

Bacteriological Sample Siting Plan - Groundwater 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

Distribution System Sampling Frequency and 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:	Jan.	Feb.	Mar.
2nd Qtr:	Apr.	May	Jun.
3rd Qtr:	July	Aug.	Sept.
4th 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. _____
 (well)
 5. _____
 (all other active wells)

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.	Feb.	Mar.
2nd Qtr:	Apr.	May	Jun.
3rd Qtr:	July	Aug.	Sept.
4th 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. _____
 (well)
 5. _____
 (all other active wells)

<p>Routine Sample Location: (if required)</p> <p>3. _____ (location name or address)</p> <p>Water samples will be collected from these locations during the following months in bold:</p> <p>1st Qtr: Jan. Feb. Mar. 2nd Qtr: Apr. May Jun. 3rd Qtr: July Aug. Sept. 4th Qtr: Oct. Nov. Dec.</p> <p>Description: _____ (hose bib, sink faucet, etc.)</p>	<p>Follow-up (repeat) Sample Location</p> <p>1. _____ (routine sample location name or address)</p> <p>2. _____ (location name or address up-stream)</p> <p>3. _____ (location name or address down-stream)</p> <p>4. _____ (well)</p> <p>5. _____ (all other active wells)</p>
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Raw Water Sampling:

Does the water system provide continuous disinfection treatment (i.e. chlorine, UV, etc.)? Yes No

Water systems that provide continuous disinfection treatment are required to take bacteriological samples prior to disinfection (raw water samples) for all sources on a **quarterly** or **monthly** frequency and analyzed. Please list below the source(s) with disinfection treatment and the months when raw water samples will be taken.

Source 1: _____ Months sampled: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Source 2: _____ Months sampled: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Source 3: _____ Months sampled: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Report Prepared by: _____

Signature and Title: _____ Date: _____

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