



Revised Total Coliform Rule: Sample Site Plan Form For Small Systems

Section 1: Public Water System Information

Public Water System Name: _____ PWSID: _____

Person completing this form: _____ Date: _____

Email: _____ Phone: _____

If a routine sample is total coliform-positive, within 24 hours of being notified, the repeat samples and source water samples will be collected from the following locations:

Section 2: Total Coliform Sample Sites

Routine Sample Site #1:	_____	_____	_____
	(Address/location)	(Contact for Sample Site)	(Phone)

Routine Sample Site #1 - Repeat Sample Sites

- DO NOT disinfect the drinking water system before collecting the repeat samples.

Repeat Sample #1: _____

(Same location as Routine Sample Site #1) (Contact for Sample Site) (Phone)

Repeat Sample #2: _____

(Sample location within 5 taps downstream) (Contact for Sample Site) (Phone)

Repeat Sample #3: _____

(Sample location within 5 taps upstream) (Contact for Sample Site) (Phone)

Routine Sample Site #2:	_____	_____	_____
	(Address/location)	(Contact for Sample Site)	(Phone)

Routine Sample Site #2 - Repeat Sample Sites

- DO NOT disinfect the drinking water system before collecting the repeat samples.

Repeat Sample #1: _____

(Same location as Routine Sample Site #2) (Contact for Sample Site) (Phone)

Repeat Sample #2: _____

(Sample location within 5 taps downstream) (Contact for Sample Site) (Phone)

Repeat Sample #3: _____

(Sample location within 5 taps upstream) (Contact for Sample Site) (Phone)

Routine Sample Site #3:

(Address/location)

(Contact for Sample Site)

(Phone)

Routine Sample Site #3 - Repeat Sample Sites

- DO NOT disinfect the drinking water system before collecting the repeat samples.

Repeat Sample #1:

(Same location as Routine Sample Site #3)

(Contact for Sample Site)

(Phone)

Repeat Sample #2:

(Sample location within 5 taps downstream)

(Contact for Sample Site)

(Phone)

Repeat Sample #3:

(Sample location within 5 taps upstream)

(Contact for Sample Site)

(Phone)

Routine Sample Site #4:

(Address/location)

(Contact for Sample Site)

(Phone)

Routine Sample Site #4 - Repeat Sample Sites

- DO NOT disinfect the drinking water system before collecting the repeat samples.

Repeat Sample #1:

(Same location as Routine Sample Site #4)

(Contact for Sample Site)

(Phone)

Repeat Sample #2:

(Sample location within 5 taps downstream)

(Contact for Sample Site)

(Phone)

Repeat Sample #3:

(Sample location within 5 taps upstream)

(Contact for Sample Site)

(Phone)

Routine Sample Site #5:

(Address/location)

(Contact for Sample Site)

(Phone)

Routine Sample Site #5 - Repeat Sample Sites

- DO NOT disinfect the drinking water system before collecting the repeat samples.

Repeat Sample #1:

(Same location as Routine Sample Site #5)

(Contact for Sample Site)

(Phone)

Repeat Sample #2:

(Sample location within 5 taps downstream)

(Contact for Sample Site)

(Phone)

Repeat Sample #3:

(Sample location within 5 taps upstream)

(Contact for Sample Site)

(Phone)

Routine Sample Site #6:

_____ (Address/location)

_____ (Contact for Sample Site)

_____ (Phone)

Routine Sample Site #6 - Repeat Sample Sites

- DO NOT disinfect the drinking water system before collecting the repeat samples.

Repeat Sample #1:

_____ (Same location as Routine Sample Site #6)

_____ (Contact for Sample Site)

_____ (Phone)

Repeat Sample #2:

_____ (Sample location within 5 taps downstream)

_____ (Contact for Sample Site)

_____ (Phone)

Repeat Sample #3:

_____ (Sample location within 5 taps upstream)

_____ (Contact for Sample Site)

_____ (Phone)

Section 3: Source Water Sample Sites (Ground water systems only)

If any of your monthly routine samples are total coliform-present, source water samples must be collected from all wells that were active when you collected the routine sample. Source water samples must be collected BEFORE any treatment.

Source Water Sample #1:

_____ (Well Number)

_____ (Well Sample Site location)

Source Water Sample #2:

_____ (Well Number)

_____ (Well Sample Site location)

Source Water Sample #3:

_____ (Well Number)

_____ (Well Sample Site location)

Source Water Sample #4:

_____ (Well Number)

_____ (Well Sample Site location)

Source Water Sample #5:

_____ (Well Number)

_____ (Well Sample Site location)

Source Water Sample #6:

_____ (Well Number)

_____ (Well Sample Site location)

Collect a source water sample from each well that was active at the time the routine sample was collected. If you are not sure which well was active, collect from all wells that could have been feeding water to that area of the distribution system.

Section 4: Sample Schedule

Under each month, list the site numbers where you collect routine samples:

January	February	March	April	May	June
July	August	September	October	November	December

Section 5: Sample Collection Map

Attach a representative map of the drinking water system, pertinent facilities, and sample locations.

Section 6: Submit the Form

Once you have completed Sections 1-5, it is time to submit the form to DEQ for review/approval. Before you submit the form to DEQ, be sure to keep a copy for your records. This form is designed to benefit the public water system as much as DEQ.

Mail a copy of the form and map to:

ATTN: RTCR Rule Manager
Montana DEQ
Public Water Supply Bureau
PO Box 200901
Helena, MT 59620

Fax the form and map to:

(406) 444-4386
ATTN: RTCR Rule Manager
Montana DEQ
Public Water Supply Bureau

Email the form and map to:

DEQRTCRLEVEL12@mt.gov