



REVISED TOTAL COLIFORM RULE SAMPLING SITE PLAN (SYSTEMS 1,001 AND GREATER)

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF MUNICIPAL FACILITIES
SFN 60851 (6-2015)

www.ndhealth.gov/mf

Public Water System (PWS) Name:		PWS Number: (ex: ND1234567)	
<input type="checkbox"/> All monthly routine samples must be collected at approved routine sites at regular time intervals throughout the month. Groundwater systems serving $\leq 4,900$ may collect all samples on a single day from different 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.			

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

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