



1.0 Sample Site Evaluation Complete one form for each positive coliform sample location (routine or repeat)

Identify sample site location: Location Code:

E.coli positive? Chlorine Residual? mg/L Free Total Combined (at the time of collection) Not measured No chlorination

Table with 5 columns: Assessment Elements, Issue and/or Description, Yes, No, Not Reviewed\*. Rows 1.1-1.11 cover various plumbing and site conditions.

List all sample site corrective actions (including date). Include assessment element number.

Blank area for listing corrective actions.