

Oregon Health Authority - Drinking Water Services

COLIFORM SAMPLING PLAN

For small public water systems serving populations up to 1,000 persons

Routine Sample Locations	Repeat & Source Sample Sites (<i>see back of sheet</i>)	Address/Location
Routine Sample Site #1 -	Repeat Site A	same site as Routine #1 at left
	Repeat Site B (upstream)	
	Repeat Site C (downstream)	
	Repeat Site D	
	*Source ("Triggered" sample)	
Routine Site #2 -	Repeat Site A	same site as Routine #2 at left
	Repeat Site B (upstream)	
	Repeat Site C (downstream)	
	Repeat Site D	
	*Source ("Triggered")	
Routine Site #3 -	Repeat Site A	same site as Routine #3 at left
	Repeat Site B (upstream)	
	Repeat Site C (downstream)	
	Repeat Site D	
	*Source ("Triggered")	

7. Attach a map of the distribution system showing the water source(s), treatment rooms, and sampling site locations.

INSTRUCTIONS for COLIFORM SAMPLING PLAN

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1. Fill in the name and ID number of the water system.
2. Fill in the name of the contact person or system operator with their day-time phone number and the date the sampling plan was completed. If the contact person changes or sampling sites change, update the sampling plan.
3. Fill in the number of routine samples you are required to take and the required sampling frequency (monthly or quarterly).
4. Check the box that describes the water system, which will determine the repeat samples required.
5. Attach your testing laboratory's sampling instructions. Example of proper sampling technique:

Using a non-swivel faucet, remove any aerator, screen, hose, or other attachment and flush for 3-5 minutes. Use only sample bottles provided by the lab specifically for bacteriological sampling. Don't open the sample bottle until the moment of filling and don't touch the inside or lid of the bottle. Reduce the water flow to a steady stream and gently fill the bottle, leaving an air space of at least $\frac{1}{2}$ inch at the top. Replace the cap immediately. Label the sample bottle with all pertinent information including: system name and ID number; date, time and location of sample; name of person collecting the sample; sample type (If from distribution, 'routine', 'repeat', or 'special.' If directly from water source, 'triggered', 'confirmation', 'assessment', or 'special'); and free chlorine residual if the system is chlorinated.

6. Pick three (3) routine coliform sample sites. Select routine sampling sites that together represent the entire distribution system. Rotate coliform sample collection between these three (3) routine sites. Identify repeat and source sample sites that correspond with each routine site as follows:

Repeat Site A = Same as the routine sample site that tested positive.

Repeat Site B = A location within 5 service connections "upstream" from the routine site.

Repeat Site C = A location within 5 service connections "downstream" from routine site.

Repeat Site D = depends on which situation applies below:

- **Ground water with 4-log viral disinfection and conducting compliance chlorine residual monitoring**— Name a fourth repeat site anywhere else in the distribution system; no source sample required.
- **Surface water**— Name a fourth repeat site anywhere else in the distribution system; no source sample required.
- **Ground water with ultraviolet treatment only, practicing chlorine residual maintenance, or treating for secondary concerns (e.g iron removal)**— Name a fourth repeat site in the distribution system, but also take a source sample in addition to the 4 repeats. Label the source sample type as 'Triggered' on lab slip.
- **Ground water with no treatment**—A source sample is required and serves as the fourth repeat. Label source sample type as 'Triggered' on lab slip.

NOTE: Repeat samples are needed only if a routine sample result is coliform present. A water system is not in violation unless a repeat sample result is also coliform present. Repeat samples must be collected within 24 hours of being notified of the routine results, unless the system has a single connection, when OHA Drinking Water Services may allow the system to collect repeat samples over a four day period after laboratory notification. Regardless of the outcome of repeat sampling, any systems with a positive (present) routine sample must collect five additional **routine** samples during the calendar month following that positive sample.

7. Attach a map of the distribution showing the water source(s), treatment rooms, and sampling site locations.

Contact your county's Environmental Health Program office or OHA Drinking Water Services at (971) 673-0405 with any questions about your coliform sampling plan.