

## Lead & Copper Sample Siting Plan

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

<b>Sample Collection:</b>		
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: _____		

<b>Map of System:</b>
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? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Sample Locations:</b>	
The following describes each routine sample location and what months the location will be sampled:	
<b>Water samples will be collected from these locations during the following month:</b>  <input type="checkbox"/> June- <input type="checkbox"/> July- <input type="checkbox"/> August- <input type="checkbox"/> September (please check month)	<b>Sample Location (describe location):</b> 1. _____ (ex. Hose bib, faucet, etc.) 2. _____ 3. _____ 4. _____ 5. _____

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

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