

**Groundwater Rule Amendment
Sample Site Plan**

A. System Information	
Water System Name: _____	Contact Person: _____
Address: _____	Phone Number: _____
Water System Number: _____	Population Served: _____
Coliform Samples/Month: _____	Service Connections _____

B. Sample Collection
All water samples collected by: _____ Trained: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Laboratory : _____
The laboratory was sent a copy of this plan on: _____

C. Map of System		
Do you have various sources that influence pressure zone and/or storage facilities? If yes, provide a map.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Explain: _____

D. Sample Locations
The following describes each routine sample location and the sources which may influence it. If the routine sample is Total Coliform Positive , the source(s) affecting the sample location must be sampled within 24 hours. Only sources in use during the time of the initial sampling will be required to be sampled and a production log is required if all sources are not sampled.
Routine Sample Location: _____ Source(s) Influencing Location: _____
1. _____
Routine Sample Location: _____
2. _____
Additional form attached: Yes <input type="checkbox"/> No <input type="checkbox"/>

D. Consecutive Systems
Does your system purchase groundwater from another system? Yes <input type="checkbox"/> No <input type="checkbox"/>
Wholesaler: _____ Contact: _____ Phone: _____
If yes, contact the wholesaler within 24 hours of a <u>Total Coliform Positive</u> in the distribution system.

E. Wholesaler Systems:
Does your system sell groundwater to another system? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, collect source(s) samples within 24 hours of a <u>Total Coliform Positive</u> in a distribution system.
If source sample is <u>E.coli (fecal indicator) Positive</u>, contact all consecutive systems within 24 hours and provide Tier 1 Public Notification.
Consecutive System: _____ Contact: _____ Phone: _____
Consecutive System: _____ Contact: _____ Phone: _____

Report Prepared by:
Signature _____ Date: _____