

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