



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 (2-19)

Public Water System (PWS) Name:	PWS Number: (ex: ND1234567)
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<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:	<p>Send this form and a map showing the sites to:</p> <p>Division of Municipal Facilities 918 E. Divide Ave., 3rd Floor Bismarck, ND 58501-1947 Telephone Number 701-328-5211 Fax Number 701-328-5200</p> <p>* To submit more sites, use additional forms.</p>
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