

## FORM 1: RTCR SAMPLE SITING PLAN FORM

### For Public Water Systems with One Routine Sample Location

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

#### 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>Population Served:</b>			
<b>Source Types: (check all that apply)</b>	<input type="checkbox"/> Surface Water <input type="checkbox"/> Ground Water <input type="checkbox"/> GUDI (Groundwater under direct influence of surface water)	<input type="checkbox"/> Unfiltered Surface Water or GUDI <input type="checkbox"/> Purchased Surface Water <input type="checkbox"/> Purchased Ground Water <input type="checkbox"/> Purchased GUDI	<b>Selling finished          water to any other          public water system?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Disinfection Treatment Used: (check all that apply)</b>	<input type="checkbox"/> Chlorine <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Ozone <input type="checkbox"/> Chloramination <input type="checkbox"/> Chlorine Dioxide		
<b>Distribution map or plumbing diagram reviewed in developing sample siting plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Name(s) of individual(s) or company collecting samples:</b>			

Have you identified more than one routine sample location?  Yes     No

If yes, please switch to *BSDWxxxxxxx FORM 2: RTCR Sample Siting Plan for Public Water Systems Identifying 2 to 20 Routine Sample Locations.*

Note that if you have identified **more than 20 routine locations** you should use Form 3.

**Part 2: Sampling Information**

**A. Sample Location Information Table**

Sample Type	Location ID	Site location (address and tap location)	Is site accessibility limited? (check box if yes; describe in 2B)
Distribution (D)			<input type="checkbox"/>
Check (C)			<input type="checkbox"/>
Check (C)			<input type="checkbox"/>

**Note:** Routine distribution (D) compliance samples must be collected monthly.

**B. Description of Limited Accessibility:** For sites that have accessibility limitations, describe the means for accessing these sites for sampling:

**C. Description of Representative Sampling:** Describe how the routine (D) sample locations identified above is representative of water throughout your system:

**Part 3: Groundwater Rule Source Water Monitoring**

Does your system use a groundwater source that does not have 4-log inactivation treatment for viruses?

Yes  No

If you answered "Yes" to the above question, you are required to perform source water monitoring under the Groundwater Rule in the event of a total coliform positive routine sample. Complete the table below.

Groundwater Rule Source Water Monitoring	
Source ID	Description of location of raw water sample tap