



REVISED TOTAL COLIFORM RULE SAMPLING SITE PLAN (SYSTEMS 1,001 AND GREATER)

<https://deq.nd.gov/mf>

DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF MUNICIPAL FACILITIES
SFN 60851 (9-2021)

Public Water System (PWS) Name:			PWS Number: (ex: ND1234567)	
<input type="checkbox"/> All monthly routine samples must be collected at approved routine sites at regular time intervals throughout the month. Groundwater systems serving <= 4,900 may collect all samples on a single day from different sites.			Operator Name:	
<input type="checkbox"/> Repeat samples will be collected within 5 service connections up/downstream of the original total coliform positive sample site.				
Site ID #:	Physical Address:	ZIP Code:	Site/Tap Description:	Additional Site Info: (If applicable)
RTCR				
RTCR				
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For Department Use Only:			Send this form and a map showing the sites to: Division of Municipal Facilities 4201 Normandy St. Bismarck, ND 58503-1324 Telephone Number 701-328-5211 Fax Number 701-328-5200	
			* To submit more sites, use additional forms.	