



Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

** Attention Sample Collector **

Immediate action is needed on all checked boxes

Water System Number: _____ Water System Name: _____

The routine distribution coliform sample collected on _____ from _____ was positive for
 total coliform *E. coli*. Therefore, you must collect **three repeat samples**. One repeat sample must be collected at the **original location**. The second repeat sample must be collected within **five service connections upstream** and the last repeat sample collected within **five service connections downstream**. You **MUST** collect all repeat samples and return to the laboratory by _____. Please be sure to mark sample purpose on the new form as "REPEAT SAMPLE".

*****IN ADDITION*** FOR GROUND WATER SUPPLIES ONLY** - If you **do not** have a triggered source water monitoring (TSWM) Special Exception Permit (SEP), you **MUST** collect a repeat sample for *E. coli* **from each active ground water source** (well) within 24 hours for each coliform positive routine distribution sample. *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.*

If you are a ground water purchase water supply you are required to notify your parent supply that you had a routine positive distribution sample within 24 hours of this notification.

The coliform sample collected on _____ from WL _____ was positive for
 total coliform *E. coli*. Therefore, you must collect **one repeat sample from the same location**. Please be sure to mark sample purpose on the new form as "REPEAT SAMPLE".

The coliform sample collected on _____ from TP _____ was positive for
 total coliform *E. coli*. Therefore, you must collect **one repeat sample from the same location**. Please be sure to mark sample purpose on the new form as "REPEAT SAMPLE".

A triggered source water sample collected on _____ from WL _____ tested positive for *E. coli*. Therefore, five additional samples must be collected from the well and returned to the laboratory by _____ (within 24 hours of notification).

If any sample in the set of repeat samples is unsatisfactory for any reason, the entire set of three repeat samples must be recollected at the same locations as the first set of repeat samples within 24 hours of notification.

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

Lab Contact and Phone Number		Date and Time WS Contacted	
Laboratory Sample ID #		Name of Person Contacted and Phone Number	

Available online at epa.illinois.gov/topics/forms/water-forms/drinking-water-compliance
Illinois EPA DWCU FAX number: 217-782-0075 or scan and e-mail Andrea.Rhodes@illinois.gov