

Small System Sample Siting Plan
For systems taking 40 or fewer routine bacteria samples per month

LAST REVIEWED: _____

DWP REVIEWER: _____

PWS Name: _____ PWSID #: _____

Street Address: _____

Mailing Address: _____

PWS Population Served: _____ Pressure Zones: _____

Annual Operating Period: _____ Critical Months: _____

Source and Sample Locations:

	Tap Location	Address	Test Type	Schedule
WELL 1			Raw Water	N/A
WELL 2			Raw Water	N/A
WELL 3			Raw Water	N/A
Routine 1			Routine TC/3TFM	
Repeat 1A			Rep. TC/3TFM	As Needed
Repeat 1B			Rep. TC/3TFM	As Needed
Routine 2			Routine TC/3TFM	
Repeat 2A			Rep. TC/3TFM	As Needed
Repeat 2B			Rep. TC/3TFM	As Needed
Routine 3			Routine TC/3TFM	
Repeat 3A			Rep. TC/3TFM	As Needed
Repeat 3B			Rep. TC/3TFM	As Needed

If repeat sites are determined on a case by case basis, please attach a written SOP for site determination

Please keep a copy of your sampling plan in your files for inspection during regular sanitary surveys.

*Return a copy to: *

Dept. of Health and Human Services
 Maine Drinking Water Program
 11 State House Station
 Augusta, ME 04333-0011

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LAST REVIEWED: _____

DWP REVIEWER: _____

Primary Operator Contact: _____

Telephone #: _____

Owner Contact: _____

Telephone #: _____

PWS Representative:
(Signature) _____

Date: _____

Appendix A: System Map

Extents of system

Infrastructure locations

Routine/Repeat sample sites

Source location

Appendix B: Standard Operating Procedure for Repeat Site Determination

If applicable

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