

DRAFT

DISTRIBUTION DISINFECTANT RESIDUAL SAMPLE SITING PLAN

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

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

Part 1: General System Information

Water System Name:		PWSID:	
Mailing Address:			
Contact Person:			
Phone:		Email:	
System Type: <input type="checkbox"/> CWS <input type="checkbox"/> NTNCWS <input type="checkbox"/> TNCWS			
Seasonal System: <input type="checkbox"/> Yes <input type="checkbox"/> No		Season Begin Date:	Season End Date:
Source Types: (check all that apply)		<input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater <input type="checkbox"/> Groundwater under direct influence of surface water <input type="checkbox"/> GUDI	<input type="checkbox"/> Unfiltered Surface Water or GUDI <input type="checkbox"/> Purchased Surface Water <input type="checkbox"/> Purchased Groundwater <input type="checkbox"/> Purchased GUDI
			Do you provide finished water to any other public water system? <input type="checkbox"/> Yes <input type="checkbox"/> No
Distribution Disinfection Treatment Used: <input type="checkbox"/> Chlorine <input type="checkbox"/> Chloramination <i>(check both if purchasing water from a system that uses a different disinfectant)</i>			
Seasonal Chloramination? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, List which months chloramination is normally used:			
Was the distribution map reviewed in determining sample siting plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name(s) of individual(s) or company conducting disinfectant residual measurements:			
Responsible Official Name:		Phone:	
Responsible Official Signature:		Date:	

## DISTRIBUTION DISINFECTANT RESIDUAL SAMPLE SITING PLAN

**Part 2: Sampling Information**

**A. Sample Location Information**

Location ID	Site location (address and tap location)	Location also used for: (check all that apply)	Representative Location Code*	Mixing Zone & Continuous Monitoring
		<input type="checkbox"/> RTRC <input type="checkbox"/> LCR <input type="checkbox"/> TTHM / HAA5		<input type="checkbox"/> Mixing Zone <input type="checkbox"/> Cont. Monit. <input type="checkbox"/> Grab Sample
		<input type="checkbox"/> RTRC <input type="checkbox"/> LCR <input type="checkbox"/> TTHM / HAA5		
		<input type="checkbox"/> RTRC <input type="checkbox"/> LCR <input type="checkbox"/> TTHM / HAA5		
		<input type="checkbox"/> RTRC <input type="checkbox"/> LCR <input type="checkbox"/> TTHM / HAA5		
		<input type="checkbox"/> RTRC <input type="checkbox"/> LCR <input type="checkbox"/> TTHM / HAA5		
		<input type="checkbox"/> RTRC <input type="checkbox"/> LCR <input type="checkbox"/> TTHM / HAA5		
		<input type="checkbox"/> RTRC <input type="checkbox"/> LCR <input type="checkbox"/> TTHM / HAA5		
		<input type="checkbox"/> RTRC <input type="checkbox"/> LCR <input type="checkbox"/> TTHM / HAA5		
		<input type="checkbox"/> RTRC <input type="checkbox"/> LCR <input type="checkbox"/> TTHM / HAA5		
		<input type="checkbox"/> RTRC <input type="checkbox"/> LCR <input type="checkbox"/> TTHM / HAA5		
		<input type="checkbox"/> RTRC <input type="checkbox"/> LCR <input type="checkbox"/> TTHM / HAA5		

\*Representative Location Codes:

- 1 – General Distribution Location
- 2 – Dead End
- 3 – First Service Connection
- 4 – Finished Water Storage Facility

- 5 – Interconnection with another PWS
- 6 – Area of high water age
- 7 – Area of previous coliform-positive sample(s)

*Use additional pages as necessary.*



