

United States
Environmental Protection
Agency

Office of Water
(4606)

EPA 816-R-01-017B
June 2001



Total Coliform Rule Monthly Monitoring Worksheets

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

Please Note...

The worksheets provided in this document are

intended for use with USEPA's *A Small Systems*

Guide to the Total Coliform 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.

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 E. coli Result (b,c) (Circle "+" if present, "-" if absent)	Repeat Samples						
					Date Sample Collected	Location	Date Results Known				
1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • 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). 		+ / -	+ / -		
					1.2						
					1.3						
					1.4 (d)						
					2.1						
2.			+ / -	+ / -	2.2						
					2.3						
					3.1						
3.			+ / -	+ / -	3.2						
					3.3						
					4.1						
4.			+ / -	+ / -	4.2						
					4.3						
					5.1						
5.			+ / -	+ / -	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 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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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 E. coli Result (b,c) (Circle "+" if present, "-" if absent)	Repeat Samples				
					Date Sample Collected	Location			
1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • One must be at same site as routine. • 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 E. coli Result (b,c) (Circle "+" if present, "-" if absent)
					1.2				
					1.3				
					1.4 (d)				
2.			+ / -	+ / -	2.1		Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b,c) (Circle "+" if present, "-" if absent)
					2.2				
					2.3				
					2.4				
3.			+ / -	+ / -	3.1		Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b,c) (Circle "+" if present, "-" if absent)
					3.2				
					3.3				
					3.4				
4.			+ / -	+ / -	4.1		Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b,c) (Circle "+" if present, "-" if absent)
					4.2				
					4.3				
					4.4				
5.			+ / -	+ / -	5.1		Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b,c) (Circle "+" if present, "-" if absent)
					5.2				
					5.3				
					5.4				

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

Immediate Follow-up Actions.

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Month and Year

Date Sample Collected					Routine Sample Location					Repeat Samples				

Total Coliform Rule — Monthly Monitoring Worksheet

Month and Year _____

Date Sample Collected	Routine Sample Location	Date Results Known	Total Coliform or <i>E. coli</i> 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							
1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • 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). 							
					1.2								
					1.3								
					1.4 (d)								
2.			+ / -	+ / -	2.1								
					2.2								
					2.3								
					3.1								
3.			+ / -	+ / -	3.2								
					3.3								
					4.1								
					4.2								
4.			+ / -	+ / -	4.3								
					5.1								
					5.2								
					5.3								
5.			+ / -	+ / -									

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

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					Date Sample Collected	Location	Date Results Known						
1.			+/-	+/-	1.1	<ul style="list-style-type: none"> • 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). 							
					1.2								
					1.3								
					1.4 (d)								
2.			+/-	+/-	2.1								
					2.2								
					2.3								
					3.1								
3.			+/-	+/-	3.2								
					3.3								
					4.1								
					4.2								
4.			+/-	+/-	4.3								
					5.1								
					5.2								
					5.3								
5.			+/-	+/-									

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					Date Sample Collected	Location					
1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • 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). 			+ / -	+ / -	
					1.2						
					1.3						
					1.4 (d)						
2.			+ / -	+ / -	2.1			+ / -	+ / -		
					2.2						
					2.3						
					2.4						
3.			+ / -	+ / -	3.1			+ / -	+ / -		
					3.2						
					3.3						
					3.4						
4.			+ / -	+ / -	4.1			+ / -	+ / -		
					4.2						
					4.3						
					4.4						
5.			+ / -	+ / -	5.1			+ / -	+ / -		
					5.2						
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(d) Note: Fourth repeat sample for systems taking one routine sample per month.

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1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • 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). 		+ / -	+ / -		
					1.2						
					1.3						
					1.4 (d)						
					2.1						
2.			+ / -	+ / -	2.2						
					2.3						
3.			+ / -	+ / -	3.1						
					3.2						
					3.3						
4.			+ / -	+ / -	4.1						
					4.2						
					4.3						
					5.1						
5.			+ / -	+ / -	5.2						
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1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • One must be at same site as routine. • One must be within 5 taps downstream. • One additional sample anywhere within the distribution system (if a fourth repeat sample is required). 		+ / -	+ / -			
					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			+ / -	+ / -			
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					Date Sample Collected	Location					
1.			+/-	+/-	1.1	<ul style="list-style-type: none"> • 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). 			+/-	+/-	
					1.2						
					1.3						
					1.4 (d)						
2.			+/-	+/-	2.1			+/-	+/-		
					2.2						
					2.3						
					3.1						
3.			+/-	+/-	3.2			+/-	+/-		
					3.3						
					4.1						
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					Date Sample Collected	Location	Date Results Known				
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					1.2						
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2.			+ / -	+ / -	2.1			+ / -	+ / -		
					2.2						
					2.3						
					3.1						
3.			+ / -	+ / -	3.2			+ / -	+ / -		
					3.3						
					4.1						
					4.2						
4.			+ / -	+ / -	4.3			+ / -	+ / -		
					5.1						
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(d) Note: Fourth repeat sample for systems taking one routine sample per month.

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					1.2						
					1.3						
					1.4 (d)						
2.			+/-	+/-	2.1			+/-	+/-		
					2.2						
					2.3						
					2.4						
3.			+/-	+/-	3.1			+/-	+/-		
					3.2						
					3.3						
					3.4						
4.			+/-	+/-	4.1			+/-	+/-		
					4.2						
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(d) Note: Fourth repeat sample for systems taking one routine sample per month.

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					2.3				
					3.1				
3.			+ / -	+ / -	3.2				
					3.3				
					4.1				
					4.2				
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					5.2				
					5.3				
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(d) Note: Fourth, repeat sample for systems taking one routine sample per month.

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					1.3					+/-	+/-
					1.4 (d)					+/-	+/-
2.			+/-	+/-	2.1		+/-	+/-	+/-		
					2.2					+/-	+/-
					2.3					+/-	+/-
					3.1					+/-	+/-
3.			+/-	+/-	3.2		+/-	+/-	+/-		
					3.3					+/-	+/-
					4.1					+/-	+/-
					4.2					+/-	+/-
4.			+/-	+/-	4.3		+/-	+/-	+/-		
					5.1					+/-	+/-
					5.2					+/-	+/-
					5.3					+/-	+/-
5.			+/-	+/-			+/-	+/-	+/-		

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					1.2									
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2.			+ / -	+ / -	2.1									
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3.			+ / -	+ / -	3.1									
					3.2									
					3.3									
					3.4									
4.			+ / -	+ / -	4.1									
					4.2									
					4.3									
					4.4									
5.			+ / -	+ / -	5.1									
					5.2									
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(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 E. coli Result (b/c) (Circle "+" if present, "-" if absent)	Repeat Samples										
					Date Sample Collected	Location	Date Results Known	Total Coliform Result (a/c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b/c) (Circle "+" if present, "-" if absent)						
1.			+/-	+/-	1.1	<ul style="list-style-type: none"> 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). 									
					1.2										
					1.3										
					1.4 (d)										
2.			+/-	+/-	2.1										
					2.2										
					2.3										
					3.1										
3.			+/-	+/-	3.2										
					3.3										
					4.1										
					4.2										
4.			+/-	+/-	4.3										
					5.1										
					5.2										
					5.3										
5.			+/-	+/-											

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					1.4 (d)									
					2.1									
2.			+ / -	+ / -	2.2									
					2.3									
					3.1									
3.			+ / -	+ / -	3.2									
					3.3									
					4.1									
4.			+ / -	+ / -	4.2									
					4.3									
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5.			+ / -	+ / -	5.2									
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					1.3						
					1.4 (d)						
2.			+ / -	+ / -	2.1			+ / -	+ / -		
					2.2						
					2.3						
					2.4						
3.			+ / -	+ / -	3.1			+ / -	+ / -		
					3.2						
					3.3						
					3.4						
4.			+ / -	+ / -	4.1			+ / -	+ / -		
					4.2						
					4.3						
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					Date Sample Collected	Location	Total Coliform Result (a-c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b-c) (Circle "+" if present, "-" if absent)						
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					1.4 (d)									
2.			+ / -	+ / -	2.1									
					2.2									
					2.3									
					3.1									
3.			+ / -	+ / -	3.2									
					3.3									
					4.1									
					4.2									
4.			+ / -	+ / -	4.3									
					5.1									
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					2.1				
2.			+/-	+/-	2.2		Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b,c) (Circle "+" if present, "-" if absent)
					2.3				
					3.1				
3.			+/-	+/-	3.2		Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b,c) (Circle "+" if present, "-" if absent)
					3.3				
					4.1				
4.			+/-	+/-	4.2		Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b,c) (Circle "+" if present, "-" if absent)
					4.3				
					5.1				
5.			+/-	+/-	5.2		Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b,c) (Circle "+" if present, "-" if absent)
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					1.2						+ / -	+ / -
					1.3						+ / -	+ / -
					1.4 (d)						+ / -	+ / -
					2.1						+ / -	+ / -
2.			+ / -	+ / -	2.2		+ / -	+ / -				
					2.3		+ / -	+ / -				
					3.1		+ / -	+ / -				
3.			+ / -	+ / -	3.2		+ / -	+ / -				
					3.3		+ / -	+ / -				
					4.1		+ / -	+ / -				
4.			+ / -	+ / -	4.2		+ / -	+ / -				
					4.3		+ / -	+ / -				
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					1.2						
					1.3						
					1.4 (d)						
2.			+/-	+/-	2.1			+/-	+/-		
					2.2						
					2.3						
					3.1						
3.			+/-	+/-	3.2			+/-	+/-		
					3.3						
					4.1						
					4.2						
4.			+/-	+/-	4.3			+/-	+/-		
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					3.2						
					3.3						
3.			+ / -	+ / -	4.1						
					4.2						
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					3.1						
3.			+ / -	+ / -	3.2				+ / -	+ / -	
					3.3						
					4.1						
					4.2						
4.			+ / -	+ / -	4.3				+ / -	+ / -	
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					3.3								
					4.1								
					4.2								
4.			+ / -	+ / -	4.3			+ / -	+ / -				
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					2.2					
					2.3					
					2.4					
3.			+ / -	+ / -	3.1			+ / -	+ / -	
					3.2					
					3.3					
					3.4					
4.			+ / -	+ / -	4.1			+ / -	+ / -	
					4.2					
					4.3					
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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 E. coli Result (b.c) (Circle "+" if present, "-" if absent)	Repeat Samples						
					Date Sample Collected	Location					
1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • 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). 			+ / -	+ / -	
					1.2						
					1.3						
					1.4 (d)						
2.			+ / -	+ / -	2.1			+ / -	+ / -		
					2.2						
					2.3						
					3.1						
3.			+ / -	+ / -	3.1			+ / -	+ / -		
					3.2						
					3.3						
					4.1						
4.			+ / -	+ / -	4.2			+ / -	+ / -		
					4.3						
					5.1						
					5.2						
5.			+ / -	+ / -	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 E. coli Result (b,c) (Circle "+" if present, "-" if absent)	Repeat Samples						
					Date Sample Collected	Location	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b,c) (Circle "+" if present, "-" if absent)			
1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • 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). 		+ / -	+ / -		
					1.2						
					1.3						
					1.4 (d)						
2.			+ / -	+ / -	2.1			+ / -	+ / -		
					2.2						
					2.3						
					2.4						
3.			+ / -	+ / -	3.1			+ / -	+ / -		
					3.2						
					3.3						
					3.4						
4.			+ / -	+ / -	4.1			+ / -	+ / -		
					4.2						
					4.3						
					4.4						
5.			+ / -	+ / -	5.1			+ / -	+ / -		
					5.2						
					5.3						
					5.4						

(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 and notify the public WITHIN 24 HOURS.

(d) Note: Fourth repeat sample (or) stems 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 E. coli Result (b,c) (Circle "+" if present, "-" if absent)	Repeat Samples						
					Date Sample Collected	Location	Date Results Known				
1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • 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). 		+ / -	+ / -		
					1.2						
					1.3						
					1.4 (d)						
2.			+ / -	+ / -	2.1			+ / -	+ / -		
					2.2						
					2.3						
					3.1						
3.			+ / -	+ / -	3.2			+ / -	+ / -		
					3.3						
					4.1						
					4.2						
4.			+ / -	+ / -	4.3			+ / -	+ / -		
					5.1						
					5.2						
					5.3						
5.			+ / -	+ / -				+ / -	+ / -		

(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 E. coli Result (b,c) (Circle "+" if present, "-" if absent)	Repeat Samples							
					Date Sample Collected	Location	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b,c) (Circle "+" if present, "-" if absent)			
1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • 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). 		+ / -	+ / -			
					1.2						+ / -	+ / -
					1.3						+ / -	+ / -
					1.4 (d)						+ / -	+ / -
2.			+ / -	+ / -	2.1		+ / -	+ / -				
					2.2					+ / -	+ / -	
					2.3					+ / -	+ / -	
					2.4					+ / -	+ / -	
3.			+ / -	+ / -	3.1		+ / -	+ / -				
					3.2					+ / -	+ / -	
					3.3					+ / -	+ / -	
					3.4					+ / -	+ / -	
4.			+ / -	+ / -	4.1		+ / -	+ / -				
					4.2					+ / -	+ / -	
					4.3					+ / -	+ / -	
					4.4					+ / -	+ / -	
5.			+ / -	+ / -	5.1		+ / -	+ / -				
					5.2					+ / -	+ / -	
					5.3					+ / -	+ / -	
					5.4					+ / -	+ / -	

(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 and 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) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b) (Circle "+" if present, "-" if absent)	Repeat Samples						
					Date Sample Collected	Location	Date Results Known	Total Coliform Result (a) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b) (Circle "+" if present, "-" if absent)		
1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> 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). 		+ / -	+ / -		
					1.2						
					1.3						
					1.4 (d)						
2.			+ / -	+ / -	2.1		+ / -	+ / -	+ / -		
					2.2						
					2.3						
					3.1						
3.			+ / -	+ / -	3.2		+ / -	+ / -	+ / -		
					3.3						
					4.1						
					4.2						
4.			+ / -	+ / -	4.3		+ / -	+ / -	+ / -		
					5.1						
					5.2						
					5.3						
5.			+ / -	+ / -			+ / -	+ / -	+ / -		

(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 E. coli Result (b,c) (Circle "+" if present, "-" if absent)	Repeat Samples					
					Date Sample Collected	Location				
1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • 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). 	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b,c) (Circle "+" if present, "-" if absent)	
					1.2					
					1.3					
					1.4 (d)					
					2.1					
2.			+ / -	+ / -	2.2					
					2.3					
					3.1					
3.			+ / -	+ / -	3.2					
					3.3					
					4.1					
4.			+ / -	+ / -	4.2					
					4.3					
					5.1					
5.			+ / -	+ / -	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 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) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b) (Circle "+" if present, "-" if absent)	Repeat Samples						
					Date Sample Collected	Location					
1.			+/-	+/-	1.1	<ul style="list-style-type: none"> • 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). 			+/-	+/-	
					1.2						
					1.3						
					1.4 (d)						
2.			+/-	+/-	2.1			+/-	+/-		
					2.2						
					2.3						
					3.1						
3.			+/-	+/-	3.2			+/-	+/-		
					3.3						
					4.1						
					4.2						
4.			+/-	+/-	4.3			+/-	+/-		
					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, of 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

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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 E. coli Result (b,c) (Circle "+" if present, "-" if absent)	Repeat Samples								
					Date Sample Collected	Location							
1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • 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). 							
					1.2								
					1.3								
					1.4 (d)								
2.			+ / -	+ / -	2.1								
					2.2								
					2.3								
					2.4								
3.			+ / -	+ / -	3.1								
					3.2								
					3.3								
					3.4								
4.			+ / -	+ / -	4.1								
					4.2								
					4.3								
					4.4								
5.			+ / -	+ / -	5.1								
					5.2								
					5.3								
					5.4								

(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.

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(d) Note: Fourth repeat sample for system 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) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b) (Circle "+" if present, "-" if absent)	Repeat Samples		Date Results Known	Total Coliform Result (a) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b) (Circle "+" if present, "-" if absent)	
					Date Sample Collected	Location				
1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • 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). 		+ / -	+ / -	
					1.2					
					1.3					
					1.4 (d)					
2.			+ / -	+ / -	2.1		+ / -	+ / -	+ / -	
					2.2					
					2.3					
					2.4					
3.			+ / -	+ / -	3.1		+ / -	+ / -	+ / -	
					3.2					
					3.3					
					3.4					
4.			+ / -	+ / -	4.1		+ / -	+ / -	+ / -	
					4.2					
					4.3					
					4.4					
5.			+ / -	+ / -	5.1		+ / -	+ / -	+ / -	
					5.2					
					5.3					
					5.4					

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(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 E. coli Result (b,c) (Circle "+" if present, "-" if absent)	Repeat Samples						
					Date Sample Collected	Location	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b,c) (Circle "+" if present, "-" if absent)		
1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • 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). 		+ / -	+ / -		
					1.2						
					1.3						
					1.4 (d)						
2.			+ / -	+ / -	2.1			+ / -	+ / -		
					2.2						
					2.3						
					2.4						
3.			+ / -	+ / -	3.1			+ / -	+ / -		
					3.2						
					3.3						
					3.4						
4.			+ / -	+ / -	4.1			+ / -	+ / -		
					4.2						
					4.3						
					4.4						
5.			+ / -	+ / -	5.1			+ / -	+ / -		
					5.2						
					5.3						
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(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).

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

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 E. coli Result (b,c) (Circle "+" if present, "-" if absent)	Repeat Samples								
					Date Sample Collected	Location	Date Results Known	Total Coliform Result (a,c) (Circle "+" if present, "-" if absent)	Fecal Coliform or E. coli Result (b,c) (Circle "+" if present, "-" if absent)				
1.			+ / -	+ / -	1.1	<ul style="list-style-type: none"> • 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). 		+ / -	+ / -				
					1.2								
					1.3								
					1.4 (d)								
					2.1								
2.			+ / -	+ / -	2.2								
					2.3								
					3.1								
3.			+ / -	+ / -	3.2								
					3.3								
					4.1								
4.			+ / -	+ / -	4.2								
					4.3								
					5.1								
5.			+ / -	+ / -	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.

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(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

