

Bacteriological Sample Siting Plan - Surface Water Systems

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: _____		

Map of System:

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

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 these locations during the following months in bold:

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

Routine Sample Location: (if required)

2. _____
(location name or address)

Water samples will be collected from these locations during the following months in bold:

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

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Report Prepared by: _____

Signature and Title: _____ Date: _____

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