



Public Health Department

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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 (choose):

1st Qtr:

2nd Qtr:

3rd Qtr:

4th Qtr:

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(s))

Routine Sample Location: (if required)

2. _____
(Location name or address)

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

1st Qtr:

2nd Qtr:

3rd Qtr:

4th Qtr:

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(s))

Routine Sample Location: (if required)

3. _____
(Location name or address)

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

1st Qtr:

2nd Qtr:

3rd Qtr:

4th Qtr:

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(s))

Report Prepared by: _____

Signature and Title: _____ Date: _____