



300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601

Mailing Address: Drinking Water Branch
300 Sower Blvd. 3rd Floor
Frankfort, KY 40601

Source Water Monitoring Form

Please fill out this document to add or update your source water information.

To submit, you may mail the document or submit as an attachment to:

EEC eForm 169, *Drinking Water Information and Data Submittal*.

If you have any questions, please email us at DrinkingWaterCompliance@ky.gov.

You are not required to use this form; it is provided for your convenience.

Systems may submit other forms prepared by other entities or a letter, as long as the required information is included.

I. Facility Information:		
PWS ID and Name:		
Facility Address:	City:	Zip Code:
	KY	
Population Served:	Schedule:	
II. Source Information:		
System Type: (CWS/NTNCWS)		
Source Water Type: (Surface/Ground)		
Source Name:		
Source Water Type: (Flowing stream, Lake/ Reservoir, or GWUDI)		
Source Water Sampling Location: (Provide state- assigned sampling number)		
Usage: (All year, part-year, or Emergency; Describe conditions, constraints, months in operation)		
Proportion of typical average daily flow:	%	%
Pretreatment Practices: (Presedimentation, bank filtration, or off- stream storage)		
Recycling Practices (if applicable): (Description and return flow location)		
Chemical Pretreatment: (Indicate location on plant schematic)		
Sample Compositing Procedure (if applicable): (Blended sample tap, composite sample, or weighted)		
Additional information:		
Refer to attachment:	for additional schematic.	

III. Contact Information:

Contact Name:	Title:	Phone:
E-mail:		FAX:

IV. Sampling Schedule: (Reminder - Schedule must be entered through DCTS)

Sample Number:	Date:	Type:	Sample Number:	Date:	Type:
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
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19			19		
20			20		
21			21		
22			22		
23			23		
24			24		

V. Lab Information:**Crypto Lab Information**

EPA Crypto Lab ID Number:	Lab Name:	Phone:
Lab Address:	City, State ZIP:	Contact Person:
Method:	E-mail:	FAX:

***E. coli* Lab Information**Check if using same lab for *E. coli* and Cryptosporidium testing:

<i>E. coli</i> Lab ID Number:	Lab Name:	Phone:
Lab Address:	City, State ZIP:	Contact Person:
Method:	E-mail:	FAX:

Turbidity Information

Analysis conducted by:
Method: