

Revised COLIFORM SAMPLING PLAN

For public water systems serving up to 1,000 persons

1. **System Name:** _____ **PWS ID #:** 41
Contact Person: _____ **Phone #:** () -
Date: / /

2. Distribution System Sampling: Collect _____ routine sample(s) every Month / Quarter.
(Add Number) (Circle One)
Source Water Assessment Sampling Required? Yes / No every Month / Year.
(Circle One) (Circle One)

3. Sampling Sites and Collection Rotation Schedule (Include additional sites if necessary):

Distribution Routine Sites (Address/Locations)	Distribution Repeat & Source Sampling	Distribution Repeat & Source Sites (Address/Locations)
Routine Site 1	Repeat Site 1A	Same as Routine Site 1
	Repeat Site 1B	
	Repeat Site 1C	
	Triggered Source*	
Routine Site 2	Repeat Site 2A	Same as Routine Site 2
	Repeat Site 2B	
	Repeat Site 2C	
	Triggered Source*	
Routine Site 3	Repeat Site 3A	Same as Routine Site 3
	Repeat Site 3B	
	Repeat Site 3C	
	Triggered Source*	

See Section 3 of instructions on other side.

4. **Sampling Technique:**
Sample at a non-swivel faucet, removing aerator, screen, hose, or other attachments. Flush tap for 3-5 minutes. While flushing, label sample bottle with all pertinent information: System name and PWS ID; date, time and sample location; sample collector; sample type (distribution routine or repeat, triggered source). Measure and record free chlorine residual if system is chlorinated. Use only sample bottles provided by the lab specifically for bacteriological sampling. Sample bottle should not be opened until the moment of filling. Avoid touching the inside of lid or bottle. Reduce water flow to a steady stream and gently fill the bottle leaving an air space of at least ½ inch at the top. Replace lid immediately. **If the sampling technique is not followed, collect another sample using an unopened bottle.**

5. Refer to map showing locations of coliform sampling sites.

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INSTRUCTIONS

(Required under OAR 333-061-0036(6)(a)(I))

1. Fill in system name, public water system (PWS) ID, contact information and date completed.
2. Fill in number of routine distribution samples and circle sampling frequency. Indicate if source water assessment sampling is required and if so circle how often.
3. Check the box below that best describes your water system. Sampling requirements correspond to treatment if applicable.
 - a) Groundwater system adding chlorine to maintain a detectable residual, applying ultraviolet light or with no treatment. **Must collect 3 repeat samples in distribution system and source sample.***
 - b) Surface water system or groundwater system applying treatment to inactivate viruses (4-log). These systems adding a chemical disinfectant are required to measure/record residual levels daily at or before the first customer and report to Drinking Water Services. **All 3 repeat samples are collected in distribution system with no source sample required.**

Write sampling sites in Section 3 table on other side. Select sites and sample according to table below:

Distribution System Routine & Repeat Sampling: Select routine sampling sites that best represent the entire distribution system and rotate sampling between sites. Routine and repeat samples may be collected at customers' premises, dedicated sampling stations, or other locations determined by the water system.	
Repeat Site A	Collect sample at the same location as the routine coliform-positive sample.
Repeat Site B	Collect sample at a location within 5 service connections upstream from routine site or other approved location.
Repeat Site C	Collect sample at a location within 5 service connections downstream from routine site or other approved location.
*Source Water Sampling: If checkbox 3a above applies, <u>sample each groundwater source in use when routine coliform positive occurred</u> . Source water samples must be labeled as Triggered or TG for compliance.	

Repeat samples must be collected within 24 hours of being notified of routine coliform positive.

Collect all repeat samples on the same day at different sites. Systems with a single connection may be allowed to collect repeat samples over three (3) day period from laboratory notification date. If no repeat samples are collected after a routine coliform positive sample, the water system must conduct a coliform investigation.

4. Use the sampling technique provided. Attach laboratory instructions or sampling technique developed by the water system.
5. Have a map showing locations of water source(s), treatment if applicable, and routine and repeat sampling sites. Be sure sites selected are representative of entire distribution system.

Contact your county Environmental Health Program, Department of Agriculture or OHA Drinking Water Services at (971) 673-0405 with questions about the coliform sampling plan or sampling requirements.