PWS ID #: MS_____ **Name of PWS:** _____**Type:** ☐Community or ☐ NT/NC

Population: _____ **Routine Samples Required Monthly:** _____ **Region:** _____

BUREAU OF PUBLIC WATER SUPPLY
2016 RTCR MICROBIOLOGICAL SAMPLE SITE PLAN (COMMUNITY) or (NON-TRANSIENT / NON-COMMUNITY)

Check only one box:
Option 1 ☐ Resamples will be collected upstream/downstream within 5 service connections as in the Original TCR
Option 2 ☐ Resamples will be collected from alternate fixed sites as now allowed under the Revised Total Coliform Rule (RTCR)
Option 3 ☐ Resamples will be collected from alternate sites which are not fixed and listed on your SOP as now allowed under RTCR

SITE #	PHYSICAL ADDRESS AND CITY	SITE #	PHYSICAL ADDRESS AND CITY

We recommend a minimum of 10 sample sites for Routine Sampling. Attach a map of your system with the sites and well (s) identified.

CERTIFICATION
I certify that as the certified waterworks operator for this public water system, I have personally inspected and found acceptable each of these microbiological sample site locations. The property owner at each site has given permission for bacteriological sample collection by authorized representatives of this public water system. Routine bacteriological samples must be collected according to this sample site plan. Should this plan change, I will notify the Bureau of Public Water Supply in writing. I further certify that the required chlorine residual samples will be analyzed and recorded at the same time and location as microbiological samples to satisfy Disinfection By Products Rule monitoring requirements.

_____
Certified Waterworks Operator (Please Print) *Daytime Phone Number* *Alternate Phone Number*

_____ _____
Signature of Certified Waterworks Operator *Date*

PWS ID #: MS_____

SITE #	PHYSICAL ADDRESS AND CITY	SITE #	PHYSICAL ADDRESS AND CITY