

WY and Tribal Ground Water Rule (GWR)

TRIGGERED GROUNDWATER SOURCE SAMPLING FORM

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

Reminder: Collect GWR source samples anytime you have a **routine** RTCR positive result. **Collect the same number of samples from each active groundwater source as the number of routine TC+ results received (e.g., if you have two routine TC+ results, you will need to collect two source water samples from each active groundwater source).** Write the correct Sample Point Code on the form below (e.g. GWR WL), which may be found in the yearly Monitoring and Reporting Requirements document sent to all systems. The GWR source samples are **in addition** to your RTCR 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: (List sources that were inactive or any other information regarding why all groundwater sources were not sampled)					
Sample Collection		Sample Point Code	Groundwater Sample Type- Check One		
Date	Time	(Found in the yearly Monitoring and Reporting Requirements document in the GWR section.)	Triggered - 1st source sample(s) after being notified of a routine RTCR positive Additional Routines - Required 5 source samples after a GWR EC+ routine result Replacement- If a sample wasn't analyzed previously (e.g. over holding time)		
			<input type="checkbox"/> Triggered	<input type="checkbox"/> Additional Following EC+	<input type="checkbox"/> Replacement
			<input type="checkbox"/> Triggered	<input type="checkbox"/> Additional Following EC+	<input type="checkbox"/> Replacement
			<input type="checkbox"/> Triggered	<input type="checkbox"/> Additional Following EC+	<input type="checkbox"/> Replacement
			<input type="checkbox"/> Triggered	<input type="checkbox"/> Additional Following EC+	<input type="checkbox"/> Replacement
			<input type="checkbox"/> Triggered	<input type="checkbox"/> Additional Following EC+	<input type="checkbox"/> Replacement
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		Analysis Complete		Comments
					Date	Time	Date	Time	
Comments: (e.g. chlorine residual present, over 30 hour holding time)									
Analyst(s) Name:					Date:				

Send Copies of Completed Forms to: EPA Region 8 Ground Water Rule Manager
 Email: r8dwu@epa.gov
 Fax: 1-877-876-9101