System Name	PWSID	Date (month, day, year)



Nontransient Total Coliform Site Sampling Plan

State Form 53016 (2-16)

- 1. In column one of Table 1, identify all wells on the property by name.
- 2. In column two of Table 1, identify all routine sampling locations. Note: this location should be **different** than your source sample location (listed in column 4).
- 3. In column three of Table 1, identify at least three (3) additional locations from which you could collect a water sample. These locations must be upstream and downstream from the original sample location.* These sample locations will only be utilized if a routine sample has a positive result.
- 4. In column four of Table 1, identify the location of the source water tap for each well. The source water tap is a tap to take a direct sample from your well. The source water tap needs to be installed before any water softener or storage tank and is required by the Ground Water Rule.

Table 1. Facility wells and sample taps.

Name of Well	Routine Location	Repeat Sample Locations	Location
Well #1	Kitchen	Upstream: Women's Bathroom, Downstream: Men's restroom or Utility Sink	Boiler Room

Example

Source Sample

^{*}Systems that do not have upstream and downstream locations need to utilize the source sample location as your upstream sampling location.

	System Scl	nematic		
	-			

Date (month, day, year)

PWSID

5. Please provide a schematic of your facility, indicating the wells, routine sampling locations,

System Name

your records.

Signature

Name

Indiana Department of **Environmental Management** 100 N. Senate Ave IGCN Room 1201 Indianapolis, IN 46204 Fax: 317-234-7462 E-mail:

Mail, fax, or e-mail to

Date (month, day, year)

DWBMGR@idem.in.gov