



Bacteriological Analysis Sample Summary

1. Please fill out the Bacteriological Analysis Individual Samples page if you have a total coliform positive sample and repeat samples to report.

2. Submit this form and the final report from the certified lab that analyzed your samples to SCDHEC no later than ten (10) days after the end of the compliance period.

3. Report results to BacteriologicalRpts@dhec.sc.gov

SC								PWSID (7-digit permit #)
								PWS NAME
								COMPLIANCE PERIOD (Mon-Year OR Qtr-Year) [i.e.; Aug-2018 or 2nd Q- 2018]
QUARTERLY			MONTHLY					CYCLE (select one)

					CHLORINE RESIDUAL
					LABID (5-digit code for the certified lab analyzing the chlorine residual)
					TOTAL # OF SAMPLES COLLECTED AND ANALYZED
					# OF INITIAL ROUTINE TC+ SAMPLES
					# OF INITIAL ROUTINE EC+ SAMPLES
					METHOD CODE FOR TOTAL COLIFORM ANALYSIS
					METHOD CODE FOR <i>E. COLI</i> ANALYSIS
					LABID (5-digit code for the certified lab analyzing the samples)

					SIGNATURE
					DATE

The D-1974 form and the final report from the certified lab that analyzed your sample(s) is due to be reported to DHEC on the 10th of each month. After the 10th of the month, your report is late, and a monitoring and reporting violation could be issued. You should report your results to BacteriologicalRpts@dhec.sc.gov.

More than one occurrence of failure to submit your reporting form within a 12-month period could result in Enforcement action and stipulated penalties.

Format your subject line of your email: **SC##### Water System Name – Month/Year**, which helps identify, track and/or search for the public water system's 7-digit permit number, water system name and month/year you are reporting for compliance. I.E.: Subject line if reporting monthly and reporting August 2018 results would be formatted as: **SC1234567 ABC Water System – August 2018**; Subject line if reporting quarterly and reporting 3rd quarter 2018 results would be formatted as: **SC1234567 ABC Water System –3rd Q 2018**

Within 24 hours of learning of a total coliform-positive (TC+) sample result, REPEAT samples must be collected and analyzed for total coliforms:

- One REPEAT sample must be collected from the same tap as the TC+ sample.
- One REPEAT sample must be collected within five service connections upstream of the TC+ sample.
- One REPEAT sample must be collected within five service connections downstream of the TC+ sample.
- If the system is served by Groundwater, then a Triggered Source sample must be collected prior to treatment from each source in use at the time the total coliform-positive sample was collected.

The number of samples taken PER WELL must equal the number of positive TC samples. If you collected three TC+ samples, then three well samples must be taken at EACH WELL that was in service at the time.

The triggered source water sample must be analyzed for the presence of *E. coli*. If any triggered source water sample is *E. coli*-positive, the Groundwater system (GWS) must either take corrective action, as directed by the state, or the GWS must take 5 additional source water samples within 24 hours.

If the GW system Purchases some or all their water, they must notify the wholesale system(s) within 24 hours

If any **REPEAT sample is TC+**

- The system must analyze that total coliform-positive culture for *E. coli*.
- The system must collect another set of REPEAT samples, as before, **unless** the *E. coli* MCL has been violated or an assessment has been triggered.

For a system on quarterly monitoring, a TC+ result requires a minimum of three ROUTINE samples be collected the following month.

CALL DHEC on the same day you learn of an EC+ result or no later than the end of the next business day if the result(s) were reported from the lab to the water system after business hours.



Bacteriological Analysis Individual Samples

					LABID (samples)
					LABID (chlorine residual)

SC								PWSID
								PWS NAME

	LAB SAMPLE ID	Sample Location	Collection Date (MM/DD/YY)	Collection Time (00:00 Military Time)	Sample Type (RTOR,RPOR, RPUP,RPDN, TGSR,SPPR)	Sample Volume	Repeat Location (OR, UP, DN, SR)	Original Sample ID	Original Collection Date (MM/DD/YY)	3100 Total Coliform A/P	3014 E. coli A/P	Source Type (SW, GW, or MX)	Source ID (Enter WSFID of GW Source)	Chlorine Residual
RTOR EXAMPLE	12345	OS AT 789 STREET, CITY	08/08/18	13:25	RTOR	100 ML				P	A	GW		0.55
RPOR EXAMPLE	65431	OS AT 789 STREET, CITY	08/09/18	11:00	RPOR	100 ML	OR	12345	08/08/18	A	A	GW		0.95
RPUP EXAMPLE	65432	OS AT 785 STREET, CITY	08/09/18	11:05	RPUP	100 ML	UP	12345	08/08/18	A	A	GW		0.95
RPDN EXAMPLE	65433	OS AT 793 STREET, CITY	08/09/18	11:10	RPDN	100 ML	DN	12345	08/08/18	A	A	GW		0.95
TGSR EXAMPLE	65434	WELL 1	08/09/18	11:15	TGSR	100 ML	SR	12345	08/08/18	A	A	GW	G12345	
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