



FORM 2: RTCR SAMPLE SITING PLAN FORM

For Public Water Systems Identifying 2 to 20 Routine Sample Locations

Date Plan Updated: _____

Part 1: General System Information

Water System Name:		PWSID:	
Mailing Address:			
Contact Person:			
Phone:		Email:	
System Type:	<input type="checkbox"/> CWS <input type="checkbox"/> NTCWS <input type="checkbox"/> TNCWS		
Seasonal System:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Population Served*:			
Source Types: (check all that apply)	<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	Selling finished water to any other public water system? <input type="checkbox"/> Yes <input type="checkbox"/> No
Disinfection Treatment Used: (check all that apply)	<input type="checkbox"/> Chlorine <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Ozone <input type="checkbox"/> Chloramination <input type="checkbox"/> Chlorine Dioxide		
Distribution map reviewed in determining sample siting plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name(s) of individual(s) or company collecting coliform samples:			

* See Part 2.B for population size fluctuations.

Do you have more than 20 sample locations? Yes No

If yes, please switch to **Form 3: BSDWxxxxxx, RTCR Sample Siting Plan for Public Water Systems Identifying more than 20 Routine Sample Locations.**

Part 2: Sampling Information

A. Sample Location Information

Location ID	Site location (address and tap location)	Check (C) or Distribution (D)	Is site accessibility limited?* (check box if yes)	Representative Location Code** (e.g. 1, 2)
			<input type="checkbox"/>	
<i>If you require more rows, please see Addendum B for blank Sample Location Information tables.</i>				

* Use "Addendum A" for a location with limited accessibility

** Codes defined in instructions: General Distribution Sample = 1; Area of High Water Age = 6



B. Sample Schedule

Month	Population Served*	# of Routine Samples per Month	Number of Samples by Location																			
			Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	Loc ID	
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. Note: systems with groundwater sources that serve a population of 4,900 or fewer people may collect all required samples on the same day if they are taken from different locations in the distribution 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

DRAFT