



**Revised Total Coliform Rule (RTCR)  
Microbiological Sample Siting Plan (MSSP)**  
For use by Public Water Systems serving 1000 or fewer people

**Part 1: General Public Water System (PWS) Information**

|  |   |  |
|--|---|--|
| Regulatory Agency: <input type="checkbox"/> ADEQ <input type="checkbox"/> PDEQ |   | MSSP Creation Date:  |
| PWS Name:  |   | PWS ID#:   |
| PWS Mailing Address:   |   |  |
| Contact Person:  |   | Phone#:  |
| Email Address:   |   |  |
| PWS Type (Select one):   | <input type="checkbox"/> CWS <input type="checkbox"/> NTNCWS <input type="checkbox"/> TNCWS | Population Served:   |
| PWS Source Types:<br>(Check all that apply)                                    | <input type="checkbox"/> Surface Water  | <input type="checkbox"/> Purchase Surface Water From: _____  |
|  | <input type="checkbox"/> Ground Water   | <input type="checkbox"/> Purchase Ground Water From: _____   |
|  | <input type="checkbox"/> GUDI   | <input type="checkbox"/> Finished water sold to: _____   |
| Disinfection Treatment<br>Used: (Check all that apply)                         | <input type="checkbox"/> None   | <input type="checkbox"/> Chloramines <input type="checkbox"/> Ozone <input type="checkbox"/> Ultraviolet |
|  | <input type="checkbox"/> Chlorine   | <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Other: _____                          |

**Part 2: Sampling Siting Plan Information**

|   | Sample Type  | Location ID    | Sample Site/Tap Location | Default (D) or Alternate (A)                           |
|---|--|----------------|--------------------------|--|
|   | <b>1<sup>st</sup> Routine</b>  | <b>RTCR001</b> |                          |  |
|   | Repeat (Upstream)  | RTCR001UP      |                          | <input type="checkbox"/> D <input type="checkbox"/> A* |
|   | Repeat (Downstream)  | RTCR001DN      |                          | <input type="checkbox"/> D <input type="checkbox"/> A* |
|   | <input type="checkbox"/> This PWS has no additional sampling locations. <input type="checkbox"/> Additional sampling locations are attached to this MSSP.  |                |                          |  |
| Revised Total Coliform Rule (RTCR) Sampling | A description of how the sample location(s) identified are representative of water quality in distribution is<br>(Select one): <input type="checkbox"/> attached to this MSSP. <input type="checkbox"/> provided in the space below:     |                |                          |  |
|   |  |                |                          |  |
|   | <input type="checkbox"/> This PWS will collect routine samples <b>monthly</b> . <input type="checkbox"/> This PWS will collect routine samples <b>less frequently than monthly</b> .*  |                |                          |  |
|   | A description of how the PWS will conduct routine and repeat sampling in accordance with 40 CFR § 141.854 -856 is<br>(Select one): <input type="checkbox"/> attached to this MSSP. <input type="checkbox"/> provided in the space below: |                |                          |  |
|   |  |                |                          |  |

\*Selection requires written regulatory agency approval prior to plan implementation.

