

SAMPLE SITING PLANS 101

Keys to an approved SSP

Requirements of an approvable Sample Site Plan

1. Identifying Information
2. Distribution Information
3. Identification of Annual Operating Period (Seasonal Only)
4. Identification of Critical Months (Reduced Monitoring Facilities Only)
5. Sampling Locations:
 - Source/Raw Water Tap Locations
 - Routine Sample Sites and Schedules
 - Repeat/Additional Repeat Sample Sites
6. Contact Information
7. Maps

PWS Name: _____ PWSID #: _____

Street Address: _____

Mailing Address: _____

PWS Population Served: _____ Pressure Zones: _____

Annual Operating Period: _____ Critical Months: _____

Source and Sample Locations: **see attached map**

	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			TC/3TFM	
Repeat 1A			Rep. TC/3TFM	As Needed
Repeat 1B			Rep. TC/3TFM	As Needed

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

Primary Operator Contact: _____ Telephone #: _____

Owner Contact: _____ Telephone #: _____

PWS Representative: _____ Date: _____
(Signature)

1. Identifying Information

- PWS Name
- PWS ID #
- Addresses

PWS Name: _____		PWSID #: _____		
Street Address: _____				
Mailing Address: _____				
PWS Population Served: _____		Pressure Zones: _____		
Annual Operating Period: _____		Critical Months: _____		
Source and Sample Locations: <i>*see attached map*</i>				
	Location	Address	Test Type	Schedule
WELL 1			Raw Water	N/A
WELL 2			Raw Water	N/A
WELL 3			Raw Water	
Routine 1			TC/3TFM	
Repeat 1A			Rep. TC/3TFM	As Needed
Repeat 1B			Rep. TC/3TFM	As Needed
<i>*If repeat sites are determined on a case by case basis, please attach a written SOP for site determination*</i>				
Primary Operator Contact: _____		Telephone #: _____		
Owner Contact: _____		Telephone #: _____		
PWS Representative: (Signature) _____			Date: _____	

2. Distribution Information

- Population Served (as determined by DWP policy)
- Number of Pressure Zones
- Copy of your Required Testing Sheet

PWS Name: _____ PWSID #: _____

Street Address: _____

Mailing Address: _____

PWS Population Served: _____ Pressure Zones: _____

Annual Operating Period: _____ Critical Months: _____

Source and Sample Locations: **see attached map**

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

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

Primary Operator Contact: _____ Telephone #: _____

Owner Contact: _____ Telephone #: _____

PWS Representative: _____ Date: _____
(Signature)

3. Identification of Annual Operating Period

- Ask your Compliance Officer for assistance

SEASONAL ONLY

PWS Name: _____ PWSID #: _____

Street Address: _____

Mailing Address: _____

Population Served: _____ Pressure Zones: _____

Annual Operating Period: _____ Critical Maximum Daily Demand: _____

Use and Sample Location: *see attached map

Well ID	Location	Address	Test Schedule	Raw Water
WELL 2				Raw Water
WELL 3				Raw Water
Routine 1				TC/3TFM
Repeat 1A				Rep. TC/3TFM
Repeat 1B				Rep. TC/3TFM

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

Primary Operator Contact: _____ Telephone #: _____

Owner Contact: _____ Telephone #: _____

PWS Representative: _____ Date: _____
(Signature)

4. Identification of Critical Months

- Identify 1 to 4 of the Highest Risk months for your water system to be susceptible to microbial contamination
- Highly variable
- Ask your field inspector for assistance

REDUCED MONITORING ONLY

PWS Name: _____ PWSID #: _____

Street Address: _____

Mailing Address: _____

PWS Production Point: _____ Pressure Zones: _____

Annual Operating Period: _____ Critical Months: _____

Source and Sample Locations: **see attached map**

Well Name	Location	Test Type	Sch
WELL 2		Raw Water	N/A
WELL 3		Raw Water	
Line 1		TC/3TFM	
Repeat 1A		Rep. TC/3TFM	As Needed
Repeat 1B		Rep. TC/3TFM	As Needed

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

Primary Operator Contact: _____ Telephone #: _____

Owner Contact: _____ Telephone #: _____

PWS Representative: _____ Date: _____
(Signature)

5. Sampling Locations

PWS Name: _____ PWSID #: _____

Street Address: _____

Mailing Address: _____

PWS Population Served: _____ Pressure Zones: _____

Annual Operating Period: _____ Critical Months: _____

Source and Sample Locations: **see attached map**

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

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

Primary Operator Contact: _____ Telephone #: _____

Owner Contact: _____ Telephone #: _____

PWS Representative: _____ Date: _____
(Signature)

5. Sampling Locations

- Source/Raw water tap location(s)
 - Need specific addresses and/or location descriptions
- Routine sample sites and schedules
 - Individually identified sites (no longer 'somewhere on Main Street')
 - Specific sample schedules, Maine DWP is broadening that to mean if you're on quarterly, pick a sampling month, if you're on monthly, pick a week
- Repeat/Additional Repeat Sites (within 5 services)
 - An upstream and a downstream repeat site for EVERY routine sample site
 - For LARGE systems (>33000 population) this is extended to having additional repeat sites an upstream and a downstream for each repeat site

6. Contact Information

- Minimum of Primary Operator and Owner Contact names and up to date phone numbers
- Preferably signed by a PWS & DWP representative

PWS Name: _____ PWSID #: _____

Street Address: _____

Mailing Address: _____

PWS Population Served: _____ Pressure Zones: _____

Annual Operating Period: _____ Critical Months: _____

Source and Sample Locations: **see attached map**

	Location	Address	Test Type	Schedule
WELL 1			Raw Water	N/A
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WELL 3			Raw Water	
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If repeat sites are determined on a case by case basis, please attach a written SOP for site determination

Primary Operator Contact: _____ Telephone #: _____

Owner Contact: _____ Telephone #: _____

PWS Representative: _____ Date: _____
(Signature)

7. Maps

- All sample site plans should include a map showing the extents of the system, major infrastructure locations, and ALL identified sampling locations

PWS Name: _____ PWSID #: _____

Street Address: _____

Mailing Address: _____

PWS Population Served: _____ Pressure Zones: _____

Annual Operating Period: _____ Critical Months: _____

Source and Sample Locations: **see attached map**

	Location	Address	Test Type	Schedule
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If repeat sites are determined on a case by case basis, please attach a written SOP for site determination

Primary Operator Contact: _____ Telephone #: _____

Owner Contact: _____ Telephone #: _____

PWS Representative: _____ Date: _____
(Signature)

EXAMPLE 1

Castine Water Department



Adobe Acrobat
Document

EXAMPLE 2

Lincoln Water District



Adobe Acrobat
Document