

GROUNDWATER RULE NOTIFICATION FORM

Water System Name _____ UTAH # _____ Date _____

SOURCES

- 1. List source(s) which supply water to the location where the positive-coliform sample was collected. Please identify by water facility number. (ie: WS001, WS002, WS003....)

- 2. List active source(s) NOT in use at the time of the positive-coliform sample. Please identify by water facility number and indicate why they were not in use. (Identify all active source(s) referenced on page 1)

WHOLESALE

- 3. Do you receive water from a wholesaler?

[] No, does not apply.

- [] Yes. If yes, did you inform the wholesaler of the positive-coliform sample collected from your system?

[] No (This is a violation of the GWR)

[] Yes. Please indicate: Contact person: _____ Date: _____

SAMPLING

- 4. Did you sample all sources in-use at the time of the positive coliform sample?

[] No (This is a GWR monitoring violation)

[] Yes

- 5. Did you sample from an approved representative sampling location? (Source sampling plans must be submitted to the DDW to be approved for a representative location. Samples must be collected prior to disinfection or treatment).

[] No, does not apply

[] Yes (Please identify representative sampling location by water facility number SSG01, SSG02....)

[] I would like to request information about source sampling plans and/or approved representative locations.

SAMPLE LABELING

- 6. Were all GWR source samples labeled as triggered (TG) source samples with the water facility number? (ie: TG, WS001; TG, WS002; TG WS003....)

[] No. Please contact your laboratory for proper labeling.

[] Yes

TOTAL COLIFORM RULE (TCR) SAMPLING

- 7. Did you collect REPEAT (RP) samples from your distribution system as required by the Total Coliform Rule (TCR)? (Three samples are required for systems with more than 1000 people, four samples are required for systems with less than 1000 people.)

[] No (This is a TCR monitoring violation)

[] Yes

- 8. Are you planning to take ADDITIONAL ROUTINE (RT) samples from the distribution system the month following a positive coliform sample as required by the TCR? (A minimum of 5 total samples is required.)

[] No (This is a TCR monitoring violation)

[] Yes

SUMMARIZATION OF THIS INCIDENT

Please summarize the details of this incident on a separate page. Indicate what you have done to correct the problem.

Signature _____ Position _____ Phone _____