

BACTERIOLOGICAL SAMPLING SITE PLAN

SITE IDENTIFICATION FORM

PUBLIC WATER SYSTEM NAME

PWSID #

Number of Required Samples per Month _____
Multiple Sample Periods Required each Month _____

GIS Mapped Date _____
SSP Approved Date _____

SITE NUMBER _____ SITE CODE _____ LOCATION (STREET ADDRESS) _____

REGULAR SAMPLE	_____	B	_____		
REGULAR RESAMPLE	_____	B	_____	A	***** (SAME AS ABOVE) *****
DOWNSTREAM RESAMPLE	_____	B	_____	B	_____
UPSTREAM RESAMPLE	_____	B	_____	C	_____
ALTERNATE RESAMPLE	_____	B	_____	D	_____

SITE NUMBER _____ SITE CODE _____ LOCATION (STREET ADDRESS) _____

REGULAR SAMPLE	_____	B	_____		
REGULAR RESAMPLE	_____	B	_____	A	***** (SAME AS ABOVE) *****
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Retain a copy of this form and submit a copy to:

**Engineering Section, Slot 37
Arkansas Department of Health
4815 W. Markham St.
Little Rock, AR 72205**

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