



BACTERIOLOGICAL SAMPLE SITE PLAN

As part of the Revised Total Coliform Rule, the location from which samples are taken is to be varied. All water systems are required to maintain a current bacteriological sample siting plan. The plan shows the locations of all sample sites from which bacteriological tests are taken. Sample sites are to be representative of all pressure zones and each water source of the distribution system. The sample plan should be revised regularly and following any major construction project impacting the distribution system.

WATER SYSTEM INFORMATION	
System Name: _____	System #: UTAH[][][][]
Street Address: _____	Phone #: _____
Mailing Address: _____	Email: _____
Service Connections: _____	Population Served: _____

SAMPLE COLLECTION	
Samples collected by: _____	
Name of Laboratory: _____	
Mailing Address: _____	
State Lab Code: _____	Phone #: _____ Fax #: _____
The Laboratory was sent a copy of this plan on: _____	
Utah Division of Drinking Water was sent a copy of this plan on: _____	

Seasonal Systems	
Is the water operated seasonally?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dates of operation: Open: _____ Close: _____	
Systems, which operate seasonally, are required to take an investigative sample prior to opening to the public. Where will that sample be taken?	
Location _____	Date sampled: _____

MAP OF SYSTEM
Have you enclosed\attached a map of the distribution system showing the source (well, spring, etc.), storage tanks, treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) map? <input type="checkbox"/> Yes <input type="checkbox"/> No

SAMPLE LOCATIONS

The following describes each routine sample location, what months the location will be sampled, and where follow-up (repeat) samples will be taken in the event of a "positive" routine sample.

Routine Sample Location:

1. _____
(location name or address)

Description: _____
(hose bib, sink faucet, etc.)

Water samples will be collected from this location during the months of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	Jul.	Aug.	Sep.
4 th Qtr:	Oct.	Nov.	Dec.

Follow-up (repeat) Sample Locations:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

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Report Prepared by: _____

Signature and Title: _____ Date: _____

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