

## Fact Sheet: 1

### ***BACTERIOLOGIC (COLIFORM) SAMPLING*** ***Noncommunity Public Water Supplies***

WATER SUPPLY SERIAL NUMBER (WSSN): \_\_\_\_\_ WELL#: \_\_\_\_\_

NAME OF WATER SUPPLY: \_\_\_\_\_

SAMPLING CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH DEPARTMENT CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

⇒ COLIFORM SAMPLE FREQUENCY: **Every 3 months**, **Annual\***, **\_\_\_ per Month\*\*** (circle one)  
\*must be approved by local health department, \*\*required for systems serving > 1,000 persons per day

⇒ COLIFORM SAMPLING TAP LOCATION: \_\_\_\_\_  
(Sample siting plan required to be approved by local health department, see sanitary survey document.)

⇒ LABORATORY FOR COLIFORM TESTING: \_\_\_\_\_ PHONE: \_\_\_\_\_

#### **Coliform Bacteria - General Information**

**Coliform bacteria are used as an indicator organism to assess the sanitary quality of drinking water. They are commonly found in high numbers in the intestinal tract of man and other warm-blooded animals and in sewage. They can also be found in surface waters, soils, and surfaces exposed to the elements. Coliform bacteria should not be found in a closed drinking water system that is functioning properly. Their presence can mean the integrity of the water system has been compromised. Repeat testing is required after an initial positive result.**

#### **SAMPLING PROTOCOL**

- Collect samples just prior to delivery or mailing to the laboratory. Samples must be analyzed within 30 hours of collection.
- Use the proper sample container obtained from a certified laboratory.
- Read sampling instructions carefully.
- Sample from an approved tap per the sample-siting plan not from hoses or locations that are unsanitary.
- Allow water to run at full flow for several minutes before collecting the sample to flush stagnant water. (Fill out the sample form while you wait.)
- Adjust the tap to provide a pencil-sized stream of water. Remove the cap from the sterile bottle and take the sample immediately and replace the cap. **NOTE:** *The inside of the sample bottle may be treated with a powdered reagent, which must not be rinsed or blown out. Do not touch the inside of the bottle or cap.*
- Complete the report form ***making sure the WSSN, date and time of sampling*** and return address are recorded on the form correctly. Be sure to request the proper lab analysis or test code for coliform bacteria and place the form with the container.

- Deliver or mail the sample to the lab as soon as possible so the 30 hours transit time is not exceeded.

### **WHEN YOU RECEIVE COLIFORM TEST RESULTS:**

1. Review sample results and send a copy of results to the local health department. (Note: if you use the DEQ lab and have **properly completed the sample form**, results are automatically sent to the local health department.)
2. If sample results indicate coliform bacteria were detected, i.e. POSITIVE, POS, FC POS, EC POS, or similar notation YOU MUST:
  - ◆ Contact the local health department to discuss repeat sampling procedures.
  - ◆ Collect FOUR repeat samples within 24 hours of receiving the positive result (or by the next business day).
3. Collecting repeat samples:
  - ◆ At least one sample must be from the same tap as the original positive sample.
  - ◆ At least one sample should be from the raw water tap (at or near pressure tank).
  - ◆ The rest should be from approved sampling locations within the distribution system. If there are not two other approved sampling taps in the system, collect at the original tap and the raw water tap again.
4. *An MCL (maximum contaminant level) violation exists if there is more than **one total coliform positive result obtained during the month**, or more than one coliform positive in any routine or repeat sampling or combination thereof.*

#### ***If you have an MCL violation, you must:***

- ◆ Notify the local health department within 24 hours or the next business day.
- ◆ Initiate an investigation to determine the cause and extent of the problem.
- ◆ Notify the public (consumers) of the MCL violation as instructed by the local health department.
- ◆ In lieu of closure, you must provide a temporary **ALTERNATE SUPPLY OF WATER FROM AN APPROVED SOURCE**, such as bottled water.
- ◆ Take corrective measures, such as disinfection, repairs or construction upgrades, installation of a new well, etc., as directed by the local health department.
- ◆ Once the corrective measures have been taken, additional sampling is required to resume normal service. Samples must be negative for coliform bacteria and collected at least 24 hours apart. There must be no chlorine residual at the time of sampling, as confirmed by the use of a chlorine test kit.

***You must have local health department approval prior to placing the well back into normal service and discontinuing public notice.***

- “ Five routine samples are required the month following the MCL violation to confirm the problem was corrected.