COLIFORM MONITORING PLAN TEMPLATE

**For a Small Noncommunity Water System**

1. **System Information** Plan Date: \_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Water System Name** | | | | | | **County** | | | | **System I.D. Number** | | | |
| **Name of Plan Preparer** | | | | | | **Position** | | | | **Daytime Phone #**  **Email** | | | |
| **Coliform Monitoring Population (January through December)** | | | | | | | | | | | | | |
|  |  |  |  |  |  | |  |  |  | |  |  |  |
| **Source:** DOH source number, Source name, Well depth, Pumping Capacity | | | | | |  | | | | | | | |
| **Storage:** List and describe | | | | | |  | | | | | | | |
| **Pressure zones:** Number and name | | | | | |  | | | | | | | |
| **Population by pressure zone** | | | | | |  | | | | | | | |
| **Number of routine samples required monthly:** | | | | | | **Number of sample sites needed to represent the distribution system:** | | | | | | | |

1. **Laboratory Information**

|  |  |
| --- | --- |
| **Laboratory Name** | **Office Phone #**  **Email** |
| **Address** | **After Hours #** |
| **Hours of Operation** | |
| **Contact Name** | |
| **Emergency Laboratory Name** | **Office Phone #**  **Email** |
| **Address** | **After Hours #** |
| **Hours of Operation** | |
| **Contact Name** | |

1. **Routine, Repeat, and Triggered Source Sample Locations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location/Address for  **Routine Sample Sites** | Location/Address for  **Repeat and Triggered Source Sample Sites** | | **Sample Location for Month Following an Unsatisfactory Sample when the following month normally doesn’t have a sample requirement** | |
| **X1.** |  | **1-1.** |  |  |
|  |  | **1-2.** |  |  |
|  |  | **1-3.** |  |  |
|  |  | **S0\_ - well** |  |  |
|  |  |  |  |  |
| **X2.** |  | **2-1.** |  |  |
|  |  | **2-2.** |  |  |
|  |  | **2-3.** |  |  |
|  |  | **S0\_ - well** |  |  |
|  |  |  |  |  |
| **X3.** |  | **3-1.** |  |  |
|  |  | **3-2.** |  |  |
|  |  | **3-3.** |  |  |
|  |  | **S0\_ - well** |  |  |
|  |  |  |  |  |

If you need more than three routine sample sites to cover the distribution system, attach additional sheets as needed.

**Important notes for sample collector:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Routine Sample Rotation Schedule**

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| --- | --- | --- | --- |
| **Month** | **Routine Site(s)** | **Month** | **Routine Site(s)** |
| January |  | July |  |
| February |  | August |  |
| March |  | September |  |
| April |  | October |  |
| May |  | November |  |
| June |  | December |  |

1. **Level 1 and Level 2 Assessment Contact Information**

|  |  |  |
| --- | --- | --- |
| **Name and Address** | **Office Phone (****)   -**  **After Hours (   )   -**  **Cellphone (   )   -** | **Qualified for Level 2?**  Yes  No |
| **Email** | |
| **Name and Address** | **Office Phone (   )   -**  **After Hours (   )   -**  **Cellphone (   )   -** | **Qualified for Level 2?**  Yes  No |
| **Email** | |

**F. *E. coli*-Present Sample Response**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Distribution System *E. coli* Response Checklist** | | | | | |
| **Background Information** | **Yes** | **No** | **N/A** | | **To Do List** |
| We inform staff members about activities within the distribution system that could affect water quality. |  |  |  | |  |
| We document all water main breaks, construction and repair activities, and low pressure and outage incidents. |  |  |  | |  |
| We can easily access and review documentation on water main breaks, construction and repair activities, and low pressure and outage incidents. |  |  |  | |  |
| Our Cross-Connection Control Program is up-to-date. |  |  |  | |  |
| We test all cross-connection control devices annually as required, with easy access to the proper documentation. |  |  |  | |  |
| We have identified one or more individuals who are able to conduct a Level 2 assessment of our water system. |  |  |  | |  |
| We have procedures in place for disinfecting and flushing the water system if it becomes necessary. |  |  |  | |  |
| We can activate an emergency intertie with an adjacent water system in an emergency. |  |  |  | |  |
| We have a map of our service area boundaries. |  |  |  | |  |
| We have consumers who may not have access to bottled or boiled water. |  |  |  | |  |
| There is enough bottled water immediately available to our customers who are unable to boil their water. |  |  |  | |  |
| We have identified the contact person at each day care, school, medical facility, food service, and other customers that may have difficulty responding to a Health Advisory. |  |  |  | |  |
| We have messages prepared and translated into different languages to ensure our consumers will understand them. |  |  |  | |  |
| We have the capacity to print and distribute the required number of notices in a short time period. |  |  |  | |  |
| **Policy Direction** |  |  |  | |  |
| We have discussed the issue of *E. coli*-present sample results with our policy makers. |  |  | |  |  |
| If we find *E. coli* in a routine distribution sample, the policy makers want to wait until repeat test results are available before issuing advice to water system customers. |  |  | |  |  |

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| **Distribution System *E. coli* Response Checklist** (continued) | | | | | |
| **Potential Public Notice Delivery Methods** | **Yes** | **No** | | **N/A** | **To Do List** |
| It is feasible to deliver a notice going door-to-door. |  |  |  | |  |
| We have a list of all of our customers’ addresses. |  |  |  | |  |
| We have a list of customer telephone numbers or access to a Reverse 9-1-1 system. |  |  |  | |  |
| We have a list of customer email addresses. |  |  |  | |  |
| We encourage our customers to remain in contact with us using social media. |  |  |  | |  |
| We have an active website we can quickly update to include important messages. |  |  |  | |  |
| Our customers drive by a single location where we could post an advisory and expect everyone to see it. |  |  |  | |  |
| We need a news release to supplement our public notification process. |  |  |  | |  |

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| ***E. coli*-Present Triggered Source Sample Response Checklist** | | | | |
| **Background Information** | **Yes** | **No** | **N/A** | **To Do List** |
| We review our sanitary survey results and respond to any recommendations affecting the microbial quality of our water supply. |  |  |  |  |
| We address any significant deficiencies identified during a sanitary survey. |  |  |  |  |
| There are contaminant sources within our Wellhead Protection Area that could affect the microbial quality of our source water, and  If yes, we can eliminate them. |  |  |  |  |
| We routinely inspect our well site. |  |  |  |  |
| We have a good raw-water sample tap installed at our well. |  |  |  |  |
| After we complete work on our well, we disinfect the source, flush, and collect an investigative sample. |  |  |  |  |
| **Alternate Sources** | **Yes** | **No** | **N/A** | **To Do List** |
| We can stop using this source and still provide reliable water service to our customers. |  |  |  |  |
| We have an emergency intertie with a neighboring water system that we can use until corrective action is complete (perhaps for several months). |  |  |  |  |
| We can provide bottled water to all or part of our distribution system for an indefinite period. |  |  |  |  |
| We can quickly replace our existing supply source with a more protected new source of supply. |  |  |  |  |
| **Temporary Treatment** | **Yes** | **No** | **N/A** | **To Do List** |
| We can quickly introduce chlorine into the water system and take advantage of the existing contact time to provide 4-log virus treatment to a large part of the distribution system. |  |  |  |  |
| We can reduce the production capacity of our pumps or alter the configuration of our storage quantities (operational storage) to increase the amount of time the water stays in the system before the first customer to achieve CT = 6. |  |  |  |  |
| We can alter the demand for drinking water (maximum day or peak hour) through conservation messages to increase the time the water is in the system prior to the first customer to achieve 4-log virus treatment with chlorine. |  |  |  |  |

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| ***E. coli*-Present Triggered Source Sample Response Checklist** (continued) | | | | |
| **Public Notice** | **Yes** | **No** | **N/A** | **To Do List** |
| We discussed the requirement for immediate public notice about an *E. coli*-present source sample result with our water system’s governing body (board of directors or commissioners) and received direction from them on our response plan. |  |  |  |  |
| We have prepared templates and a communications plan that will help us quickly distribute our messages. |  |  |  |  |

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| **Distribution System *E. coli* Response Plan** |
| **If we have *E. coli* in our distribution system we will immediately:**   1. Call DOH.   Discuss with DOH whether to issue a Health Advisory based on the findings of steps 2-…. |

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| ***E. coli*-Present Triggered Source Sample Response Plan** |
| **If we have *E. coli* in our source water we will immediately:**   1. Call DOH. 2. … |

**G. System Map**