



**BACTERIOLOGICAL SAMPLE SITING PLAN FOR STATE SMALL WATER SYSTEM (SSWS)**

**Water System Info:**

Facility Name \_\_\_\_\_ System Number \_\_\_\_\_

Facility Address (Street) \_\_\_\_\_ Phone Number \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Signature \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

# of Service Connections \_\_\_\_\_ Population Served \_\_\_\_\_ Description of Service Area \_\_\_\_\_

Operation Type:  Year-Round  Seasonal - Months of Operation: \_\_\_\_\_ to \_\_\_\_\_

**Sample Collection:**

<u>Sample Point</u>	<u>Type</u>	<u>Sampling Point Address</u>	<u>Description</u>
1. _____	Routine	_____	_____
2. _____	Repeat	_____	_____

*\*Note, If a routine sample is total coliform positive, a repeat sample shall be collected from the same location within 48 hours. Additional samples may be required as needed.*

**Sample Frequency:**

**Quarterly:** Jan-March; April-June; July-Sep; Oct-Dec  **Other:** \_\_\_\_\_

**Map of System and Sample Sites:**

Attach a detailed schematic of the water system that includes: structures, water lines/distribution piping, well location(s), storage tanks, pressure tanks, booster pumps, treatment facilities (if present), valves, mains and bacteriological sample points.

**BSSP Approval:**

<b>** FOR OFFICIAL USE ONLY **</b>		
Date Approved _____	NCDEH Staff _____	Title _____