**Microbiological Sample Siting Plan (MSSP) Template**

**(For use by Public Water Systems serving populations 1,000 or fewer)**

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| **Part 1: General Public Water System (PWS) Information** | | | | | | | | | | | | |
| **PWS Name:** | | | | | | | | | | | **Plan Creation Date:** | |
| **Mailing Address:** | | | | | | | | | | | **PWS ID#:** | |
| **Contact Person:** | | | | | | | | | | | **Phone#:** | |
| **Email Address:** | | | | | | | | | | | | |
| **PWS Type** (Select one)**:** | | | CWS | | | NTNCWS | | | TNCWS | | **Population Served:** | |
| **PWS Source Types:**  (Check all that apply) | | | Surface Water  Ground Water  GUDI | | | Purchase Surface Water From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Purchase Ground Water From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Finished water sold to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Disinfection Treatment Used:** (Check all that apply) | | | None  Chlorine | | | Chloramines  Chlorine Dioxide | | | | Ozone  Ultraviolet | Other (List below): | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Part 2: Sampling Siting Plan Information** | | | | | | | | | | | | |
| **Revised Total Coliform Rule (RTCR) Sampling** | **Sample Type** | **Location ID** | | **Sample Site/Tap Location** | | | | | | | | **Default (D) or Alternate (A)** |
| **1st Routine** | **RTCR001** | |  | | | | | | | |  |
| Repeat (Upstream) | RTCR001UP | |  | | | | | | | | D A\* |
| Repeat (Downstream) | RTCR001DN | |  | | | | | | | | D A\* |
| This PWS has no additional sampling locations. | | | | | | | Additional sampling locations are attached to this MSSP. | | | | |
| A description of how the sample location(s) identified are representative of water quality in distribution is  (Select one): attached to this MSSP. provided in the space below: | | | | | | | | | | | |
| This PWS will collect routine samples **monthly**. | | | | | | This PWS will collect routine samples **less frequently than monthly.\*** | | | | | |
| A description of how the PWS will conduct routine and repeat sampling in accordance with 40 CFR § 141.854 -856 is  (Select one): attached to this MSSP. provided in the space below: | | | | | | | | | | | |
| **Ground Water Rule (GWR) Sampling** | This PWS uses only surface water sources and **is not subject to the Ground Water Rule** (GWR). (Skip to Part 3) | | | | | | | | | | | |
| This PWS **is subject to the GWR.** *All ground water sources available are listed below and/or attached to this MSSP:* | | | | | | | | | | | |
| **Well Name** | | | | **Location ID** | | | **Sample Site/Tap Location** | | | | |
|  | | | | 55- | | |  | | | | |
| This PWS has no additional ground water sources. | | | | | | | Other ground water source locations are attached this MSSP. | | | | |
| The PWS will collect a **repeat sample from its single ground source to meet requirements of the RTCR and GWR.\*** | | | | | | | | | | | |
| This PWS has 4-log inactivation for all ground water sources and **is not subject to triggered source monitoring**. | | | | | | | | | | | |
| This PWS does not have 4-log inactivation for one or more ground water sources listed and **is subject to triggered source monitoring**. A description of how the PWS will conduct triggered source monitoring sampling in accordance with 40 CFR § 141.402 is (Select one): attached to this MSSP. provided in the space below: | | | | | | | | | | | |
| **Part 3: Distribution System/Plumbing Map with MSSP sampling locations identified** | | | | | | | | | | | | |
| A Distribution System/Plumbing Map with all Revised Total Coliform Rule and Ground Water Rule sampling locations is (Select one): attached to this MSSP. provided below: | | | | | | | | | | | | |

*This MSSP is subject to modification upon regulatory agency review and must be retained and updtated by the PWS in accordance with 40 CFR § 141.853. The PWS must provide this MSSP to the regulatory agency upon request.*