

Coliform Monitoring Plan

Administrative Information (Table 1)

Public Water System Name			PWS ID Number		
Populations Served	# of Residents	# of Non-Transients	# of Transients	Total #	
Administrative Contact	Name		Title		Phone Number
Primary Sampler	Name		Title		Phone Number
Backup Sampler #1	Name		Title		Phone Number
Backup Sampler #2	Name		Title		Phone Number
If coliform sample collection is contracted to an independent contractor:					
Company Name		CNMI Business License #	Primary Contact		Phone Number

Sample Plan Information (Table 2)

Plan Development	Person who developed/revised this plan (Print/Signature)	Developed/Revised Date
Plan Location	This Coliform Monitoring Plan will be kept at	
DEQ Approval	DEQ Reviewer (Print/Signature)	Approval Date

PWS ID# _____

Coliform Monitoring Plan

Date _____

Identification of Independent Distribution Systems (Table 3A)

Dist. Sys. Identifier	Distribution System Name	Uses of Water	Coliform Sampling Required? How many required each month?

Continued on Table 3B

Sources & Treatment of Independent Distribution Systems (Table 3B)

Dist. Sys. Identifier	Disinfection Practices (see below)		Water Source(s)
	Type	Frequency	

<u>Disinfection Types</u>	
Chlorine Gas	Ozone
Chlorine Granular/Tablets	Ultraviolet Light
Chlorine Liquid	Other (specify)

<u>Disinfection Frequency</u>
Continuous
Daily
Weekly
Monthly
Occasionally

Sample Collection Schedules (Table 5)

Distribution System Name (ID):		
Routine Samples	Sample Collection Schedule:	
Repeat Samples	Number of Repeat Samples Required:	
	Sample Collection Schedule:	
Additional Routines	Number of Additional Routines Required:	
	Sample Collection Schedule:	
	Sample Site Locations:	