

MICROBIOLOGICAL SITE SAMPLING PLAN

Date:

SYSTEM CONTACT INFORMATION

System Name:	PWS I.D. #:
Population Served:	No. of Service Connections:
Operator Name:	I.D. #: Grade:
Address:	Phone #:
System Owner Name:	Phone #:
Lab. Name:	Phone #:
System Description:	

SAMPLING POINT INFORMATION

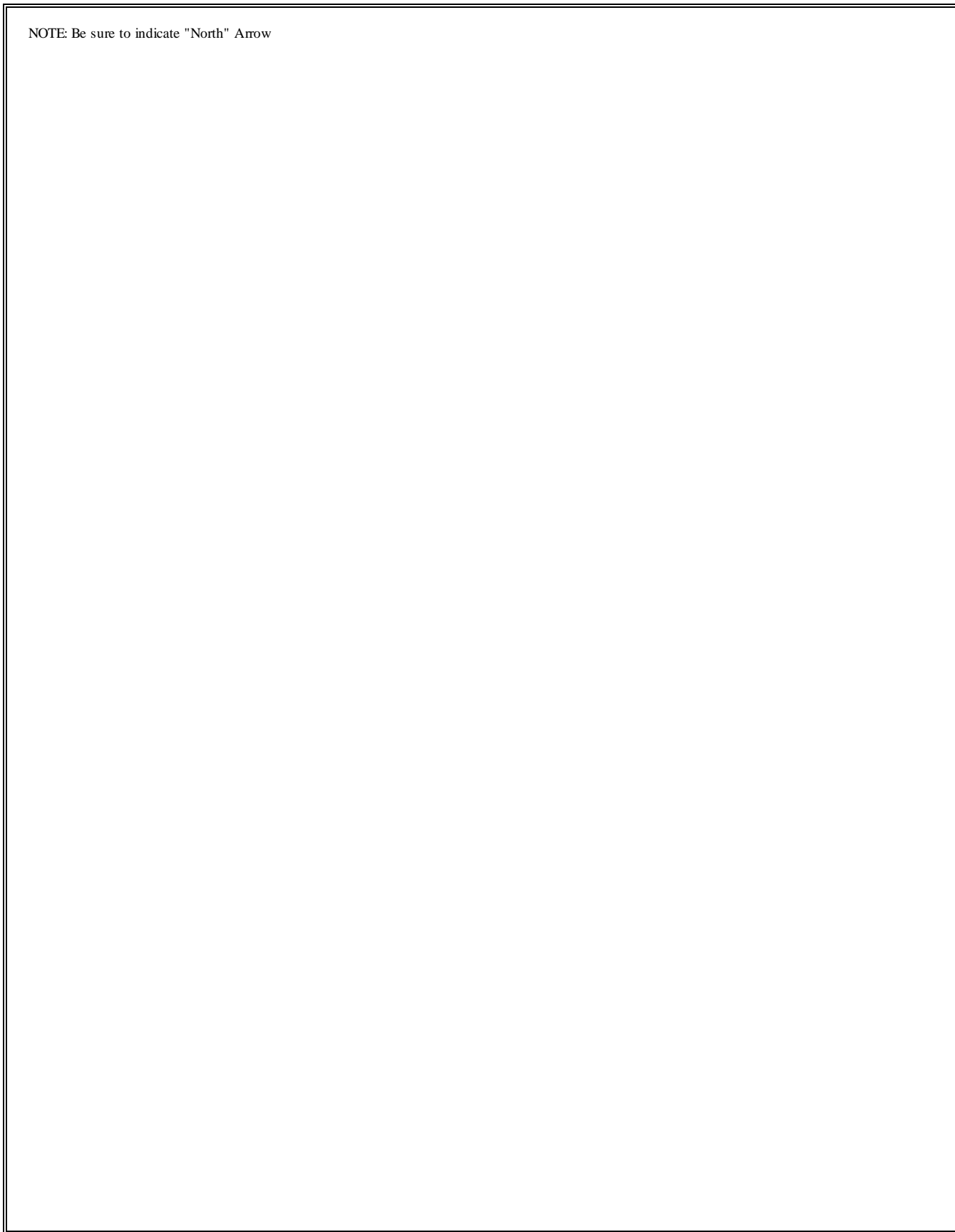
a. Number of Routine Samples Required _____ per _____ .		
Description	Scheduled Month	Map ID
1.		
2.		
3.		
4.		
5.		
b. Alternate/Rotational Sampling Locations		
Description	Scheduled Month	Map ID
1.		
2.		
3.		
4.		
5.		

Prepared By:
MSSPFRM1 (Rev. 1, 12/10/91)

Signature:

MICROBIOLOGICAL SITE SAMPLING PLAN MAP

NOTE: Be sure to indicate "North" Arrow



AUXILIARY SHEET

(USE ONLY IF NEEDED)

WATER SOURCE INFORMATION				
DWR#	LATITUDE	LONGITUDE	Type of Source (GW,SW, or GWUISW)	Map ID
1.				
2.				
3.				
4.				
5.				

STORAGE INFORMATION			PRESSURE INFORMATION		
Storage Capacity	Storage Tank Map ID	Booster Pump Map ID	Pressure Tank Capacity	Pressure Tank Map ID	Pres.Reducing Map ID
1.					
2.					
3.					
4.					
5.					

POINT OF ENTRY		POTENTIAL CONTAMINATION		DEAD ENDS/CUL-DE-SACS	
Entering Flow	Map ID	Source or Type	Map ID	Type	Map ID
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	

TREATMENT FACILITY INFORMATION	
Type of Treatment	Map ID
1.	
2.	
3.	
4.	