

<b>Total Coliform Rule Sample Siting Plan with Alternative Repeat Sampling Locations</b>	<b>Connecticut Department of Public Health Drinking Water Section</b> 410 Capitol Avenue, MS #51WAT P.O. Box 340308 Hartford, CT 06134-0308
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**Section 1: Public Water System Information**

Public Water System ID	Public Water System Name	Sampling Plan Date
Primary Town/City	PWS Classification Community    NTNC    TNC	Population Served Annual Operating Period (mm/dd-mm/dd):

**Section 2: Public Water System Contact Information**

Salutation	First Name	Last Name		
Organization		Job Title		
Mailing Address Line One		Mailing Address Line Two		
City	State	ZIP Code		
Business Phone (Ext.) (    )	Fax	Mobile Phone	Emergency Phone	E-mail Address

**Section 3: Certification**

I certify that the information contained herein which is being submitted to the Connecticut Department of Public Health for a drinking water regulatory compliance purpose is complete and accurate and understand that any false statement contained herein is punishable as a criminal offense under section 53a-157b of the Connecticut General Statutes.

Signature of Water System Owner/Legal Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Water System Owner/Legal Contact: \_\_\_\_\_

**Section 4: Alternative Repeat Sampling Locations**

Routine Sampling Point ID <sup>1</sup>	Facility ID	Sampling Point ID	Upstream or Downstream	Reason for Selection

<sup>1</sup> All Routine and Alternative Repeat Sampling Point IDs must be included in the Sampling Point Inventory List and submitted to the Department for review.  
 Check here and attach additional sheets if additional sample locations are necessary

**Drinking Water Section Use Only**

Reviewed by: \_\_\_\_\_ Approved: Yes    No    Approval Date: \_\_\_\_\_