

CHLORITE SAMPLE SITE FORM

System Name _____

PWSID# _____

| Site Code | Sampling Location | Location Name | Site Address |
|-----------|------------------------|---------------|--------------|
| CLO2-MRT | Maximum Residence Time | | |
| CLO2-MP | Average Residence Time | | |
| CLO2-FC | First Customer | | |

ATTENTION: A distribution map with all the sampling sites labeled is required to be submitted with this sample site plan.

Form completed by _____ Date _____

Sample Site Plan must be approved by District Engineer and DBP Compliance Coordinator. (Sign and Date below)

District Engineer _____ Date _____

DBP Compliance Coordinator _____ Date _____

Sites entered in to SDWIS by _____ Date _____