|  |  |  |  |
| --- | --- | --- | --- |
| 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\*

|  |  |  |  |
| --- | --- | --- | --- |
| 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\*