

**INSTRUCTIONS FOR COMPLETING THE
"MONTHLY SUMMARY OF DISTRIBUTION SYSTEM
COLIFORM MONITORING" REPORTING FORM**

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Begin by filling in the blanks at the top of the form for system name, system number, and the sampling month and year.

1. Routine Samples:

Number Required: This is the number of bacteriological samples the water purveyor is required to collect based on an approved Total Coliform Sample Siting Plan.

Routine samples include:

- a) Samples required by Section 64422 and 64423.
- b) Extra samples required for systems collecting less than five routine samples each month that had one or more total coliform positives in the previous month as required by Section 64424.
- c) Extra samples for systems with high source water turbidities that are using surface water or groundwater under the direct influence of surface water and do not practice filtration in compliance with the regulations.

NOTE: ALL OTHER SAMPLES COLLECTED DURING THE SAMPLING PERIOD ARE EITHER REPEAT SAMPLES, AS OUTLINED BELOW, OR SPECIAL SAMPLES AND SHOULD BE LABELED AS SUCH. SPECIAL SAMPLES DO NOT COUNT TOWARD COMPLIANCE AND SHOULD NOT BE INCLUDED ON THIS FORM.

Number Collected: This number must always be the same as the Number Required **(or the system is out of compliance)**.

Number of Total Coliform Positives: This includes only Total Coliform Positives from the required routine samples.

NOTE: ALL TOTAL COLIFORM POSITIVE RESULTS AND THEIR ASSOCIATED REPEAT SAMPLES MUST BE TRACKED ON THE COLIFORM MONITORING WORKSHEET.

Number of Fecal or E. Coli Positives: This includes only the number of Fecal or E. Coli Positives from the routine samples collected during the month.

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2. Repeat samples Following Total Coliform Positive Samples: This means the total number of samples collected for total coliform positives during the month.

NOTE: ALL REPEAT SAMPLES MUST BE COLLECTED WITHIN 24 HOURS OF BEING NOTIFIED OF A TOTAL COLIFORM POSITIVE RESULT.

Number Collected: For a system that normally collects more than one sample a month, this number must equal three times the number of total coliform positives in line 4 (a) unless the system fails the MCL.

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For a system that normally collects one or fewer samples per month, this number must equal four times the number of total coliform positives in line number 1. In either case one of the repeat samples must be collected from the sample tap where the original total coliform-positive was taken. Additionally, one sample must be collected upstream and one sample must be collected downstream, within five service connections, unless there is no upstream and/or downstream connection.

Number of Total Coliform Positives: This includes only Coliform Positives resulting from required repeat samples following routine and repeat total coliform positives.

Number of Fecal/E. coli Positives: This includes only the Fecal/E. coli Positives resulting from required repeat samples following routine or repeat sample total coliform positives in line number 1. If there are one or more Fecal/E. coli Positives following any total coliform positive, this constitutes an acute MCL violation.

3. Repeat Samples Following Fecal/E. coli Positive Routine Samples:

This means the total number of repeat samples collected, following a positive Fecal/E. coli test of a routine sample, after repeat samples in line number 2 have been collected.

NOTE: THIS SET OF SAMPLES IS ONLY COLLECTED IF A SAMPLE IN LINE 2 IS FECAL AND/OR E. COLI POSITIVE.

Number Collected: This is the total number of repeat samples collected following a fecal or E. coli positive result in the first repeat sample set. This number should equal three times the No. Fecal/E. coli routine positives in line number 1.

Number of Total Coliform Positives: This is the total number of total coliform positives resulting from this sample set. If this number is one or greater it constitutes an acute MCL failure.

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Number of Fecal/E. coli Positives: This is the total number of Fecal/E. coli positives resulting from the repeat sample set. If this number is one or greater it constitutes an acute MCL failure.

4. MCL Computation for Total Coliform Positive Samples:

a. Totals (Sum of columns): add the numbers in the vertical columns and fill in the corresponding blank for the Number Collected and the Number of Total Coliform Positives.

NOTE: FOR SYSTEMS COLLECTING LESS THAN 40 SAMPLES PER MONTH, IF TWO OR MORE SAMPLES ARE TOTAL COLIFORM POSITIVE, THEN THE MCL IS VIOLATED AND THE DEPARTMENT MUST BE NOTIFIED WITHIN 24 HOURS.

b. If 40 or more samples are collected each month, determine the percent of samples that are total coliform positive.

$$\frac{\text{| Total number of total coliform positive samples |}}{\text{| Total number of samples collected |}} \times 100 = \%$$

Place the percentage of total coliform positive samples in the blank provided on line 4 b.

NOTE: FOR SYSTEMS COLLECTING MORE THAN FORTY SAMPLES PER MONTH, IF MORE THAN FIVE PERCENT OF SAMPLES ARE TOTAL COLIFORM POSITIVE, THEN THE MCL IS VIOLATED AND THE DEPARTMENT MUST BE NOTIFIED WITHIN 24 HOURS.

c. Is system in compliance with fecal/E. coli MCL? yes no

If the box on line 2 for Number of Fecal/E. coli Positives has a number of one or more, then the system is not in compliance.

If either box on line 3 for the Number of Total Coliform Positive or No. Fecal/E. coli Positives has a number of one or more, then the system is not in compliance.

Is system in compliance with the monthly MCL? yes no

For a system collecting 40 samples or less, if in 4 (a) above, the system has two or more samples that are total coliform positive then the system is not in compliance.

If, in 4 (b) above, the system has more than five percent of the total number of samples collected for the month which are Total Coliform Positive, then the system is not in compliance with the monthly MCL.

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5. Invalidated Samples:

Note what samples, if any, were invalidated; why they were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets if necessary.

6. Summary Completed By:

Fill in the signature, title, and date blanks on the report