

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:	Sample Location (describe location):
<input type="checkbox"/> June- <input type="checkbox"/> July- <input type="checkbox"/> August- <input type="checkbox"/> September (please check month)	1. _____ (ex. Hose bib, faucet, etc.) 2. _____ 3. _____ 4. _____ 5. _____

Report Prepared by: _____

Signature and Title: _____ Date: _____

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