**Water Quality Parameter (WQP) Site Change Form**

Requirements Pursuant to 40 CFR 141.90(a)(1)(v)

**This form (BWSE-19) must be completed and submitted to the State within 10 days following the end of the monitoring period for any sample site change (deletions and/or additions) from the previous monitoring period.**

1. Water System Name: ____________________________ 2. PWSID#: __________


5. Number of Sites Sampled (Total): __________ 6. Number of Sites Changed: __________

<table>
<thead>
<tr>
<th>7a. Original Site Address</th>
<th>7b. New Site Address</th>
<th>7c. WQP Sampled (pH, Alkalinity)</th>
<th>7d. Approximate Distance Between Sites</th>
<th>7e. Reason for Change</th>
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* A water system may only change sample site locations if the water system can no longer gain access to the site. Note: the new site must be from the water system’s approved sampling pool, meet the same targeting criteria and be within reasonable proximity of the original site.

8. Are additional pages completed and attached? Yes □ No □

9. Is the new site(s) an alternate WQP sample site outlined in the WQP sampling plan? Yes □ No □

10. Is the change permanent? Yes □ No □

10 a. If yes, has a new alternate site been selected and added to the WQP Sampling Plan? Yes □ No □

11. Is the new site in the same pressure zone? Yes □ No □

12. Does it receive water from the same source as the previous site? Yes □ No □

The public water system named above hereby certifies that the above WQP sampling sites were changed in accordance with 40 CFR Part 141.86(b)(4) and is notifying the State of all sample site locations changes in accordance with 40 CFR Part 141.90(a)(1)(v).

13. I have verified and certify the information listed in this form is true and accurate to the best of my knowledge and belief:

Owner/Executive Director Signature Date

Printed Name Title

W-Operator Signature/License Number Date

Printed Name Title
Instructions for Completing Sample Site Change Form (BWSE – 19)

1. WATER SYSTEM NAME: Enter the name of the public water system where sampling is being conducted.

2. PWSID # Enter the 7-digit public water supply ID number.

3. MONITORING PERIOD: Enter the beginning and end date of the monitoring period in which WQP sampling occurred.

4. DATE OF WATER QUALITY PARAMETER SAMPLING: Enter the date of when water quality parameter sampling from the new site took place.

5. NUMBERS OF SITES SAMPLED (TOTAL): Enter the total number of sites that were sampled for compliance during the monitoring period.

6. NUMBER OF SITES CHANGED: Enter the total number of sites changed during the monitoring period.

7. TABLE
   a. ORIGINAL SITE ADDRESS: Enter the address (or location for NTNCWS) of the original site that was sampled in the previous monitoring period.
   b. NEW SITE ADDRESS: Enter the address (or location for NTNCWS) of the new site.
   c. WQP SAMPLED (pH/Alkalinity): Enter the most recent WQPs sampled at the new site.
   d. APPROXIMATE DISTANCE BETWEEN SITES: Enter an estimate of the distance between sites.
   e. REASON FOR CHANGE: Explain why the sample site change was needed. (e.g. site access prohibited, sampled per customer request)

8. ADDITIONAL PAGES: If more than five sample site changes were made during the monitoring period, additional pages must be completed and attached.

9. ALTERNATE WQP SAMPLING SITE: Indicate whether the new site was an alternate site that was described in your WQP sampling plan.

10. PERMANENT CHANGE: Is the site change permanent or temporary?

   10a. If the change is permanent has an alternate site been selected and added to the WQP Sampling Plan?

11. PRESSURE ZONE: Is the new site in the same pressure zone as the previous?

12. SOURCE WATER: Indicate whether or not the new site receives water from the same source as the previous site.

13. SIGNATURES: The authorized water system official or owner and the licensed (W) water operator must sign and date the form.

The completed forms shall be submitted to the Bureau of Water System Engineering at the mailing address noted on the top of the form.