



BACTERIOLOGICAL SAMPLE SITING PLAN

Name of Facility: _____

Street Address: _____

Mailing Address: _____

Person responsible
for sampling: _____

Phone number: _____ Email address: _____

Sampling Frequency: Monthly Quarterly Other: _____

Routine bacteriological samples should be along the distribution system, not at the well. (Example: outside hose bib).

NOTE: When submitting water for analysis, be sure to write the exact location on the lab slip, to coincide with what is written on this plan. Also, please notify this office if you must deviate from the sample locations you listed below.

Routine Sample Location: _____

Four Repeat samples *must* be taken if the routine sample is (+) for coliforms. These repeat locations should include a sample from 1) the Routine Sample Location, 2) a location within 5 connections downstream of the Routine Sample Location, 3) a location within 5 connections upstream of the Routine Sample Location, and 4) the sample tap at the well and/or water storage tank, if possible.

Repeat Sample #1 Location: _____

Repeat Sample #2 Location: _____

Repeat Sample #3 Location: _____

Repeat Sample #4 Location: _____

If any repeat sample is positive for coliforms, you are required to take 4 "repeat" samples within 24 hours.

It is also required to take 5 "routine" samples (spread out over the month) in the month following any one positive coliform or E.coli sample.

With this Sample Siting Plan, **PLEASE ATTACH A SCHEMATIC DRAWING OF YOUR FACILITY** and identify the sample locations, along with the location of the distribution lines, well(s) or other source water, and storage tank(s).

Name: _____ Title: _____

Signature: _____ Date: _____

You are responsible for ensuring that this office receives copies of *all* water results. Failure to provide results is a violation of California's State Drinking Water Act.