Reset Form

System Name	PWSID	Date *(month, day, year)*

Nontransient Total Coliform Site Sampling Plan

State Form 53016 (R / 10-26)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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.

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

Table 1. Facility wells and sample taps.

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

Continues on next page

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5. Please provide a schematic of your facility, indicating the wells, routine sampling locations, repeat sampling locations and source sample locations. Be sure to include any treatment utilized at your facility in the schematic provided. Please use additional paper as needed. **Professional schematics such as blueprints with sample locations indicated are encouraged.** Examples of system schematics are provided in this packet.

System Schematic

6. **Once completed, submit this form to the Indiana Department of Environmental Management Drinking Water Branch via e-mail or mail. Retain a copy for your records.**

Name Signature Date *(month, day, year)*

Mail to:
Indiana Department of
Environmental Management
100 N. Senate Ave
IGCN Room 1255
Indianapolis, IN 46204
Or E-mail:
CAPCERT@IDEM.IN.GOV