Alaska Department of Environmental Conservation

Revised Total Coliform Rule- **Sample Siting Plan for Seasonal Systems**

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.*

Systems Operating Seasonally

I. General Information

PWS Name:	PWSID #:
PWS Address:	
Contact Name:	Phone #:
E-mail:	Fax #:

Water System Type: ☐ Non- Transient Non-Community ☐ Transient Non-Community

Population Served (# of): _____ Residents _____ Non-Transient _____ Transient _____ Total Pop

Number of Service Connections: _____

Source Types: (Check all that apply)

- ☐ Ground Water
- ☐ Surface Water
- ☐ GWUDISW*
- ☐ Purchased Ground Water
- ☐ Purchased Surface Water or GWUDISW*
- ☐ Filtration Avoidance System (Surface Water)

**Ground Water Under Direct Influence of Surface Water*

Dates of Operation: _____ to _____

Is your entire system pressurized year-round? ☐ Yes ☐ No

If yes, you are not required to complete start-up procedures (unless otherwise directed by the DEC) and you do not need to identify a Start-Up Sample location noted in Section II A.

Number of Routine Samples Required: _____ per ☐ Month ☐ Quarter

If you are on Quarterly (reduced) Monitoring,
enter the month or months* of highest water system use: _____

** If operating for more than one quarter, list highest demand month for each quarter. As a reminder quarters within a calendar year are January-March, April-June, July-September, and October-December.*

Guidelines for Sample Site Selection

- *Identify total coliform sample locations that adequately represent the entire distribution system(s)*
- *Swivel taps, automatic/motion-sensing faucets, and water treatment devices should be avoided*
- *Do NOT collect samples from outside taps or hoses*
- *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*
- *Ground water source samples must be taken from raw water sample taps*

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.

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PWSID#:_____

Systems Operating Seasonally

II. Sampling Information

A. Routine Sample Rotation Schedule: If you are on Quarterly (reduced) monitoring be sure to monitor in the months of your highest water usage for each quarter you are operating.

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.												
*Start-Up Sample:												

*NOTE: Please indicate when & where you'll be collecting your start-up sample prior to opening for the season. If your entire system is pressurized year-round and you are not required to complete the start up procedures, then you are not required to include a Start-Up Sample.

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.

Systems Operating Seasonally

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.

PWSID#:_____

E. 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

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

Sample Siting Plan deemed complete and satisfactory? ○ Yes ○ No

Comments:

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