



**MISSOURI DEPARTMENT OF NATURAL RESOURCES
PUBLIC DRINKING WATER BRANCH
LEAD & COPPER CHANGE OF SAMPLING SITE(S) FORM**

PWS Name: _____ **System ID #: MO** _____

Use the space below to list monitoring sites that have been changed for any reason. Fill in the information completely.

Original site address:

New site address:

Distance between sites (approximately): _____

Targeting Criteria: NEW: _____ OLD: _____
(Tier)

Reason for change (attach additional pages if necessary):

Original site address:

New site address:

Distance between sites (approximately): _____

Targeting Criteria: NEW: _____ OLD: _____
(Tier)

Reason for change (attach additional pages if necessary):

Name: _____ Title: _____

Signature: _____ Date: _____

Note: Return this form with samples to MDNR-ESP Laboratory