



ENVIRONMENTAL HEALTH DIVISION  
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## BACTERIOLOGICAL SAMPLE SITING PLAN

As part of the Total Coliform Rule, the location from which samples are taken is to be varied. All water systems are required to submit a bacteriological sample siting plan. The plan shall show the locations of all sample sites from which bacteriological tests are taken. Sample sites are to be representative of all pressure zones and each water source of the distribution system.

WATER SYSTEM INFORMATION		
System Name: _____	System #: _____	
Street Address: _____	Phone #: _____	
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 the water continuously treated with chlorine?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Systems, which 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 which 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? <input type="checkbox"/> YES <input type="checkbox"/> NO

**Ground Water Rule (GWR) sampling:** According to the Groundwater Rule, within 24 hours of notification of a total coliform-positive routine sample, the water system shall collect at least one sample from each ground water source in use at the time the total coliform-positive routine sample was collected. **Each GWR sample must be tested for E. coli and the well must be running when the sample is collected.**

**Five samples the month following a routine-positive result:** Unless waived by Contra Costa Environmental Health, five samples shall be collected the month following a routine-positive result. The five routine samples will be collected using a combination of two routine sample locations and three repeat locations.

(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)

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

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:	Jul.	Aug.	Sep.
4 <sup>th</sup> Qtr:	Oct.	Nov.	Dec.

**Follow-up (repeat) Sample Locations:**

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

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

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

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

**Routine Sample Location:**

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

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

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:	Jul.	Aug.	Sep.
4 <sup>th</sup> Qtr:	Oct.	Nov.	Dec.

**Follow-up (repeat) Sample Locations:**

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

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

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

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

**Routine Sample Location:**

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

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

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:	Jul.	Aug.	Sep.
4 <sup>th</sup> Qtr:	Oct.	Nov.	Dec.

**Follow-up (repeat) Sample Locations:**

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

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

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

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

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

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