



**MARICOPA COUNTY
ENVIRONMENTAL SERVICES DEPARTMENT
WATER AND WASTE MANAGEMENT DIVISION
SAFE DRINKING WATER PROGRAM**



**Microbiological Sample Siting Plan (MSSP) Template
(For use by Public Water Systems serving populations 1,001 or more)**

Part 1: General Public Water System (PWS) Information				
PWS Name:		Plan Creation Date:		
Mailing Address:		PWS ID#:		
Contact Person:		Phone#:		
Email Address:				
PWS Type (Select one):	<input type="checkbox"/> CWS	<input type="checkbox"/> NTNCWS	<input type="checkbox"/> TNCWS	
			Population Served:	
PWS Source Types: (Check all that apply)	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Purchase Surface Water From: _____		
	<input type="checkbox"/> Ground Water	<input type="checkbox"/> Purchase Ground Water From: _____		
	<input type="checkbox"/> GUDI	<input type="checkbox"/> Finished water sold to: _____		
Disinfection Treatment Used: (Check all that apply)	<input type="checkbox"/> None	<input type="checkbox"/> Chloramines	<input type="checkbox"/> Ozone	
	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Chlorine Dioxide	<input type="checkbox"/> Other (List below): _____	
Part 2: Sampling Plan Information				
Revised Total Coliform Rule (RTCR) Sampling	Sample Type	Location ID	Sample Site/Tap Location	Default (D) or Alternate (A)
	1 st Routine	RTCR001		
	Repeat (Upstream)	RTCR001UP		<input type="checkbox"/> D <input type="checkbox"/> A*
	Repeat (Downstream)	RTCR001DN		<input type="checkbox"/> D <input type="checkbox"/> A*
	2 nd Routine	RTCR002		
	Repeat (Upstream)	RTCR002UP		<input type="checkbox"/> D <input type="checkbox"/> A*
	Repeat (Downstream)	RTCR002DN		<input type="checkbox"/> D <input type="checkbox"/> A*
	<input type="checkbox"/> This PWS has no additional sampling locations.		<input type="checkbox"/> Additional sampling locations are attached to this MSSP.	
	A description of how the sample location(s) identified are representative of water quality in distribution is (Select one): <input type="checkbox"/> attached to this MSSP. <input type="checkbox"/> provided in the space below:			
	A description of how the PWS will conduct routine and repeat sampling in accordance with 40 CFR § 141.857 is (Select one): <input type="checkbox"/> attached to this MSSP. <input type="checkbox"/> provided in the space below:			

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Ground Water Rule (GWR) Sampling	<input type="checkbox"/> This PWS uses only surface water sources and is not subject to the Ground Water Rule (GWR) . (Skip to Part 3)	
	<input type="checkbox"/> This PWS is subject to the GWR . All ground water sources available are listed below and/or attached to this MSSP:	
	Well Name	Location ID
		55-
	<input type="checkbox"/> This PWS has no additional ground water sources. <input type="checkbox"/> Other ground water source locations are attached this MSSP.	
	<input type="checkbox"/> This PWS has 4-log inactivation for all ground water sources and is not subject to triggered source monitoring .	
<input type="checkbox"/> This PWS does not have 4-log inactivation for one or more ground water sources listed and is subject to triggered source monitoring . A description of how the PWS will conduct triggered source monitoring sampling in accordance with 40 CFR § 141.402 is (Select one): <input type="checkbox"/> attached to this MSSP. <input type="checkbox"/> provided in the space below:		

Part 3: Distribution System/Plumbing Map with MSSP sampling locations identified

A Distribution System/Plumbing Map with all Revised Total Coliform Rule and Ground Water Rule sampling locations is (Select one): attached to this MSSP. provided below:

This MSSP is subject to modification upon regulatory agency review and must be retained and updated by the PWS in accordance with 40 CFR § 141.853. The PWS must provide this MSSP to the regulatory agency upon request.

***Selection requires written regulatory agency approval prior to plan implementation.** (November 2015) | Page 2