

# \*\*Attention Sample Collector\*\*

## *Immediate Action is needed on all Checked Boxes*

Water System Number: \_\_\_\_\_ Water System Name : \_\_\_\_\_

<input type="checkbox"/>	<p>The coliform sample collected on _____ from _____ was positive for (<i>circle one</i>) total coliform / fecal coliform / <i>E. coli</i>. Therefore, you must collect <b>three repeat samples</b>. One repeat sample must be collected at the <b>original location</b>. The second repeat sample must be collected within <b>five service connections upstream</b> and the last repeat sample collected within <b>five service connections downstream</b>. You <b>MUST</b> collect all repeat samples and return to the laboratory by _____.</p> <p>Please be sure to mark sample purpose on the new form as "REPEAT SAMPLE".</p> <p><b>In ADDITION to the above, you MUST <u>READ and UNDERSTAND</u> (#1) and (#2) below to INSURE COMPLIANCE.</b></p> <ol style="list-style-type: none"> <li>1) <i>FOR GROUND WATER SUPPLIES ONLY</i>. If you do not have a triggered source water monitoring (TSWM) Special Exception Permit (SEP), you <b>MUST</b> collect a repeat sample for <i>E. coli</i> <b><u>from each active ground water source</u></b> (well) within 24 hours. If you have multiple Routine Distribution total coliform positive samples, you must collect multiple well samples (<i>Example; if you have three TC positive routine distribution samples, you must collect three TSWM samples from each active well. All three well samples may be collected one right after another.</i>)</li> <li>2) <b>If your water system collects only one routine distribution sample per month</b> repeats are required to be collected as directed above- <b>IN ADDITION</b> another repeat sample must be collected anywhere within your distribution system. This fourth repeat should be marked as "OTHER"</li> </ol>
<input type="checkbox"/>	<p>The coliform sample collected on _____ from _____ was positive for total (<i>circle one</i>) coliform / fecal coliform / <i>E. coli</i>. Therefore, you must collect <b>one repeat sample from the same location</b>. Please be sure to mark sample purpose on the new form as "REPEAT SAMPLE".</p>
<input type="checkbox"/>	<p>The coliform sample listed on the enclosed laboratory report form was invalid due to excessive growth, was damaged during shipment, or received more than 30 hours of collection. A replacement sample must be collected and returned to the laboratory as soon as possible. Please be sure to mark sample purpose on the new form as "REPLACEMENT".</p>
<input type="checkbox"/>	<p>A triggered source water sample collected on _____ from Well _____ tested positive for <i>E. coli</i>. Therefore, five additional samples must be collected from the well and returned to the laboratory by _____ - (within 24-hours of notification)</p>

**If any sample in the set of repeat samples is unsatisfactory for any reason, the entire set of three (or four) repeat samples must be collected at the same locations as the first set of repeat samples.**

**If you are unable to collect repeat samples within 24 hours of notification, you must call the Drinking Water Compliance Unit at 217-785-0561 or your Regional Office and request an extension**

*Do NOT discard this document. You are required to keep a copy for your records.*

**Lab Use Only**

Sample ID No.		Date Repeats mailed and number of bottles	
Date and Time WS Contacted		Name of Person Contacted and Phone Number	
Laboratory		Lab Contact and Phone Number	