

**YOLO COUNTY
BACTERIOLOGICAL SAMPLE SITING PLAN (BSSP)**

Water System Information:

Water System Name: _____ System Number: CA
Water System Classification: Community Nontransient-Noncommunity Transient Non-community
Seasonal Water System: Yes* No *Refer to your Start-up/Shut-down Procedure Document
Operational Period: _____
Physical Address: _____
Mailing Address: _____
Water System Ph. No: _____ Fax: _____ Email Address: _____
No. of Service Connections: _____ Population Served: _____
Person responsible to report coliform-positive samples to Yolo Co Environmental Health: _____
Day/Evening Phone No: _____

Sample Collection Information:

Name of Trained Sampler(s): _____
Sampler Phone No.: _____
Name of Analyzing Laboratory: _____
Mailing Address: _____
State Lab Code: _____ Phone #: _____ Fax #: _____
Email Address: _____
Laboratory was sent a copy of BSSP: Yes No

Distribution System Sampling Frequency:

The water system is required to collect a minimum of _____ routine bacteriological sample(s) at a frequency of once every Quarter* Month.

**Quarterly monitoring is only allowed for transient non-community water systems using only groundwater (not GWUDI) and serving 1,000 or fewer persons a month. Monthly monitoring will be required for a transient non-community system if any of the following occurs:*

- *E. coli MCL violation*
- *Coliform Treatment Technique violation*
- *Level 2 assessment triggered*
- *Two Level 1 assessments triggered in a rolling 12-month period*
- *One Level 1 assessment and one bacteriological monitoring violation in a rolling 12-month period*
- *Two bacteriological monitoring violations in a rolling 12-month period*

A water system on required monthly monitoring for the reasons listed above may request a return to routine quarterly sampling if the LPA performs a Sanitary survey, site visit, or Level 2 Assessment and determines that the system is free of sanitary defects and has a protected water source. Before making the request, the system must have a clean compliance history for 12 consecutive months.

Raw Water Sampling (For Systems on Continuous Disinfection Treatment):

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 each source with disinfection treatment and designate the months during which raw water samples will be taken.

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

**If a source sample tests "positive" for total coliform, the source shall be sampled monthly. If no coliforms are detected for a minimum of three consecutive months, the water system may submit a request to the LPA to return to quarterly source monitoring.*

Map of System:

A map of the distribution system is required to show all routine sample locations, follow-up (repeat) sample locations, source location (well, spring, etc.), storage tanks, treatment facilities, and distribution piping (pressure zones, booster stations, pressure reducing stations, and dead ends). A distribution map is attached: 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. A routine sample site must be designated for each pressure zone or separate area served by the water system. If the water system must designate more than one routine sample site, please do so below.

A system using ground water must collect the triggered source sample(s) for Ground Water Rule compliance (in accordance with the approved Representative Monitoring Plan or sample all sources in use if there is no approved Representative Monitoring Plan). If any repeat sample tests "positive" for total coliform, the system is required to perform corrective actions and continue collecting repeat sets until all the samples in the set test "negative".

Routine No. 1 Sample Location:

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

- Jan. Feb. Mar.
- Apr. May Jun.
- Jul. Aug. Sept.
- Oct. Nov. Dec.

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

Follow-up (repeat) Sample Location:

1. _____
(routine no.1 sample location name/address)
2. _____
(up-stream within 5 connections-location name/address)
3. _____
(down-stream within 5 connections-location name/address)
4. _____
(Well/Source)

Routine No. 2 Sample Location: (if required)

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

- Jan. Feb. Mar.
- Apr. May Jun.
- Jul. Aug. Sept.
- Oct. Nov. Dec.

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

Follow-up (repeat) Sample Location:

1. _____
(routine no.2 sample location name/address)
2. _____
(up-stream within 5 connections-location name/address)
3. _____
(down-stream within 5 connections-location name/address)
4. _____
(Well/Source)

Transient, Non-Community Water Systems on Quarterly Monitoring Only: Routine Sample Locations for the Month following a Positive Total Coliform Sample

1. _____
2. _____
3. _____

Prepared By:

Water System Representative Name:

Title:

Signature: _____ Date: _____

BSSP Approval:

The SWRCB-Division of Drinking Water or Local Primacy Agency has reviewed and approved this Bacteriological Sample Siting Plan (BSSP). Any plans on file dated prior to _____ are void. The water system must sample their distribution system and raw water special purpose source samples (quarterly/monthly) for bacteriological quality in accordance with the approved BSSP beginning _____. Per the California Code of Regulations-Title 22 §64422, a water system is required to submit an updated plan to the State Board at least once every ten years and at any time the plan no longer ensures representative monitoring of the system.

District Engineer or LPA Representative Name:

Title:

District Name/No or LPA Name:

Signature: _____ Date: _____