



Alaska Department of Environmental Conservation

Revised Total Coliform Rule - Sample Siting Plan

All public water systems (PWS) are required to have an approved sample siting plan. These plans are required to be updated when changes occur that could alter the number of samples collected or the sample locations. *Examples: population increase or decrease, water line extensions, changes in monitoring frequency, etc.*

| I. General Information | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| PWS Name: | PWSID #: |
| PWS Address: | |
| Contact Name: | Phone #: |
| E-mail: | Fax #: |
| Water System Type: <input type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community | |
| Seasonal System: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter dates of operation: _____ to _____ Enter month of highest water system use: _____ <i>Note: Seasonal systems on quarterly monitoring must collect a routine sample during month of highest water system use.</i> | |
| Population Served (# of): _____ Residents _____ Non-Transient _____ Transient _____ Total Pop | |
| Number of Service Connections: _____ | |
| Number of Routine Samples Required: _____ per <input type="checkbox"/> Month <input type="checkbox"/> Quarter | |
| Source Types: <input type="checkbox"/> Ground Water <input type="checkbox"/> Purchased Ground Water (Check all that apply) <input type="checkbox"/> Surface Water <input type="checkbox"/> Purchased Surface Water or GWUDISW* <input type="checkbox"/> GWUDISW* <input type="checkbox"/> Filtration Avoidance System (Surface Water) | |
| <i>*Ground Water Under Direct Influence of Surface Water</i> | |

Guidelines for Sample Site Selection

- * Identify total coliform sample locations that adequately represent the entire distribution system(s)
- * Swivel taps, outside taps, automatic/motion-sensing faucets, hoses, water treatment devices and combined hot and cold water faucets should be avoided
- * Routine sample sites should be accessible for routine and repeat testing
- * Three Repeat samples are required following each total coliform positive routine sample (Systems with wells must also collect a raw source water sample from each active well). Repeat sampling sites should be selected as follows:
 - * One must be collected from the original routine site that tested total coliform positive
 - * One must be collected from within five service connections upstream
 - * One must be collected from within five service connections downstream
- * For systems on quarterly monitoring, you will be required to collect 3 samples the month following a total coliform positive sample. Since the sample site selection will depend on the specific circumstances surrounding the positive sample(s) these sample sites do not need to be included in this plan
- * Raw water sample taps should be utilized for ground water source samples

Please return this form to your DEC Drinking Water Program Office.

A copy of this completed sample siting plan must be maintained on file at the PWS.

Anchorage DEC Office
555 Cordova Street
Anchorage, AK 99501
Fax: 269-7650

Fairbanks DEC Office
610 University Ave.
Fairbanks, AK 99709
Fax: 451-2188

Soldotna DEC Office
43335 K-Beach Road
Suite 11
Soldotna, AK 99669
Fax: 262-2294

Wasilla DEC Office
1700 E. Bogard Road
Building B, Suite 103
Wasilla, AK 99654
Fax: 376-2382

II. Sampling Information

A. Routine Sample Rotation Schedule

| Routine Sample Site | 1st Quarter | | | 2nd Quarter | | | 3rd Quarter | | | 4th Quarter | | |
|---------------------|-------------|-----|-----|-------------|-----|-----|-------------|-----|-----|-------------|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | |

NOTE TO SEASONAL SYSTEMS: Please indicate when & where you'll be collecting your start-up sample prior to opening for the season.

NOTE TO SEASONAL SYSTEMS ON QUARTERLY MONITORING: Samples must be collected during your month(s) of highest demand. Please select the appropriate month during each quarter.

B. Routine and Repeat Sample Locations

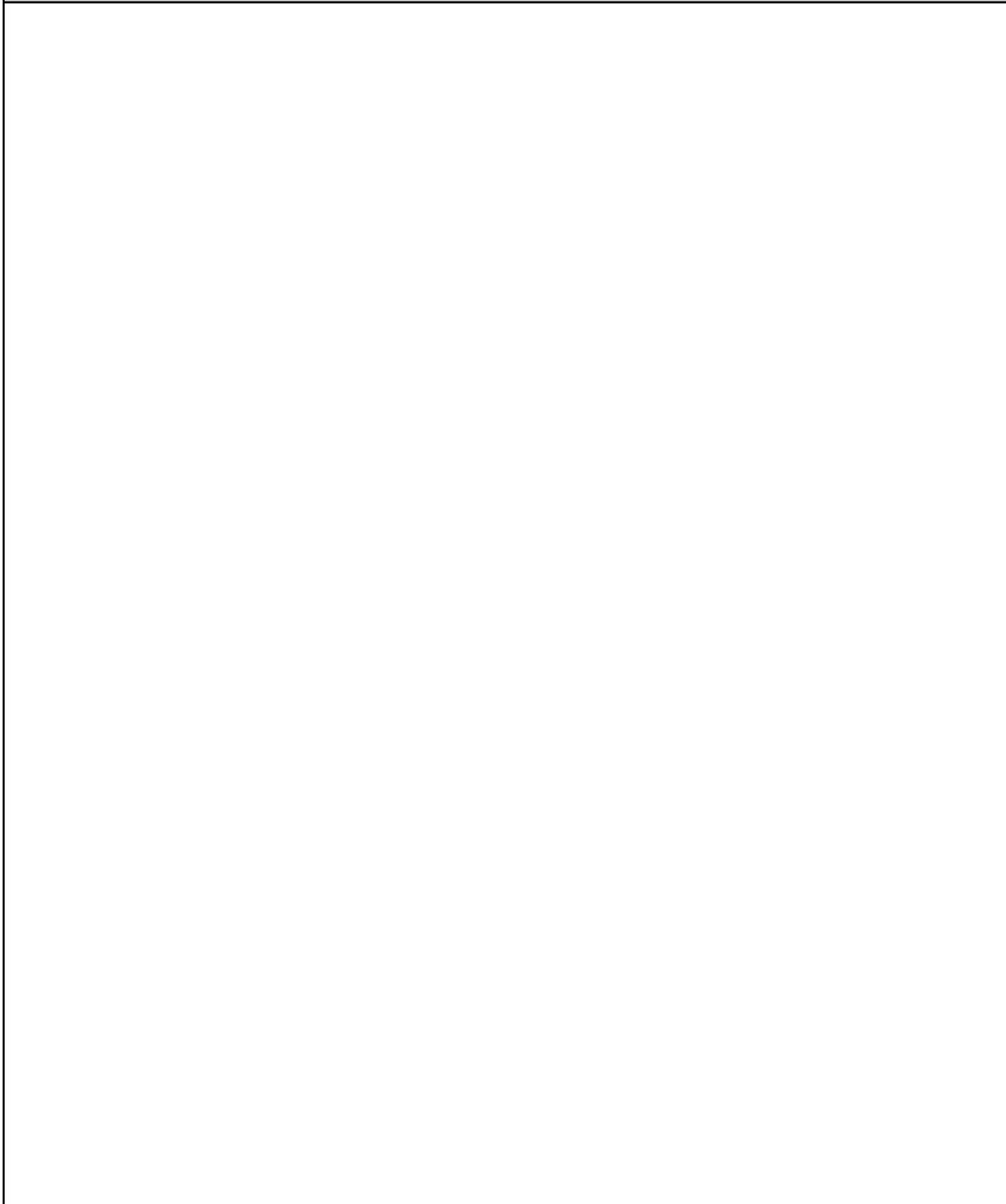
| Routine Sample Sites Location/Address | Repeat Sample Sites Location/Address |
|------------------------------------------|-----------------------------------------|
| 1. | 1-1 Original sample site |
| | 1-2 Upstream |
| | 1-3 Downstream |
| 2. | 2-1 Original sample site |
| | 2-2 Upstream |
| | 2-3 Downstream |
| 3. | 3-1 Original sample site |
| | 3-2 Upstream |
| | 3-3 Downstream |
| 4. | 4-1 Original sample site |
| | 4-2 Upstream |
| | 4-3 Downstream |
| 5. | 5-1 Original sample site |
| | 5-2 Upstream |
| | 5-3 Downstream |

C. Reasons for choosing sample locations

| |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

D. System Schematic

Provide a line drawing in the space below or attach a separate sheet or map of this public water system that **identifies** water system facilities (sources, storage, treatment, distribution, and pressure zones) and sample point locations.



E. Sample Interval Description (For systems that are operated year-round)

Describe below how you plan to ensure that samples are collected at evenly spaced time intervals:

Example for systems collecting 1 sample/month - We plan to collect our routine sample the first week of each month

Example for systems collecting multiple samples/month - We plan to collect our routine samples every Tuesday throughout the month

Example for systems collecting 1 sample/quarter - We plan to collect our routine sample the first month of each quarter

F. Groundwater Rule Triggered Source Water Monitoring

If you answer "No" to the question below, you are required to perform source water monitoring, from each active well under the Groundwater Rule in the event of a routine total coliform positive sample. This sampling is in addition to the repeat sampling required by the RTCR. Enter your source sample site information in the table below. If you need more space, attach additional sheets.

Do you provide DEC-approved 4-log treatment of viruses for all your groundwater sources?

Yes

No

N/A - We do not have any wells or all of our water is treated as SW or GWUDISW
(There are no wells in the distribution system that bypass surface water treatment.)

| Groundwater Rule Triggered Source Water Monitoring | |
|----------------------------------------------------|-------------------------------------------------|
| Source ID/Name | Description of location of raw water sample tap |
| | |
| | |
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| | |
| | |
| | |

DEC Area Office: _____ Date Received: ____/____/____

Sample Siting Plan deemed complete and satisfactory? Yes No

Comments:

State Reviewer Signature: _____ Date: ____/____/____