

# Small System Sample Siting Plan

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: *\*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) \_\_\_\_\_

*\*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