State off	s day and no										28							Date Results Known		
	ve for feca office is cl	ice is close	otify the pu	+/-	-/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+1-	*+	× 78 m	+/-	+/;-	+/-	+/-	Total Colform Result (a,c) (Circle "+" if present "-" if absent)		
	l coliforms losed),	ğ	blic within	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+)-	+7/-	+/-	+/-	+/-	+/-	+/-	Fecal Colliform or E. coll. Result (5.c) (Chrole "+" It present "," If absent)		

•	122		Repeat Samples		
Date Sample Routine Sample Location Collected	Train Conform or Colliform or E-coll Colliform E-coll Results (Circle + 1 (Circle + 1 (Tabsent) Trabsent)  Trabsent (Tabsent)  Trabsent (Tabsent)	Or Date Sample	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).	Total Cofform Date Results Known (Circle *** If present - f absent)	Fecal Coliform or E.coli Coliform Fecal Coliform Fecal Coliform Fecal Coliform Fecal Coliform Fecal Fe
			1.1	7.4	+/-
	<b>f</b>		1.2	¥/-	+7-
			1.3	-//+	-//+
			1.4 (d)	*/+	-/+
io	retain the second secon		2.1	174	-/+
	+/		2.2	+/-	+1.
			2.3	-/+	+/+
ω		7)	3.1	-/*	-1+
	+/-		3.2	-//+	+ 1
			3.3	-/+	+/+
4.			4.1	-/+	+/.
	+ 1		4.2	-(+)	+/-
			4.3	=/+	-/-
တ်			5.1	-7+	+/-
	+/.	1	5.2	+/.	+/-
		1	5.3	-17+	

(a) If more the 30 days. 30 days.

(b) If ANY sample tests positive for fecal colliorms or E. collyou 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 collform-positive sample is followed by a repeat sample that tests positive for fecal collform or *E. coll.* or a routine sample that tests positive for fecal collforms or *E. coll.* is followed by a repeat total collform-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

Total Coli	Total Coliform Rule — Monthly Monitoring Worksheet	sheet							
			Month and Year	ear					
	٠			Foru		Repeat Samples			
Date		Date	Total Collform Result (a,c)	Collform or		Location			Fecal Collform or F coll
Sample Collected	Routine Sample Location	Results Known	-	Circle * if	Date Sample Collected	<ul> <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> </ul>	Date Results Known		Result (b.c) (Circle "+" if
			n absent)	if absent)		One additional sample anywhere within the distribution system (if a fourth repeat sample is required).		(fabsent)	present, "-" if absent)
	1.					1.1		¥)-	+)-
						1.2		- <b>1</b>	-7.4
			+	<u>+</u>		1.33		-/‡/-	-/+
				22		1.4 (d)		+1-	-/4
	'n					2.1		**	** + <i>I</i> -
			+	+ 		2.2		+1+	-/+
						2.3	750	+/-**	+/-
	9	**************************************		ir in		3.1		+/-	- + /- ·
		3 (5) 101 (6)	+ );	<b>+</b>		3.2		4/-	-/+
·						3.3		<b>*</b> /-	+/-
	4.			2.7		4.1		+/-	+/-
		,	+	+/-		4.2		+/-	-/+
		-				4.3		+/-	+/-
	5.	- 2	,			5.1		+/-	+/-
		<del>- 121,000</del>	+/-	+/-		5.2		+/-	+/-
		<del></del>				5.3		+/-	+/-
(a) If more 30 days.	(a) If more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the en	at) in a mo	onth is total co	oliform posi	tive, you m	rust notify the State by the end of the next business day and notify the public within	s day and n	otify the pu	blic within
(b) If ANY	(b) If ANY sample tests positive for fecal coliforms or <i>E. coli</i> you must notify the State THE DAY YOU RECEIVE THE RESU	ns or E. &	oli you must n	otify the Sta	ate THE DA	W YOU RECEIVE THE RESULTS (or the next day if the State office is closed).	the State o	ffice is clos	ed).
(c) If a rou or E, coli and notifi	(c) If a routine total colliorm-positive sample is followed by a repeat sample that tests positive for fecal colliform or <i>E. coll</i> , or <i>E. coll</i> is followed by a repeat total colliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RE and notify the public WITHIN 24 HOURS.	ollowed by ositive sai	y a repeat san mple, you mus	nple that tes st notify the	sts positive State THE	or a routine s SULTS (or the	y if the Stat	Hive for fect the office is c	al coliforms losed),
(d) Note:	(d) Note: Fourth repeat sample for systems taking one routine sample per month	one rou	Tejdwes auth	er month.	<b>M</b>	2 日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日	Or by Septiminary or by Septim		
immediate	immediate Follow-up Actions.								

A. Notification

B. Problem Identification

						Repeat Samples		
Date Sample Collected	Routine Sample Location	Date F Results Known (G		Coliform or E. coll. Result (b,c)	Date Sample	Location  • One must be at same site as routine. • One must be within 5 taps upstream.		Total Coliform or Coliform E coliform E coliform
Collected		4.5	(Circle "+" if present, "-" if absent)	(Circle "+" if present,"-" if absent)	Sample Collected	<ul> <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>		(Circle "+" ff present "-" If absent)
7.						1		+1.
			,		:	1.2		+/-
			<del>1</del>	+		1.3		+/-
						1.4 (d)		+1.
2.						2.1		+/-
			+/-	+/-	:	2.2		+/-
						2.3		+/-
ယ						3.1		<b>.</b>
			+/-	+/-		3.2		-14
						3.3		+/-
4.						4.1		+/-
			+ ';	‡ -		4.2		+1-
-						4.3		+/-
.5						5.1		+/-
			+ //	+ (-		5.2		+1-
						5.3		+/-
(a) If more than 30 days.	(a) If more than one sample (routine and/or repeat) in a month is total colliform positive, you must notify the 30 days.	at) in a month	is total co	oliform posit	ive, you n	rust notify the State by the end of the next business day and notify the public within	day and no	ify the p
(b) If ANY san	(b) If ANY sample tests positive for fecal coliforms or E, coll you must notify the State THE DAY YOU RECE	ns or <i>E. coll</i> ly	ou must n	otify the Sta	te THE D/	WYOU RECEIVE THE RESULTS (or the next day if the State office is closed).	he State offi	e is clos
(c) If a routine or $E$ , $collist to$	(c) If a routine total colligrm-positive sample is followed by a repeat sample that tests positive for fecal colli or <i>E. coll</i> is followed by a repeat total colligrm-positive sample, you must notify the State THE DAY YOU RE	ollowed by a rositive sampl	epeat san e, you mu	nple that tes at notify the	ts positive State THE	<ul> <li>for fecal colliform or E. coll, or a routine sample that tests positive for fecal colliforms</li> <li>DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed),</li> </ul>	t tests positi / if the State	/e for fec office is a
and nonly me (d) Note: Fou	and somy trie public with the 24 hours.  (d) Note: Fourth repeat sample for systems taking one routine sample per month.	na one routin	samole i	er month.				
Immediate Folk	Immediate Follow-up Actions.							

(c) If a routine total coliform-positive sample is followed by a repeat sample that tests positive for fecal coliform or *E. coll*, or a routine sample that tests positive for fecal coliforms or *E. coll* 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) 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) (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. immediate Follow-up Actions. (d) Note: Fourth repeat sample for systems taking one routine sample per month. Date Sample Collected Total Coliform Rule — Monthly Monitoring Worksheet A. Notification Ģ 4. ω Ņ -**Routine Sample Location** B. Problem Identification Date Results Known (Circle "+" i present, "-; if absent) Total Coliform Result (a,c) Month and Year Coliform or

E. coli

Besult (b.c)

If (Circle "+" if present."

If absent) +/-+ +/-Date Sample Collected <u>4</u>. 3.3 1.4 (d) 5.3 5.2 4.3 4.2 23 Ξ Ω <u>...</u> ည် 12 22 2.1 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). ဂ Corrective Measures Taken Location Repeat Samples Transition of the Control of the Con Results Known (Circle "+" if | Circle "+" if | present " | present " | present " | frabsent) Total Collform Result (a,c) +)-+ +/-+ + #/\* +/-+/-+/-+/-4/-4 + +/-+ +/-Fecal Coliform or E. coli Result (b.c) + +/-+/-+/-+/-+ \*\* + + +/+ + / \* + +/-+/-+ +

	:											1				0		
																Date Sample Collected		
	:	ည်			4.			ω			'n				<del>.*</del>	Rou	,	
																Routine Sample Location		
	•															e Location		
		Depri (SE			&/Q\ <u>\</u>				72.5			100	22					
											###					Date Results Known		
	+/-			+/-			+/-			+/-			-	F S		Colliform Result (a,c) (Gircle "+" if present, "-" If absent)		Month and Year
	+/-			+/-	2.1		+/-			+ \				F		Coliform or E; coll Result (b,c) (Circle 4* if present, 4* if absent)	Fecal	Year
										. 6 <u>.</u>						or Date Sample Collected	wega.	
5.3	5.2	5.1	4.3	4.2	4.1	3.3	3.2	3.1	2.3	2.2	2.1	1.4 (d)	1.3	1,2	1:1	•		
																• One • One • One note additional system (if		
																• 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).		
																sation same site and hin 5 taps up in 5 taps do nywhere with eat sample	Repe	
																s routine. pstream. wnstream. in the distril is required).	Repeat Samples	
+1				74. <sub>7</sub> 2					37.91					S. S. S.			3	
																Date Results Known		
ŧ	+/-	+ /-	+ -	+/-	+ /-	+/-	+)-	+/-	+/-	+/-	+,	<b> </b>	+/-	+/-	+/-	Total Collform Result (a.c) (Circle "+" if present "-" if absent)		
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				_	,				Ľ				Ľ					

30 days.

(b) If ANY sample tests positive for legal colliforms or *E. coll* 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 colliform-positive sample is followed by a repeat sample that tests positive for fecal colliform or *E. coll.* or a routine sample that tests positive for fecal colliforms or *E. coll.* is followed by a repeat total colliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RESULTS for 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) 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. (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) (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. Immediate Follow-up Actions. Date Sample Collected Total Coliform Rule — A. Notification Note: Fourth repeat sam ប្ 4. ယ္ Ņ ... Routine Sample Location Monthly Monitoring Worksheet systems taking one routine sample per month B. Problem Identification Date Results Known Month and Year (Circle "+" if present "-" if absent) 76X Fecal Coliform or E. coll Result (b,c) +/-+/-Date Sample Collected 55 5 4.2 3.3 3.2 2.3 2.2 5.3 4.3 <u>4</u> 1.4 (d)  $\frac{1}{\omega}$ 12  $\ddot{\Box}$ 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). ဂ္ Corrective Measures Taken Location Repeat Samples (Circle "+" if present, "-" if absent) Total Collform Result (a,c) 4 +/-+)-+/-+/-+ + + +/-+ +/+ +/-+/-+/-+ (Circle "+" if present, "." if absent) Fecal Coliform or E. coli Result (b,c) + +/-+/-+ +/+ +/-+/-+ +/+ +/-+ + +/+ +/-+/;

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+/;	+/-	+/-	+ (-)	+/-	+/-	+/-	**	+/-	+/-	+/-	<b>*</b>	+ 7-	+/-	+/-	+//-	Fecal Coliform or E. coli: Result (b.c) (Circle "4" if present. If absem)			

(b) If ANY sample tests positive for fecal coliforms or E. coll 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 colliform-positive sample is followed by a repeat sample that tests positive for fecal colliform or *E. coll*, or a routine sample that tests positive for fecal colliforms or *E. coll*, is followed by a repeat total colliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed).

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

Immediate Follow-up Actions.

A. Notification

B. Problem Identification

Total Colifor	Total Coliform Rule — Monthly Monitoring Worksheet	sheet							
			Month and Year	Year					
				Feral		Repeat Samples			
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Collected	noddine sampie Location	Known	(Circle "+" if	(Circle "+" if	Date Sample	<ul> <li>One must be at same site as routine.</li> <li>One must be within 5 taps upstream.</li> </ul>		Result (a,c)	Result (b,c)
			if absent)	present, "- if absent)	Collected	<ul> <li>One additional sample anywhere within the distribution system (if a fourth repeat sample is required).</li> </ul>	7.0	present."-" If absent)	(Circle "+" if present "-" if absent
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(a) If more the 30 days.	(a) If more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the er 30 days.	t) in a mon	th is total co	liform posit	ive, you m	ust notify the State by the end of the next business day and notify the public within	day and n	otify the pul	olic within
(b) If ANY sar	(b) If ANY sample tests positive for fecal coliforms or <i>E. coll</i> you must notify the State THE DAY YOU RECEIVE THE RESU	s or E. coli	you must no	otify the Stat	le THE DA	Y YOU RECEIVE THE RESULTS (or the next day if the State office is closed).	the State of	fice is close	ė.
(c) If a routing or E. coll is to and notify the	e total coliform-positive sample is fo illowed by a repeat total coliform-po s public WITHIN 24 HOURS.	llowed by a	repeat sam	ple that test	ts positive State THE	(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.	t tests posi	tive for feca office is cl	l coliforms osed),
(d) Note: Fou	(d) Note: Fourth repeat sample for systems taking one routine sample per month,	g one routi	ne sample p	er month.	Sunda Brass			eni saseyañ yez aran inceres	,
immediate Follow-up Actions.	ow-up Actions.							,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A. Notification		B. Problem Identification	dentification			C. Corrective Measures Taken			

A. Notification	(d) Note: Fo	and notify t	(c) If a routi	(b) If ANY si	vo uaya.	(a) If more t								-									Date Sample Collected		Total Colifo	
	(d) Note: Fourth repeat sample for systems taking one routine sample per month immediate Follow-up Actions.	he public WITHIN 24 HOURS.	(c) If a routine total coliform-positive sample is followed by a repeat sample that tests positive to riccal coliform or E. colinors is considered to the sample with the State THE DAYYOU RECEIVE THE R	(b) If ANY sample tests positive for fecal coliforms or <i>E. coll</i> you must notify the State THE DAY YOU RECEIVE THE RES		(a) If more than one sample (routine and/or repeat) in a month is total collform positive, you must notify the State by the			<b>ў</b>			4.			ω			'n				;- <del>*</del>	Routine Sample Location		Total Coliform Hule — Monthly Monitoring Worksheet	
B. Problem k	ng one routil	duine senior	ollowed by a	ns or E. coli		at) in a mont						3								i dan		100	Date Results Known		(sheet	
Problem Identification	ne sample pe		repeat sam	you must no		th is total col		+/-			+/-			+/-			+/-				E)		- C14 C	Total	Month and Year	
	er month,	Time forces	ole that tests	tify the State		iform positiv		+ / -			+/-			+/-			+ 		7	- -	+ ,	4	Coliform or E coll Result (b.c) (Circle '4" if opresent Trabsem)	Fecal	ar	
•			positive	THE DAY		e, you mu																	Date Sample Collected			
C. Corrective Measures Taken			tor fecal coliform or <i>E. coli</i> , or a routine sample that tests positive for fecal coliforms DAY YOU RECEIVE THE RESULTS for the next day if the State office is closed).	/ YOU RECEIVE THE RESULTS (or the next day if the State office is closed)		ust notify the State by the end of the next business day and notify the public within	5.3	5.2	5.1	4.3	4.2	4.1	3.3	3.2	3.1	2.3	2.2	2.1	1.4 (d)	1.3	1.2	1.1	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).	Repeat Samples		
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			l coliforms osed)	ġ.		olic within	ŧ,	ŧ.,	+/-	+/-	+/-	+1-	<i>+/-</i> -	*+ <i>I</i> -	+ 7	+/-	+/-	+/-	+/-	*/+	+7.	+/-	Fecal Coliform or E: coli (b.c) Result (b.c) (Circle "+" if present "-" If absent)			

Total Coli	Total Coliform Rule — Monthly Monitoring Worksheet	sheet						
		Month and Year	Year					
			Fecal		Repeat Samples			
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Collected		Known (Circle "+" if present "-" if absent)	(Circle "+" if present, "-"	Sample Collected	One must be within 5 taps upstream. One must be within 5 taps downstream. One additional sample anywhere within the distribution	Results Known	Circle "+" If	Result (b,c)
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(b) If ANY	(b) If ANY sample tests positive for fecal coliforms or <i>E. coli</i> you must notify the State THE DAY YOU RECEIVE THE RESU	ns or <i>E. coli</i> you must i	notify the State	THE DA	Y YOU RECEIVE THE RESULTS (or the next day if the State office is closed).	he State of	fice is close	id).
(c) If a rou or E. coll is and notify	tine total coliform-positive sample is to s followed by a repeat total coliform-positive public WITHIN 24 HOURS.	ollowed by a repeat sa ositive sample, you mu	mple that tests ist notify the S	positive tate THE	(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.	if the State	tive for feca office is c	d coliforms losed),
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A. Notification	Immediate F	and notify (d) Note: F	(c) #a rou	(b) II ANY	(a) If more 30 days.																	Date Sample Collected			Total Colife
on .	Immediate Follow-up Actions.	of E. 2011 Is followed by a repeat total comorm-bositive sample, you must nomy the State. The DATE CONTROLLED and notify the public WITHIN 24 HOURS  (d) Note: Fourth repeat sample for systems taking one routine sample per month.	line total collform-positive sample is f	(b) If ANY sample tests positive for fecal coliforms or E. coll you must notify the State THE DAY YOU RECEIVE THE RES	<ul><li>(a) If more than one sample (routine and/or repeat) in a month is total colliform positive, you must notify the State by the 30 days;</li></ul>			5.			4.			3.			2.				1.	Routine Sample Location			Total Coliform Rule — Monthly Monitoring Worksheet
B. Problem k		ng one routil	ollowed by a	ns or <i>E. coll</i> )	at) in a mont																	Date Flesults Known			sheet
Problem Identification		ie, you liius 1e sample po	repeat samj	on must no	h is total col		+			+/-			+/-			+/-			+		7/	Golfform Result (a.c) (Gircle "+" if		Month and Year	
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		iale i file i	positive	THE DAY	e, you mu	5.	5	(7)	2			63	63	(3)	2	N)		1	1		-	Date Sample Collected			
C. Corrective Measures Taken			or legal collibrim or E. coli, or a routine sample that tests positive for legal collibrims	YOU RECEIVE THE RESULTS (or the next day if the State office is closed).	s notify the State by the end of the next business day and notify the public within	.3	5.2	5.1	4.3	4.2	4.1	3.3	3.2	3.1	2.3	2.2	2.1	.4 (d)	1.3	1.2	1.1	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).	Repeat Samples		
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			al coliforms	ed),	nithiw oildr	1	<i>‡</i> (-	+/-	+/-	+/-	+/-	+1.	±/-	+/-	+/-	+//-	+/-	+/+	+/-	+	+/,	Fecal Coliform or E. coli Result (b.c) (Circle "+" if present."- If absent)			

A. Notification	(c) If a rout or E. coll is and notify   and notify   (d) Note: Fo	(b) If ANY s	30 days.		,															Date Sample Collected		Total Coli	
אח	(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 <i>E, coli</i> is followed by a repeat total coliform-positive sample, you must notify the State THE DAY YOU RECEIVE THE RE and notify the public WITHIN 24 HOURS.  (d) Wote: Fourth repeat sample for systems raking one routine sample per month.	(b) If ANY sample tests positive for fecal coliforms or <i>E. coli</i> you must notify the State THE DAY YOU RECEIVE THE RESU	(a) if more than one sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the east of days.	and the second state of the second se		ò						ò			Ņ				1.	Routine Sample Location		Total Coliform Rule — Monthly Monitoring Worksheet	
B. Problem Identification	s followed by a repeat sample that te -positive sample, you must notify th king one routine sample per month.	ns or <i>E. coli</i>	at) in a mon											Ž.						Date Hesults Known		ksheet	1
denification	a repeat sam ole, you mus ne sample p	you must n	th is total co		+/-	•		+/-	•	* **	+/-			+,	2309 300 300 300 300 300 300 300 300 300			#		Collform Result (a,c) (Circle "+" if present, "-" if absent)	7 9 9	Month and Year	
	nple that test at notify the er month.	otify the Stat	oliform posit		+/-	_		+/-			**			Ť.				#  -  -		Collform or E. coll Result (b,c) (Circle "4" lif present, "4" if absent)	Fecal	Year	
	state THE	te THE DA	ive, you m	And the state of t																Date Sample Collected			
C. Corrective Measures Taken	for fecal coliform or <i>E. coli</i> , or a routine sample that tests positive for fecal coliforms DAY YOU RECEIVE THE RESULTS (or the next day if the State office is closed),	Y YOU RECEIVE THE RESULTS (or the next day if the State office is closed).	rust notify the State by the end of the next business day and notify the public within	5.3	5.2	5.1	4.3	4.2	4.1	3.3	3.2	3.1	2.3	2.2	2.1	1.4 (d)	1.3	1.2	11	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).	Repeat Samples		
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	l coliforms losed),	<u>ē</u>	blic within	+/-	+/-	+/-	+/-	+/-	-/+	+/-	+/-	*		- (+)	-/+·	* + <i>I</i> - *	-/+	+/-	*,	Fecal Colliform or E. coll. (b.c.) Result (b.c.) (Circle "+" if present "."			

Total Coliform Rule — Monthly Monitoring Worksheet	sheet					
	Month and Year					
	Facel	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	Repeat Samples			
Date	Total Coliform or Coliform Froil		Location .		Total (	Fecal Coliform or
Sample Routine Sample Location Collected	<b>⊃</b> ⁄o	Date Sample	<ul> <li>One must be at same site as routine.</li> <li>One must be within 5 taps upstream.</li> </ul>		Result (a,c)	E, COII Result (b,c)
	3.	Collected	<ul> <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>	Known (c	present, "- if absent)	(Circle "+" if present, "-" if absent)
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A. Notification	or E. coll and notify	(b) If ANY	30 days.	5) K								1								Date Sample Collected			Total Col
A. Notification	(c) It a routine total coliform-positive sample is followed by a repeat sample that tests or <i>E. coli</i> is followed by a repeat total coliform-positive sample, you must notify the sand notify the public WITHIN 24 HOURS.  (d) Note: Fourth repeat sample for systems, taking one routine sample per month.	sample tests positive for fecal colifor	(a) it more utall one sample (routine and/of repeat) in a month is total coliform positive, you must notify the State by the en	ALL THE RESIDENCE OF THE PARTY		ç						ċ			'n								Total Coliform Rule Monthly Monitoring Worksheet
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B. Problem Identification	nple, you mu nple, you mu tine sample	li you must	inth is total o		+/-	•		+			+			+				+		#8 <u>6</u> 80		Month and Year	
	mple that tes ist notify the per month.	notify the St	coliform posi		+/-			+ ,	***************************************	-	+			ŧ				+ <i>)</i> ,		Coliform or E. coli. ) Result (b.c)  ff (Circle "+" (f present " " (f absent)"	Fecal	d Year	
	State THE	ate THE D/	itive, you n	Ships of the latest designation of the lates																Date Sample Collected	<i>3</i>		
C. Corrective Measures Taken	(c) It a routine total coliform-positive sample is followed by a repeat sample that tests positive for fecal coliform or <i>E. coll.</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.  (d) Note: Fourth repeat sample for systems, taking one routine sample per month.	(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).	nust notify the State by the end of the next business day and notify the public within	5.3	5.2	5.1	4.3	4.2	4.1	3.3	3.2	3.1	2.3	2.2	2.1	1.4 (d)	1.3	1.2	11	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).	Repeat Samples		
	t tests posi y if the Stat	the State of	s day and n																	Date Results Known	į		
	ssitive for fecal ate office is clo	fice is close	otify the pu	+/-	. +/-	+/-	+/-	+/-	+/-	4/-	+/-		+/	:-{\#		-//+	+);-		+/-	Total Coliform Result (a.c) (Circle "+" if present "-" if absent)			
	al coliforms losed),	<u>.</u>	blic within	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	-/+	-1-	+/-	-/+	1.	-/+/-	-/4	+/,	Fecal Colliform or E. coll Result (b,c) (Circle "+" H present, "-" If absent)			

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Total Coliform Rule — Monthly Monitoring Worksheet Date Sample Collected Ġ 4 ယ Ņ <u>.-</u> Routine Sample Location Fesult (ac) Result (bc)

Gircle "+" if (Gircle "+" if present "-" if present "-" if absent)

If absent) If absent Month and Year Date Sample Collected 1.4 (d) <u>.</u>3 5.3 5.2 5 4.3 42 4.1  $\frac{3}{3}$ 3.2  $\frac{\omega}{\Delta}$ 2.3 22 2.1 12 Ξ 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). Location Repeat Samples (Circle "+" if (Circle "+" if present "-" present "-" if absent) Coliform Result (a,c) +/-+ + Fecal Coliform or E; coll Result (b.c) +/-

(a) If more than one sample (routine and/or repeat) in a month is total colliorm 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

œ Problem Identification

ဂ္ Corrective Measures Taker