

Total Coliform Rule Sample Siting Plan for Seasonal Public Water Systems Monitoring Quarterly	Connecticut Department of Public Health Drinking Water Section 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 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: Seasonal System Sampling Information

The normal routine monitoring frequency for a seasonal system is monthly. Whenever this system is allowed to reduce monitoring to quarterly, the routine quarterly samples will be taken in accordance with the Quarterly Sample Collection Schedule below. The time period(s) for monitoring were selected based on site-specific considerations, such as monitoring during periods of highest demand or highest vulnerability to contamination.

Seasonal System Type	Seasonal Start Date (mm/dd)	Seasonal Close Date (mm/dd)
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Quarterly Sample Collection Schedule															
1st Qtr	Jan	Feb	Mar	2nd Qtr	Apr	May	Jun	3rd Qtr	Jul	Aug	Sept	4th Qtr	Oct	Nov	Dec
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample Collection Schedule Justification:

Drinking Water Section Use Only

Reviewed by: _____ Sample Collection Schedule Approved: Yes No Approval Date: _____