



Department of Community Services

Division of Environmental Health

292 West Beamer Street, Woodland, Ca 95695

Cal Code Water System

BACTERIOLOGICAL SAMPLE SITING PLAN FOR COMPLIANCE WITH THE TOTAL COLIFORM AND GROUNDWATER RULES

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: _____

Raw Water Sampling:

Is water continuously treated with chlorine? YES NO

Systems which provide continuous chlorine treatment are required to take samples of water prior to the addition of chlorine (raw water samples) on a quarterly basis. Please list below the sources which are continuously treated and the months when raw water samples will be taken.

Source 1: _____, Months sampled: _____
Source 2: (if Applicable): _____, Months sampled: _____

Map of System (REQUIRED):

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

Sample Locations:

The following describes the 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. A minimum of four sample sites are required (TCR), including the groundwater source (required by the Groundwater Rule). **If more than one source is used or if four sites are not adequate to represent the water system, additional sample sites may be required.**

Total Coliform Rule (TCR) Distribution Sample Locations & Groundwater Rule Source Sample (Quarterly or monthly samples)

Routine Sample Location:

1. _____
(location name or address)

Description: _____
(hose bib, sink faucet, etc.)

Water samples will be collected from this location during the months of (circle):

| | | | |
|----------|------|------|-------|
| 1st Qtr: | Jan. | Feb. | Mar. |
| 2nd Qtr: | Apr. | May | Jun. |
| 3rd Qtr: | July | Aug. | Sept. |
| 4th Qtr: | Oct. | Nov. | Dec. |

Initial Follow-up (Repeat)

Sample Locations for TCR Samples:

1. _____
(routine sample location)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Once TCR issues are resolved, resume routine sampling. The routine sample must be collected the month following the TCR Violation.

*If sources serve completely separate portions of the distribution system, use alternative form.

Report Prepared by: _____

Signature and Title: _____ **Date:** _____