

COUNTY OF MORRIS
DEPARTMENT OF LAW & PUBLIC SAFETY
OFFICE OF HEALTH MANAGEMENT

Board of Chosen Freeholders

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Guidance for Developing a Total Coliform Rule Sampling Plan

1. Water System Information:

- a. System Name – The name of the physical facility, not the name of the property owner or manager.
- b. PWSID Number – Seven digit ID number provided to the facility by the NJDEP.
- c. System Type – What is the source of your water? i.e. Groundwater, groundwater under the influence of surface water or surface water.
- d. Water source information, including the Safe Drinking Water Facility ID (i.e. WL001001 or TP001002), well information including the ID Number given by the NJDEP and well permit numbers.
- e. Contact information for the system owner/operator
- f. Total number of service connections – the number of buildings the well connects to including free standing water fountains.
- g. Population served – the amount of people that have access to the water (i.e. employees, customers/visitors, etc)
- h. Treatment to the water including process and chemicals used – what kind of treatment, what is it treating, what type of media is it used in.
- i. Storage tank type(s) and volume(s)
- j. Date plan was prepared (revision date(s) if applicable)
- k. Name and contact information of person who prepared/revised the plan.

2. Distribution System Map that labels the following components:

- a. Layout of distribution mains – the distribution lines or pipe lines of your water system.
- b. Water Source(s) – i.e. wells

- c. Treatment Systems
- d. Storage Tanks
- e. Interconnections – if multiple wells (including non-potable) connect, well system and city water connections.
- f. Routine Sample Sites – include site description (i.e. kitchen sinks, men’s bathroom sink, women’s bathroom sink, etc.) and justification for choosing the sample site.
- g. Blow offs/flushing points – if you flush your well system, where within the system is this preformed.
- h. Dead end mains and/or known trouble areas.
- i. Pressure zones – areas of high or low pressure in the system.
- j. Maximum Residence Time site and/or other areas of high water age – areas within the water system where the water could sit for long periods of time.

3. Certified Laboratory Information:

- a. Provide the name of the lab that performs your water tests, certification number, and contact information including address, phone and fax numbers.
- b. Provide the name, title of the person who takes the samples and the name and title of the back up person for when the primary sample taker is unavailable.
- c. Provide the list of designated sample locations.

4. Sampling Information:

- a. Provide a list of the sample types required to be taken by the water system (i.e. TCR Sample, Nitrate/Nitrite Sample, etc.) and the required frequency of sampling (i.e. TCR Samples taken Quarterly, Nitrate/Nitrite Samples taken Annually, etc.).
- b. Provide a list of locations to take routine samples including, site description (i.e. kitchen sink, men’s bathroom sink, etc) and justification for choosing the location.
- c. Provide sample collection procedures – if a certified laboratory or licensed operator is taking the system samples, these procedures are not needed to be included in the plan.

5. Plan of Action for MCL’s/Violations

- a. Establish a plan of action when a ROUTINE total coliform positive occurs:
 - 1. Notify NJDEP – Bureau of Safe Drinking Water (BSDW) by the end of the day when you are notified of the test results
 - 2. Provide protocol for the collection of 4 REPEAT samples within the system within 24 hours of being notified of the routine total coliform positive
 - 3. Provide protocol to collect a minimum of 5 ROUTINE total coliform samples during the next month (the month following the original ROUTINE total coliform positive)
- b. Establish a plan of action when a RAW water sample is E.coli Positive.
 - 1. Notify/Consult with the NDJEP – BSDW and notify the Morris County Office of Health Management as soon as possible, but no later than 24 hours after notification of the E.coli positive results

2. Collect five additional source water samples (from the raw water tap) within 24 hours of notification of the E.coli positive results
 3. Implement Tier 1 notification requirements within 24 hours and include the Boil Water/Do Not Drink Advisory – provide an alternative form of drinking water for your system (i.e. bottled water)
- c. Establish a plan of action when a REPEAT total coliform positive occurs
1. Acute Coliform Violation:
 - a. A routine sample is total coliform and E.coli positive and is followed by a repeat sample that is total coliform positive or both total coliform positive and E.coli positive
 - b. A routine sample is total coliform positive and is followed by a repeat sample that is total coliform positive and E.coli positive
 - c. If an Acute Coliform Violation occurs, then the water system must:
 - a. Consult with the BSDW and Morris County Office of Health Management within 24 hours after becoming aware of the violation.
 - b. Perform Tier 1 public notification: Boil Water/Do Not Drink Advisory and provide an alternative form of drinking water (i.e. bottled water)
 2. Non-Acute Coliform Violation:
 - a. Well systems that have more than one routine/repeat total coliform positive result.
 - a. Notify the BSDW within 48 hours after becoming aware of the violation
 - b. Perform Tier 2 public notification.
 3. Implementation of Corrective Action to remediate contamination
 - a. Consult with the NJDEP – BSDW prior to implementing corrective actions
- d. Establish a plan of action when your system fails to collect the required routine and/or repeat samples
1. Ensure the correct number of monitoring samples are collected in the next required sample timeframe
 2. Perform Tier 3 public notification.

6. Important Contact Information

- a. NJDEP – Bureau of Safe Drinking Water: (609) 292-5550
- b. NJDEP – Bureau of Water System Engineering: (609) 292-2957
- c. NJDEP Hotline (for after business hours): 1-877-WARN-DEP

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Example of a Total Coliform Rule Sampling Plan

This document is for illustrative/demonstrative purposes only. A water system may be required to have more items than shown, or may not be required to contain all of the items shown, depending on the individual system.

Water System Information:

System Name: ABC Water System

PWSID Number: 1439000

System Type: Groundwater, 1 well

Water Sources: Well (WL001001, permit # 25-000000)

Property Owner: ABC Management, LLC.

Attn: John Doe

123 Main

St.

Anytown, NJ 99999

Main Number: 973-555-5555

Cell Number: 973-555-5554

Service Connections: 2 buildings

Population served: Non-Transient: (anyone with access, 4 hours a day, 4 days a week) – 28

Transient: (average visitors/customers) – 75/day

Treatment: UV Radiation – disinfection, UV Light

Ion Exchange – hardness, sodium

Storage Tank: 1 Hydro pneumatic tank, 55 gallons (in basement of building 1)

Date Prepared: May 30, 2010 (Revised June 1, 2012) - by John Doe – 973-555-5554

Certified Laboratory: Water Testing Lab

456 Main Street.

Anytown, NJ 99999

Main Number: 973-555-4444

Fax Number: 973-555-4443

Water Sample Collector: Jane Doe, Licensed Operator (VSWS #1111111)

Cell number: 973-555-5556

List of sample sites were provided to sampler, facilities manager accompanies water sampler when samples are taken.

Jessica Doe, Back Up L.O. when Jane Doe is unavailable (VSWS #2222222)

Cell Number: 973-555-5557

Additional Contact Information

NJDEP – Bureau of Safe Drinking Water: (609) 292-5550

NJDEP Hotline (for after business hours): 1-877-WARN-DEP

Morris County Health Department: 973-631-5484

Sampling Information:

- TCR Sample taken Quarterly
- Nitrate and Nitrite Samples taken Annually
- VOC samples taken once every 3 years
- Lead and Copper samples taken once every 3 years
- IOC samples taken once every 3 years

Plan of Action for MCL's/Violations:

When a ROUTINE total coliform positive occurs:

1. Notify NJDEP – Bureau of Safe Drinking Water (BSDW) after notification
2. 4 REPEAT samples taken within 24 hours. Contact Jane Doe or Jessica Doe if unavailable.
 - a. Collect one sample from original positive sample tap
 - b. Collect a raw water sample from well
 - c. Collect one sample upstream of the original positive sample tap
 - d. Collect one sample downstream of the original positive sample tap
3. Collect 5 ROUTINE total coliform samples during the next month following the original ROUTINE total coliform positive

When a RAW water sample is E.coli Positive:

1. Notify/Consult with the NDJEP – BSDW and notify the Morris County Office of Health Management within 24 hours after notification of the E.coli positive results
2. Collect five (5) samples from the raw water tap within 24 hours
3. Post Tier 1 notification (the Boil Water/Do Not Drink Advisory) by all sinks and fountains
4. Buy bottled water for employee and customer use

When a REPEAT total coliform positive occurs:

Acute Coliform Violation:

1. Contact the BSDW and Morris County Office of Health Management within 24 hours after becoming aware of the violation.
2. Post Tier 1 notification (the Boil Water/Do Not Drink Advisory) by all sinks and fountains
3. Buy bottled water for employee and customer use

Non-Acute Coliform Violation:

1. Contact the BSDW within 48 hours after becoming aware of the violation
2. Post Tier 2 notification by all sinks and fountains

If required routine and/or repeat samples are not taken:

1. Post Tier 3 notification by all sinks and water fountains
2. Ensure the correct number of samples are collected in the next monitoring period