



# REVISED TOTAL COLIFORM RULE SAMPLING SITE PLAN (SYSTEMS 1,000 AND FEWER)

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF MUNICIPAL FACILITIES  
SFN 60767 (6-2015)

www.ndhealth.gov/mf

Public Water System (PWS) Name:	PWS Number: (ex: ND1234567)
<input type="checkbox"/> One routine sample/month collected at approved routine sample sites.	Operator Name:
<input type="checkbox"/> Repeat samples will be collected within 5 service connections up/downstream of the original total coliform positive sample site unless using alternative repeat sites.	

Site ID #:	Physical Address or GPS Coordinates:	ZIP Code:	Site/Tap Description:	Additional Site Info: (If applicable)
RTCR				

<p>For Department Use Only:</p>	<p><b>Send this form and a map showing the sites to:</b></p> <p><b>Division of Municipal Facilities</b>  <b>918 E. Divide Ave., 3rd Floor</b>  <b>Bismarck, ND 58501-1947</b>  <b>Telephone Number 701.328.5211</b>  <b>Fax Number 701.328.5200</b></p> <p><small>* To submit more sites, use additional forms.</small></p>
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