



TRANSIENT TOTAL COLIFORM SITE SAMPLING PLAN

State Form 55982 (R2 / 3-20)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



System Name (ie: name of your store, business, etc.)	PWSID	Date (month, day, year)
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STEP 1. Identify and describe the location where you collect a **routine** sample for coliform bacteria. This location is from your distribution system.

Example: kitchen sink, bathroom sink, break room sink, etc.

Routine Location

STEP 2. Identify repeat sample locations. These are your **repeat sample sites**, which you will use if you have an unsatisfactory or total coliform present routine sample result.

Original Routine Location

Original refers to the location where the original routine sample was collected. (same location from **Step 1**)

Upstream Location

Upstream refers to a location closer to the well than your routine location.

Downstream Location

Downstream refers to a location further from the well than your routine location. (For a full definition of these terms, please see the attached document titled Repeat Sample Locations Definition or refer to the following web page <http://www.in.gov/idem/cleanwater/2494.htm>.)

STEP 3. Identify the well tap (located near the well and prior to any bladder/storage tank/treatment). This is a **source sample tap** that is required by the Ground Water Rule (327 IAC 8-2.3-4(a)(2)). It is used only when a routine sample is positive. If you have more than one well, please identify the locations of any other well sample taps.

Source Sample Location

If you don't have a source water sample tap, one needs to be installed immediately. Please call IDEM Drinking Water Branch at (317) 234-7430 or at (800) 451-6027 ext. 5 to speak with someone from the Drinking Water Capacity Development Section about sample tap specifications and where the source sample tap should be located.

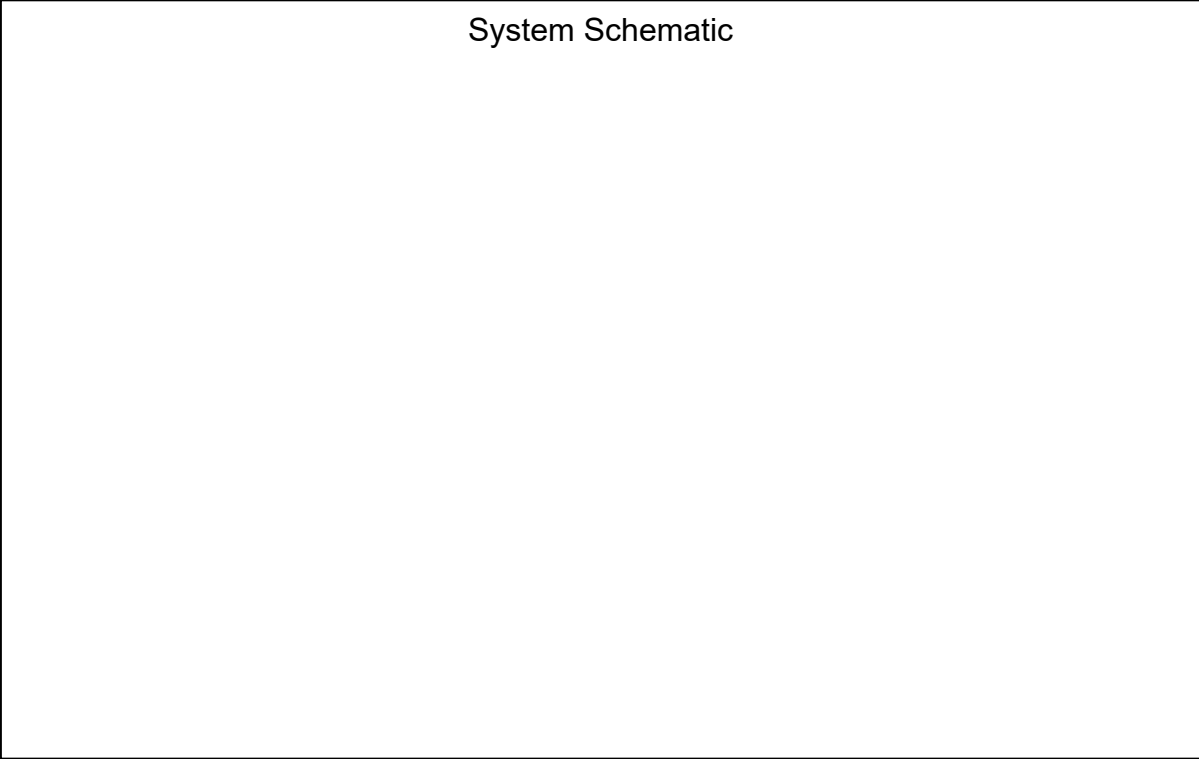
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STEP 4. Please use the space below to draw a simple schematic of your sample sites as identified in steps 1-3 above. Include wells, taps, storage and any treatment (including a water softener) at your facility on the drawing.

System Schematic



STEP 5. After completing this form, you must **sign** it below, then either mail or e-mail it to the IDEM Drinking Water Branch. You must also retain a copy for your records.

Name

Signature

Date (month, day, year)

Mail to:
Indiana Department of
Environmental Management
100 N. Senate Ave IGCN 1255;
Indianapolis, IN 46204
Or E-mail: CAPCERT@idem.in.gov

Should you have questions, please contact the IDEM Drinking Water Branch at (317) 234-7430 or at (800) 451-6027 ext. 5 to speak with someone from the Drinking Water Capacity Development Section about this form.