

Total Coliform Rule Sample Siting Plan with Alternative Repeat Sampling Locations Instructions

These instructions have been developed to help public water systems complete the Total Coliform Rule Sample Siting Plan with Alternative Repeat Sampling Locations form. A water system may also choose to identify alternative fixed locations for repeat total coliform rule sampling in addition to the standard repeat sampling sites located within 5 service connections upstream and downstream of a routine sampling location. These Alternative Repeat Sampling locations must be reviewed and approved by the Department.

Section 1: Public Water System Information

Public Water System ID

Enter the Public Water System ID number for the system (CTXXXXXXX).

Public Water System Name

Enter the public water system name.

Primary Town/City

Enter the primary town/city served by the public water system

PWS Classification

Select the public water system classification:

Community: Community Public Water System

NTNC: Non-Transient Non-Community water system

TNC: Transient public water system

Population Served

Enter the population served by the water system.

Annual Operating Period (mm/dd-mm/dd)

Enter the annual period that the water system serves drinking water to consumers (i.e. 1/1/-12/31 is year round operation).

Sampling Plan Date

Enter the date the Sample Siting Plan was created/updated.

Section 2: Public Water System Contact Information

Provide the contact information for the person responsible for preparing the form. This person will be contacted if there are any questions about the information provided.

Section 3: Certification

The person or entity that owns or controls the system must read the certification statement and provide a signature.

Section 4: Alternative Repeat Sampling Locations

Routine Distribution System Sampling Point ID

List all routine sampling locations that the system plans to use for total coliform monitoring where an Alternative Repeat Sampling location has been identified.

Water systems must indicate the Water System Facility ID (WSF ID) and the sampling point ID where the repeat sample will be collected from. Refer to the water system's Water Quality Monitoring Schedule for a list of available Water System Facility and sampling point IDs. If a Water System Facility or sampling point is not listed on the schedule, the Sampling Point Inventory form must be updated and submitted to the Department.

Facility ID

Enter the Water System Facility ID (WSF ID) for the alternative repeat sampling location.

Sampling Point ID

Enter the Sampling Point ID for the alternative repeat sampling location.

Upstream or Downstream

Indicate if the alternative repeat location represents an upstream or downstream sampling location.

Reason for Selection

Enter a brief reason why the alternative repeat sampling location was selected. Supplemental information such as a map or supporting monitoring should be included with the form if necessary.

All of the routine and alternative repeat sample locations must also be identified on the water system's Sampling Point Inventory form and be submitted to the Department for entry into water system's inventory prior to submitting results for compliance.

Submit completed forms to: Connecticut Department of Public Health Drinking Water Section
410 Capitol Avenue, MS #51WAT
P.O. Box 340308
Hartford, CT 06134-030
OR
DWDCompliance@ct.gov