

*Interim Final***FORM 1: Total Coliform Sample Siting Plan Form****For Noncommunity Water Systems Collecting One Coliform Sample Per Month**

Date Plan Updated: \_\_\_\_\_

\*Updated coliform sample siting plans should be submitted to the Department within 30 days of making revisions.

**Part 1: General System Information**

<b>Water System Name:</b>		<b>PWSID:</b>
<b>Mailing Address:</b>		
<b>Contact Person:</b>		
<b>Phone #:</b>		<b>Email:</b>
<b>Population Served:</b>		
<b>Seasonal System:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Season Begin Date:</b>	<b>Season End Date:</b>
<b>Source Types:</b> (check all that apply)	<input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater <input type="checkbox"/> Groundwater under direct influence of surface water (GUDI)	<input type="checkbox"/> Purchased Surface Water <input type="checkbox"/> Purchased Groundwater <input type="checkbox"/> Purchased GUDI
<b>Disinfection Treatment Used</b> (check all that apply)	<input type="checkbox"/> Chlorine <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Ozone <input type="checkbox"/> Chloramination <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> None	
<b>Was the distribution map or plumbing diagram reviewed when developing the sample siting plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Name(s) of individual(s) or company collecting samples:</b>		
<b>Responsible Official Name:</b>		<b>Phone:</b>
<b>Responsible Official Signature:</b>		<b>Date:</b>

Do you collect more than one routine sample per month?  Yes  NoIf yes, please switch to *FORM 3: Total Coliform Sample Siting Plan for Public Water Systems Collecting Two or More Samples Per Month* (3930-FM-BSDW0526).

**Part 2: Sampling Information**

**A. Sample Location Information Table**

Location ID	Site location (tap location)	Sample Type (D) = Distribution (C) = Check	Is site accessibility limited? (if yes, check box and describe in 2B)
		D & C	<input type="checkbox"/>
		C	<input type="checkbox"/>
		C	<input type="checkbox"/>
		D & C*	<input type="checkbox"/>
		C*	<input type="checkbox"/>
		C*	<input type="checkbox"/>

\* Use these rows if rotating between locations.

**B. Description of Limited Accessibility:** For the Location ID(s) identified as having limited accessibility in Table A, describe the limitation and the means for accessing these locations for sampling:

**C. Sample Schedule:** Use the Location ID(s) to specify where the sample will be collected for each month of the year.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Loc ID:												

**D. Description of Representative Sampling:** Describe how the routine distribution (D) sample location(s) identified in Table A are representative of water throughout the system:

E. **Sample Interval Description:** Describe below how you plan to ensure that samples are collected at evenly-spaced time intervals:

**Part 3: Source Water Monitoring**

Do you provide 4-log treatment of viruses for all of your groundwater sources?

- Yes     No

If you answered "No" to the above question, you are required to perform source water monitoring in the event of a total coliform positive routine sample. Complete the table below.

Source Water Monitoring	
Source ID	Description of location of raw water sample tap