

Lead & Copper Sample Siting Plan

System Information:

Name of Facility: _____	System Number: _____
Street Address: _____	Ph. No.: _____
Mailing Address: _____	Fax: _____
Service Connections: _____	Population Served: _____ Sampling Frequency: _____

Sample Collection:

All water samples will be collected by: _____		
Name of Laboratory: _____		
Mailing Address: _____		
State Lab Code: _____	Phone #: _____	Fax#: _____
The Laboratory was sent a copy of this plan on: _____		

Map of System:

A map of the distribution system showing the source (well, spring, etc.), storage tanks, treatment facilities, distribution piping, routine locations, and follow-up (repeat) sample location is required. Have you enclosed this map? ☐ Yes ☐ No

Sample Locations:

The following describes each routine sample location and what months the location will be sampled:

Water samples will be collected from these locations during the following month:

☐ June- ☐ July- ☐ August- ☐ September
(please check month)

Sample Location (describe location):

1. _____
(ex. Hose bib, faucet, etc.)
2. _____
3. _____
4. _____
5. _____

Report Prepared by: _____
Signature and Title: _____ Date: _____

Imperial County Public Health Department, Environmental Health Division
1221 W. State St., Suite B, El Centro CA 92243
Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org