



**REVISED TOTAL COLIFORM RULE SAMPLING SITE PLAN (SYSTEMS 1,000 AND FEWER)**

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

DEPARTMENT OF ENVIRONMENTAL QUALITY  
 DIVISION OF MUNICIPAL FACILITIES  
 SFN 60767 (2-19)

Public Water System (PWS) Name:				PWS Number: (ex: ND1234567)	
<input type="checkbox"/> One routine sample/month collected at approved routine sample 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 unless using alternative repeat sites.					
Site ID #:	Physical Address:	ZIP Code:	Site/Tap Description:	Additional Site Info: (If applicable)	
RTCR					
RTCR					
RTCR					
RTCR					
RTCR					
RTCR					
RTCR					
RTCR					
RTCR					
For Department Use Only:				<b>Send this form and a map showing the sites to:</b>  <b>Division of Municipal Facilities</b> <b>918 E. Divide Ave., 3rd Floor</b> <b>Bismarck, ND 58501-1947</b> <b>Telephone Number 701-328-5211</b> <b>Fax Number 701-328-5200</b>	
				* To submit more sites, use additional forms.	