



BACTERIOLOGICAL SAMPLE SITING PLAN

System Information:

Name of Facility: _____ System Number: _____
Street Address: _____ Ph. No.: _____
Mailing Address: _____ Fax: _____
Service Connections: _____ Population Served: _____ Sampling Frequency: 4 / month

Sample Collection:

All water samples will be collected by: _____
Name of Laboratory: _____
Mailing Address: _____
State Lab Code: _____ Phone #: _____ Fax #: _____
The Laboratory was sent a copy of this plan on: _____

Raw Water Sampling for Surface Water or Under the Influence of Surface Water:

Is your water system using surface water or water under the influence of surface water?

YES NO

If yes, you are required to take samples of water prior to the addition of chlorine (raw water samples) on a monthly basis. The sample must be identify as special and submitted to the Department on a monthly basis. Please list below the sources, which apply:

1. _____ Area Sampled: _____
2. _____ Area Sampled: _____

Map of System:

A map of the distribution system showing the source (well, spring, etc.), storage tanks, treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) sample locations is required. Have you enclosed this map? YES NO

(OVER)

BACTERIOLOGICAL SAMPLE SITING PLAN (cont.)

Sample Locations:

The following describes each routine sample location, what months the location will be sampled, and where follow-up (repeat) samples will be taken in the event of a "positive" routine sample:

Routine Sample Location:

1. _____
(location name or address)

Water samples will be collected from this Location.

Description: _____
(hose bib, sink faucet, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Routine Sample Location: (if required)

2. _____
(location name or address)

Water samples will be collected from this Location.

Description: _____
(hose bib, sink faucet, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Routine Sample Location: (if required)

3. _____
(location name or address)

Water samples will be collected from this Location.

Description: _____
(hose bib, sink faucet, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Report Prepared by: _____

Signature and Title: _____ Date: _____