

*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

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

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**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.*

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**B. Sample Schedule**

Month	Population Served*	# of Routine Samples per Month	Number of Samples by Location																	
			(Insert routine sample location ID# at the top of a column. Then indicate the number of samples to be collected at that location in each month. Refer to the instructions for an example.)																	
Jan																				
Feb																				
March																				
April																				
May																				
June																				
July																				
Aug																				
Sept																				
Oct																				
Nov																				
Dec																				

\* Include population fluctuations by month if it varies significantly enough to change the required number of samples.

**C. Sample Interval Description:** Describe below how you plan to ensure that samples are collected at regular intervals throughout the month.