



DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH DIVISION  
202 Mira Loma Drive, Oroville CA 95965-3500  
Telephone: 530/538-7281 FAX: 530/538-5339

## BACTERIOLOGICAL SAMPLE SITING PLAN

### System Information:

Name of Facility: \_\_\_\_\_ System Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Ph. No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Service Connections: \_\_\_\_\_ Population Served: \_\_\_\_\_ Sampling Frequency: \_\_\_\_\_

### Sample Collection:

All water samples will be collected by: \_\_\_\_\_  
Name of Laboratory: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
State Lab Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
The Laboratory was sent a copy of this plan on: \_\_\_\_\_

### Raw Water Sampling:

Is water continuously treated with chlorine?  YES  NO  
Systems that provide continuous chlorine treatment are required to take samples of water prior to the addition of chlorine (raw water samples) on a quarterly basis. Please list below the sources that are continuously treated and the months when raw water samples will be taken:

1. \_\_\_\_\_ Months sampled: \_\_\_\_\_  
2. \_\_\_\_\_ Months sampled: \_\_\_\_\_

### Map of System:

A map of the distribution system showing the source (well, spring, etc.), storage tanks, treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) sample locations is required. Have you enclosed this map?  YES  NO

(OVER)

# BACTERIOLOGICAL SAMPLE SITING PLAN (cont.)

## Sample Locations:

The following describes each 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:

### Routine Sample Location:

1. \_\_\_\_\_  
(location name or address)

Water samples will be collected from this location during the months of (circle):

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

Description: \_\_\_\_\_  
(hose bib, sink faucet, etc.)

### Follow-up (repeat) Sample Location:

1. \_\_\_\_\_  
(routine sample location name or address)

2. \_\_\_\_\_  
(location name or address up-stream)

3. \_\_\_\_\_  
(location name or address down-stream)

4. \_\_\_\_\_  
(source)

### Routine Sample Location: (if required)

2. \_\_\_\_\_  
(location name or address)

Water samples will be collected from this location during the months of (circle):

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

Description: \_\_\_\_\_  
(hose bib, sink faucet, etc.)

### Follow-up (repeat) Sample Location:

1. \_\_\_\_\_  
(routine sample location name or address)

2. \_\_\_\_\_  
(location name or address up-stream)

3. \_\_\_\_\_  
(location name or address down-stream)

4. \_\_\_\_\_  
(source)

### Routine Sample Location: (if required)

3. \_\_\_\_\_  
(location name or address)

Water samples will be collected from this location during the months of (circle):

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

Description: \_\_\_\_\_  
(hose bib, sink faucet, etc.)

### Follow-up (repeat) Sample Location:

1. \_\_\_\_\_  
(routine sample location name or address)

2. \_\_\_\_\_  
(location name or address up-stream)

3. \_\_\_\_\_  
(location name or address down-stream)

4. \_\_\_\_\_  
(source)

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

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_