

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 SCDES no later than ten (10) days after the end of the compliance period.

3. Report results to BacteriologicalRpts@des.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 SCDES 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@des.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 SCDES 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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**Bacteriological Analysis Sample Summary
Bacteriological Analysis Individual Samples
DES Form 1974**

Purpose: The purpose of DES Form 1974 when properly completed and submitted to SCDES ensures the safety of water served to the public with respect to bacteriological quality.

ITEM BY ITEM INSTRUCTIONS:

This form is PDF fillable. Upon entry of the PWSID, PWS NAME, LABID (chlorine residual), and LABID (samples) on the Bacteriological Analysis Sample Summary page, the data will pre-fill into Bacteriological Analysis Individual Samples Page.

Bacteriological Analysis Sample Summary Page

1. PWSID: Enter the seven (7) digit drinking water permit number
2. PWS NAME: Enter the name of the water system associated to the PWSID
3. COMPLIANCE PERIOD: Enter the Month-Year or Quarter-Year for the compliance period. I.E.; If reporting monthly results for August 2018 enter Aug-2018; If reporting quarterly results for 3rd quarter 2018 enter 3rd Q-2018
4. CYCLE (select one): Select either Quarterly or Monthly according to your routine monitoring schedule
5. CHLORINE RESIDUAL: Enter the chlorine residual if the water system disinfects
6. LABID: Enter the five (5) digit code for the certified lab analyzing the chlorine residual result
7. TOTAL # OF SAMPLES COLLECTED AND ANALYZED: Enter the total number
8. # OF INITIAL ROUTINE TC+ SAMPLES: Enter the number of routine total coliform positive samples
9. # OF INITIAL ROUTINE EC+ SAMPLES: Enter the number of routine E. coli positive samples
10. METHOD CODE FOR TOTAL COLIFORM ANALYSIS: Enter the method code used by your certified lab to analyze your bacteriological samples for total coliform
11. METHOD CODE FOR E. COLI ANALYSIS: Enter the method code used by your certified lab to analyze your bacteriological samples for E. coli
12. LABID: Enter the five (5) digit code for the certified lab analyzing the total coliform and E. coli samples
13. SIGNATURE: Signature of responsible party reporting for the PWSID-PWS NAME.
14. DATE: Enter date report was completed

Bacteriological Analysis Individual Samples Page

This page contains 10 rows for sample entry. If more than 10 samples are being reported, additional copies of the Bacteriological Analysis Individual Samples page can be used and submitted with the 1974 form.

1. LAB SAMPLE ID: Enter the sample number assigned by the certified lab for the sample and analysis
2. SAMPLE LOCATION: Enter the description of the tap used for collection of the sample and the physical location or 911 address. If reporting a TGSR sample, enter the description of the source.
3. COLLECTION DATE (MM/DD/YY): Enter the date the collected (MM/DD/YY)
4. COLLECTION TIME (24HR): Enter the time collected (24HR)
5. SAMPLE TYPE: Enter the type sample utilizing the following codes:

SAMPLE TYPE CODE	DESCRIPTION
RTOR	ROUTINE ORIGINAL
RPOR	REPEAT ORIGINAL
RPUP	REPEAT UPSTREAM
RPDN	REPEAT DOWNSTREAM
TGSR	TRIGGERED SOURCE
SPPR	SPECIAL PURPOSE SAMPLE

Note: Special purpose samples are not used to determine compliance.

6. SAMPLE VOLUME: Enter sample volume

7. REPEAT LOCATION: Enter the repeat location utilizing the following codes:

REPEAT LOCATION CODES	DESCRIPTION
OR	ORIGINAL
UP	UPSTREAM
DN	DOWNSTREAM
SR	SOURCE

8. ORIGINAL SAMPLE ID: When entering result information for repeats, the original sample that was TC+ and/or EC+ must be referenced. Enter the lab sample ID for the original sample for which you are reporting the required repeat results.
9. ORIGINAL COLLECTION DATE (MM/DD/YY): When entering result information for repeats, the original sample that was TC+ and/or EC+ must be referenced. Enter the collection date for the original sample for which you are reporting the required repeat results
10. 3100 TOTAL COLIFORM A/P: Enter the result for total coliform utilizing the following codes:

RESULT CODE	DESCRIPTION
A	ABSENT
P	PRESENT

11. 3014 E. COLI A/P: Enter the result for E. coli utilizing the following codes:

RESULT CODE	DESCRIPTION
A	ABSENT
P	PRESENT

12. SOURCE TYPE: Enter the source water type for the water system associated to the PWSID-PWS NAME using the following codes:

SOURCE TYPE	DESCRIPTION
SW	SURFACE WATER
GW	GROUNDWATER
MX	MIX (SERVES BOTH SW AND GW)

13. SOURCE ID: Enter the water system facility ID (WSFID) of the groundwater (GW) source if the system is a GW system or serving a mix of SW and GW. The Groundwater Rule (GWR) requires that a Triggered Source (TGSR) sample be collected prior to treatment from each GW source in use at the time the initial TC+ and/or EC+ sample was collected. The required format of the Source ID is a six (6) character code beginning with the letter "G". I.E.; G12345.
14. CHLORINE RESIDUAL: If the water system disinfects, enter the chlorine residual result.

Office Mechanics and Filing: Upon completion of the form, the form should be signed, dated and reported to SCDES, 2600 Bull Street, Columbia, SC, 29201, no later than the 10th of the month following the compliance cycle. The final report from the certified lab analyzing the samples must be submitted with the 1974 form. The form can be submitted to BacteriologicalRpts@des.sc.gov.