

Long Term 2 Enhanced Surface Water Treatment Rule Source Water Sampling Schedule	Connecticut Department of Public Health Drinking Water Section 410 Capitol Avenue, MS #51WAT P.O. Box 340308 Hartford, CT 06134-0308
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Section 1: Public Water System Information

Public Water System ID	Public Water System Name		Date
Primary Town/City	PWS Classification Community NTNC TNC	Population Served	LT2 Schedule
Water Treatment Plant Facility Name		Water Treatment Plant Facility ID (WSF ID)	

Section 2: Sampling Location and Sampling Date

Sample Compositing Procedure: Not Applicable Blended sample tap Composite sample Weighted Results			
Source Facility Name	Source Facility ID (WSF ID)	Source Sampling Point ID	Source Annual Operating Period (i.e. 1/1-12/31):
Sample Event	Proposed Sample Date	Sample Event	Proposed Sample Date
Sample 1		Sample 14	
Sample 2		Sample 15	
Sample 3		Sample 16	
Sample 4		Sample 17	
Sample 5		Sample 18	
Sample 6		Sample 19	
Sample 7		Sample 20	
Sample 8		Sample 21	
Sample 9		Sample 22	
Sample 10		Sample 23	
Sample 11		Sample 24	
Sample 12		Sample 25 (if needed)	
Sample 13		Sample 26 (if needed)	

A schematic for the water treatment plant that depicts the position of the sampling location in relation to the system's water source(s) and treatment processes, including pretreatment, points of chemical treatment and filter backwash recycle **must be provided**.

- Samples must be collected within 2 days before or 2 days after the dates indicated.
- Systems serving >=10,000 people must sample source water for *Cryptosporidium*, *E. coli*, and turbidity at least monthly for 24 months.
- Systems serving <10,000 people must sample source water for *E. coli* at least once every two weeks for 12 months.

Section 3: Public Water System Contact Information

Salutation	First Name		Last Name	
Organization			Job Title	
Mailing Address Line One			Mailing Address Line Two	
City		State	ZIP Code	
Business Phone (Ext.) ()	Fax	Mobile Phone	Emergency Phone	E-mail Address

Section 4: Certification

I certify to the best of my knowledge that the information provided in this application is complete and correct. I understand that the information provided will be used by the Department of Public Health, Drinking Water Section for regulatory compliance determinations and approvals under Section 19-13-B102(t) of the Regulations of Connecticut State Agencies.

Signature of Property Owner/Legal Contact: _____ Date: _____

Printed Name of Property Owner/Legal Contact: _____