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**DEPARTMENT OF RESOURCE MANAGEMENT**



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Environmental Health Division

**SMALL WATER SYSTEM—BACTERIOLOGICAL SAMPLE SITING PLAN**

System Name: \_\_\_\_\_ Site No.: \_\_\_\_\_

Site Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**SAMPLE COLLECTION**

Service Connections: \_\_\_\_\_ Population Served: \_\_\_\_\_

Sampling Frequency:         Monthly         Quarterly         Other: \_\_\_\_\_

All water samples will be collected by: \_\_\_\_\_

Name of Laboratory: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**SAMPLE LOCATIONS**

The following describes the routine sample location, what months the location will be sampled and where follow-up (repeat) samples will be taken in the event of a "positive" routine sample. The routine bacteriological sample shall be analyzed for the presence to total coliform bacteria. Sample results are due to be submitted to this office **by no later than the 10<sup>th</sup> of the following month.**

The routine bacteriological sample site should be a water faucet that:

- Is routinely used for "human consumption" (ie hand washing, drinking, bathing, cooking purposes)
- Is in good working order
- Does not have an aerator, or has an aerator that can be easily removed
- Has a very low risk of bacteriological contamination from use or exposure

All quarterly samples must be taken during the calendar quarter.

Quarterly samples should be taken on a *routine frequency* during the same month of each quarter.

<b>1<sup>st</sup> Quarter:</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>
<b>2<sup>nd</sup> Quarter:</b>	<b>Apr.</b>	<b>May</b>	<b>June</b>
<b>3<sup>rd</sup> Quarter:</b>	<b>July</b>	<b>Aug.</b>	<b>Sept.</b>
<b>4<sup>th</sup> Quarter:</b>	<b>Oct.</b>	<b>Nov.</b>	<b>Dec.</b>

*Example: The first month of the calendar quarter:  
January, April, July and October*

**ROUTINE SAMPLE**

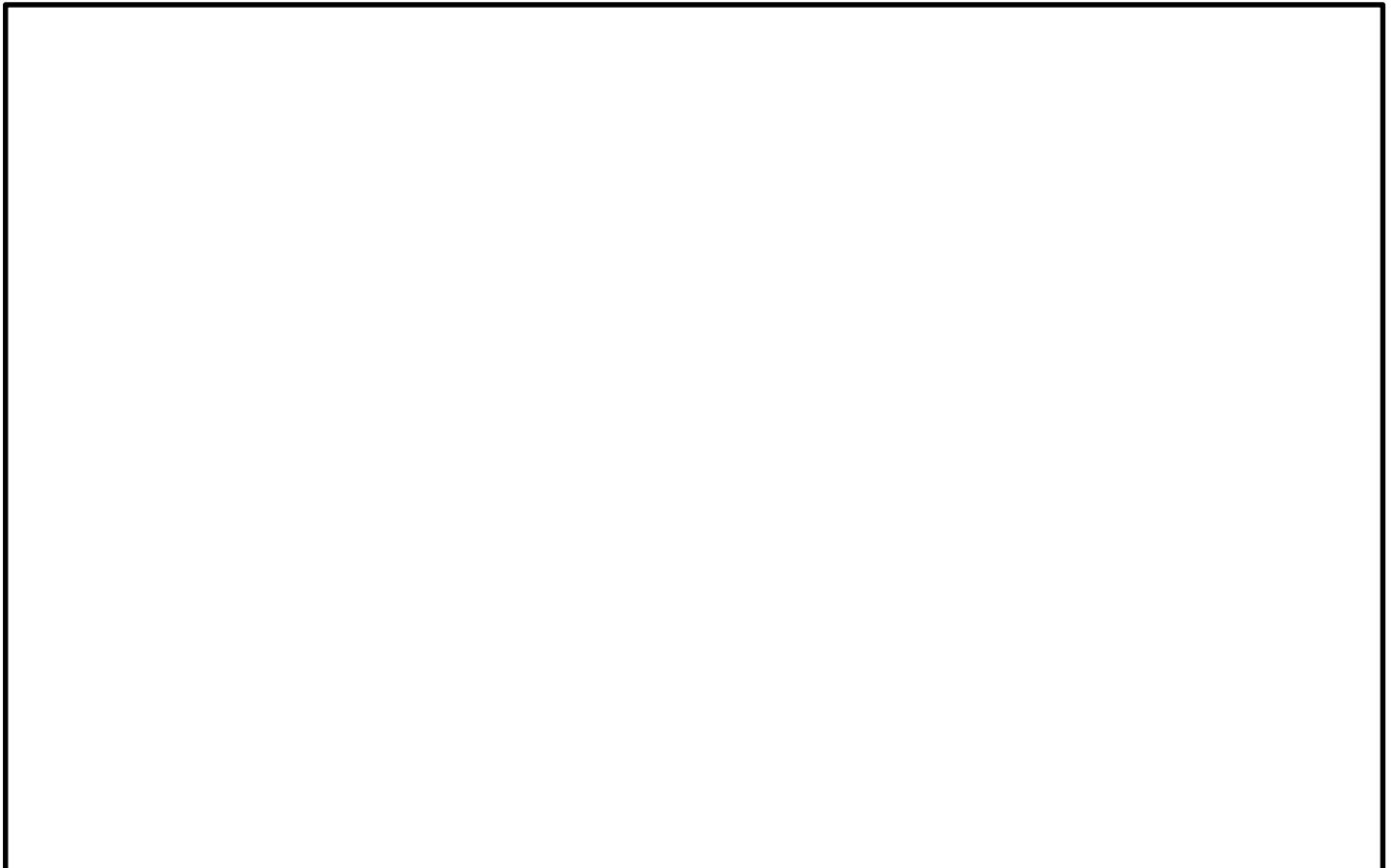
<b>Routine Sample Location(s)</b> <i>(location name or address)</i>	<b>Description</b> <i>(hose bib, sink faucet, sample tap)</i>	<b>Sampling Month(s)</b>
1.		
2.		
3.		
4.		

**REPEAT/FOLLOW-UP SAMPLE:**

- **If a routine sample is total coliform positive, a repeat sample shall be collected from the same location within 48 hours.**
- The repeat sample shall be analyzed for the presence of total coliform and E. coli.
- The water supplier shall notify this office of the repeat sample result within 48 hours.

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**MAP OF SYSTEM/SAMPLE SITES** *(draw or attach site map of location of well and numbered distribution sampling locations)*



*I agree to conduct bacteriological water sampling pursuant to this plan and in compliance with all regulations of the California Code of Regulations, Div. 4, Chapter 14 pertaining to the bacteriological water quality monitoring requirements of State Small Water Systems and as required by this Division.*

Report Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_