



# MONO COUNTY HEALTH DEPARTMENT

## Environmental Health

P.O. BOX 476, BRIDGEPORT, CA 93517 PHONE (760) 932-5580 • FAX (760) 932-5284  
P.O. BOX 3329, MAMMOTH LAKES, CA 93546 PHONE (760) 924-1830 • FAX (760) 924-1831

### TOTAL COLIFORM AND GROUNDWATER RULE MONITORING PLAN

#### A. System Information:

Name of System: _____	System Number: _____
Street Address: _____	Phone Number: _____
Consecutive, Wholesaler or Neither: _____	Fax Number: _____
Provide Continuous 4-log treatment of Viruses <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, submit a Monthly CT Calculation Report to DDW in addition to plan)	
# Service Connections: _____	Population Served: _____
Coliform Sampling Frequency (# per week /month and rotation): _____	

#### B. Sample Collection:

All water samples will be collected by: _____		
Name of Laboratory: _____		
Mailing Address: _____		
State Lab Code: _____	Phone Number: _____	Fax Number: _____
The Laboratory was sent a copy of this plan on: _____		

#### C. Map of System:

A map of the distribution system showing the source (well, spring, etc.), storage tanks, treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) sample locations is required. Have you enclosed this map?  YES  NO

Explain: \_\_\_\_\_

#### D. Consecutive Systems:

Does your system purchase <u>groundwater</u> ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, contact the wholesaler within 24 hours of notification of a TC+ Distribution Sample.		
Wholesaler: _____	Contact: _____	Phone Number: _____
Wholesaler: _____	Contact: _____	Phone Number: _____

#### E. Wholesaler Systems:

Does your system sell <u>groundwater</u> ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, collect source(s) samples within 24 hours of being notified by a consecutive system.		
If source sample is fecal indicator positive, contact all consecutive systems within 24 hours*:		
System: _____	Contact: _____	Phone Number: _____

# TOTAL COLIFORM AND GROUNDWATER RULE MONITORING PLAN

System: _____	Contact: _____	Phone Number: _____
System: _____	Contact: _____	Phone Number: _____

\*A Tier 1 notice is required for all fecal indicator positive source samples

## F. Distribution Sample Locations:

The following describes each routine sample location. If the laboratory notifies of a positive coliform sample, the routine, upstream, downstream, and sources will be sampled within 24 hours of being notified by the laboratory of a positive coliform result. Sample tap type should be indicated (hose bib, etc.) . If the routine sample location is positive, the source(s) affecting it will be sampled within 24 hours. Only sources in use during the time of initial sampling will be required to be sampled (production log required):

### Site 1 Routine Sample Location:

### Sources to sample:

If sampling quarterly, water samples will be collected during the months of (circle month):

1st Qtr:	Jan	Feb	Mar
2nd Qtr:	Apr	May	Jun
3rd Qtr:	Jul	Aug	Sept
4th Qtr:	Oct	Nov	Dec

Upstream Sample Location (within 5 service connections): \_\_\_\_\_

Downstream Sample Location (within 5 service connections): \_\_\_\_\_

Additional Sample Location (if collect 4 repeat samples): \_\_\_\_\_

### Site 2 Routine Sample Location:

### Sources to sample:

If sampling quarterly, water samples will be collected during the months of (circle month):

1st Qtr:	Jan	Feb	Mar
2nd Qtr:	Apr	May	Jun
3rd Qtr:	Jul	Aug	Sept
4th Qtr:	Oct	Nov	Dec

Upstream Sample Location (within 5 service connections): \_\_\_\_\_

Downstream Sample Location (within 5 service connections): \_\_\_\_\_

### Site 3 Routine Sample Location:

### Sources to sample:

If sampling quarterly, water samples will be collected during the months of (circle month):

# TOTAL COLIFORM AND GROUNDWATER RULE MONITORING PLAN

<b>Upstream Sample Location (within 5 service connections):</b>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>1st Qtr:</td><td>Jan</td><td>Feb</td><td>Mar</td></tr> <tr><td>2nd Qtr:</td><td>Apr</td><td>May</td><td>Jun</td></tr> <tr><td>3rd Qtr:</td><td>Jul</td><td>Aug</td><td>Sept</td></tr> <tr><td>4th Qtr:</td><td>Oct</td><td>Nov</td><td>Dec</td></tr> </table>	1st Qtr:	Jan	Feb	Mar	2nd Qtr:	Apr	May	Jun	3rd Qtr:	Jul	Aug	Sept	4th Qtr:	Oct	Nov	Dec
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3rd Qtr:	Jul	Aug	Sept														
4th Qtr:	Oct	Nov	Dec														
<b>Downstream Sample Location (within 5 service connections):</b>																	
<b>Site 4 Routine Sample Location:</b>	<b>Sources to sample:</b>																
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<b>Site 5 Routine Sample Location:</b>	<b>Sources to sample:</b>																
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Attach additional sheets as needed.																	

**G. Follow up to positive samples**

If more than one ROUTINE sample is total Coliform positive or there is an E.coli positive sample, notification will be given to the State Water Resources Control Board, Division of Drinking Water, San Bernardino District, within 24 hours at (909) 383-4328. If necessary, please reference the emergency contacts listed on the District's most recent Emergency Notification Plan.

If the REPEAT bacteriological sample in the distribution system is E. coli positive, REPEAT samples for an E. coli positive are total coliform positive, or the water system does not test for E. coli in the REPEAT sample, the system must conduct Tier 1 public notification and notify the Division within 24 hours of being notified of the E. coli positive source sample result.

A Level 1 Assessment performed by the public water system will be triggered if:

# TOTAL COLIFORM AND GROUNDWATER RULE MONITORING PLAN

- A system collecting fewer than 40 samples per month has 2 or more TC+ routine/repeat samples in the same month.
- A system collecting at least 40 samples per month has greater than 5.0% of the routine/repeat samples in the same month that are TC+.
- A system fails to take every required repeat sample after any single TC+ sample.

A Level 2 Assessment performed by the state will be triggered if:

- A system incurs an E. coli MCL violation
- A system has a second Level 1 Assessment within a rolling 12-month period

If a public water system collects **fewer than five routine samples** per month and has one or more total-coliform positive samples, the water supplier shall collect at least five routine samples the following month:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

If one of these five routine samples is positive for total coliform, four repeat samples must be collected.

## H. Routine Raw Water Sampling:

Is water continuously treated with chlorine?  YES  NO

Systems which provide continuous chlorine treatment should take samples of water prior to the addition of chlorine (raw water samples) at least on a quarterly basis. Surface water sources or groundwater under the influence of surface water are required to sample that raw source monthly for total coliform and *E.coli* using density analysis per 22 CCR 64654.8. Please list below the sources which are continuously treated and the months when raw water samples will be taken:

- |          |                 |       |
|----------|-----------------|-------|
| 1. _____ | Months sampled: | _____ |
| 2. _____ | Months sampled: | _____ |
| 3. _____ | Months sampled: | _____ |

\*Attach additional sheets if needed.

## I. Submittal

Report Prepared by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_