

WY and Tribal Revised Total Coliform Rule (RTCR)

LABORATORY SAMPLE FORM

Sampler(s) Section *(For field sampler use only):*

Reminder: Collect RTCR samples every month. If you have a total coliform positive or an E. Coli-positive, you must collect **three (3) REPEAT** samples according to your Sample Siting Plan. For each positive **ROUTINE** sample, you must collect **REPEAT** samples from: 1) the same site as the positive **ROUTINE** sample, 2) a REPEAT sample from a site within 5 taps upstream from the positive sample, and 3) a **REPEAT** sample from a site within 5 taps downstream of the positive sample. You must also collect a ground water source sample from any wells or springs in use at the time the positive **ROUTINE** sample was collected. This is the triggered GWR sample. Write the correct Sample Point Code on the form below (e.g., DIST), which may be found in the yearly Monitoring and Reporting Requirements and the address where the sample was taken. Chlorine Residuals are required on routine and repeat samples.

You cannot use RTCR samples as a GWR source sample, or vice versa.

Public Water System (PWS) Name:				Sampler's Name:			
PWS Identification Number (PWSID):				Cell Phone Number:			
PWS Street Address:			City:		State:		Zip Code:
Comments:							
Sample Collection		Sample Point Address (Found on your Sample Siting Plan.)	Chlorine Residual (circle one) Total or Free mg/L	RTCR Sample Type - Check One			
				ROUTINE - First set of required samples collected during a month. REPEATS - samples required AFTER any routine sample is positive. SPECIAL - Is a non-compliance sample that may be collected, for example, to determine if disinfection is adequate after pipe replacement or repair or to find a source of contamination. It is also used for the Seasonal Startup Checklist required sampling and daily sampling required by an Emergency Administrative Order. It cannot be used to determine compliance with the maximum contaminant level.			
Date	Time			<input type="checkbox"/> Routine	<input type="checkbox"/> Repeat	<input type="checkbox"/> Special	
				<input type="checkbox"/> Routine	<input type="checkbox"/> Repeat	<input type="checkbox"/> Special	
				<input type="checkbox"/> Routine	<input type="checkbox"/> Repeat	<input type="checkbox"/> Special	
				<input type="checkbox"/> Routine	<input type="checkbox"/> Repeat	<input type="checkbox"/> Special	
Sampler(s) name (Print):			Sampler(s) signature:				Date signed:

Laboratory Section *(For laboratory use only):*

Laboratory Name:			Laboratory Phone Number:				Date/Time Sample Received:		
Lab Specimen ID	Sample Location	Analytical Method Used	Total Coliform P/A/NA	E. coli P/A/NA	Analysis Start Date Time		Analysis Complete Date Time		Comments
Comments: (e.g., chlorine residual present, over 30 hour holding time)									
Analyst(s) Name:							Date:		

Send Copies of Completed Forms to: EPA Region 8 Revised Total Coliform Rule Manager

Email: r8dwu@epa.gov

Fax: 303-312-7517

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