

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

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:	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> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">1st Qtr:</td> <td style="width: 15%;">Jan.</td> <td style="width: 15%;">Feb.</td> <td style="width: 15%;"><u>Mar.</u></td> </tr> <tr> <td>2nd Qtr:</td> <td>Apr.</td> <td>May</td> <td><u>Jun.</u></td> </tr> <tr> <td>3rd Qtr:</td> <td>July</td> <td>Aug.</td> <td><u>Sept.</u></td> </tr> <tr> <td>4th Qtr:</td> <td>Oct.</td> <td>Nov.</td> <td><u>Dec.</u></td> </tr> </table> <p>Description: _____ (hose bib, sink faucet, etc.)</p>	1st Qtr:	Jan.	Feb.	<u>Mar.</u>	2nd Qtr:	Apr.	May	<u>Jun.</u>	3rd Qtr:	July	Aug.	<u>Sept.</u>	4th Qtr:	Oct.	Nov.	<u>Dec.</u>	<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>
1st Qtr:	Jan.	Feb.	<u>Mar.</u>														
2nd Qtr:	Apr.	May	<u>Jun.</u>														
3rd Qtr:	July	Aug.	<u>Sept.</u>														
4th Qtr:	Oct.	Nov.	<u>Dec.</u>														

Report Prepared by: _____
Signature and Title: _____ Date: _____

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