



TRANSIENT TOTAL COLIFORM SITE SAMPLING PLAN

State Form 55982 (R / 12-17)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



System Name (ie: name of your store, business, etc.)

PWSID

Date (month, day, year)

STEP 1. Identify and describe the location where you collect a **routine** sample for coliform bacteria. This should be somewhere in the center of your system.

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

Routine Location

STEP 2. Have you ever collected repeat samples as the result of a positive/present bacteriological test? (**Check One**)

Yes – Identify and describe all of the locations where you took the samples.

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

*Upstream Location

**Downstream Location

Repeat Original Location

These are your repeat sample sites, which you will use if you ever have an unsatisfactory or total coliform present routine sample result. Continue to Step 3.

No, or I don't know – Identify at least two (2) more locations where you could collect a water sample if you ever need to take repeat samples due to a positive test for bacteria. These samples should be: one (1) closer to the well in your building than the routine location (labeled **upstream**) and one (1) further from the well than the routine location (labeled **downstream**).

*Upstream Location

**Downstream Location

Repeat Original Location

These will be your repeat sample sites, which you will use if you ever have an unsatisfactory or total coliform present routine sample result. Continue to Step 3.

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STEP 3. Do you have a spigot or tap to take a sample between your well and bladder/storage tank? 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 when samples are required following a positive test result. Please identify this location below. If you have more than one well, please identify the location(s) of any other well sample taps.

Source Sample Location

If you don't have a source water sample tap, one will be required. Please call (800) 451-6027 ext. 47430 to speak with someone about where the tap should be located.

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 and any treatment (including a water softener) at your facility on the drawing (in the space below).

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 (800) 451-6027 ext. 47430 or (317) 234-7430.