



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY LAND AND WATER QUALITY DIVISION

5500 OVERLAND AVE., SUITE 210, SAN DIEGO, CA 92123
<http://www.sdcdeh.org>

BACTERIOLOGICAL SAMPLE SITING PLAN FOR QUARTERLY TESTING

A sample siting plan is required for all Small Water Systems according to the California Code of Regulations, Title 22. This plan is an important element in the prevention of water borne illness because it is useful in quickly evaluating contamination events. If you have any questions regarding preparation of your plan, please contact (858) 694-3113.

General Requirements

The bacteriological sample siting plan must be representative of the water distribution system, it must describe sample rotation procedures; and it must include a statement about the training of the sample collector. The plan needs to include a system map that can be a one-page scaled drawing of the distribution system and water system facilities. The system map must identify:

- All sources of water supply
- All areas supplied by each water source
- All treatment facilities
- All distribution reservoirs/storage facilities
- All pressure zones in the distribution system
- All booster stations
- All pressure reducing stations, other than individual house service PR valves and
- All Sample Points (distinguish between routine, follow-up and/or special sample points)*.

**For each routine sample point, there must be an identified follow-up sample point, located within five (5) services "upstream" and "downstream" of the sample point.*

The supplier is required to update the plan to the Department at least once every ten years and at any time the plan no longer ensures representative monitoring of the system.

The bacteriological sample siting plan must also include the following:

- Current number of service connections and/or the number of population served
- Description of each sample point (e.g. hose bib, goose neck type copper tube with pet cock, etc.)
- Address of each sample point
- Proposed sampling schedule for each identified routine sample point (e.g. weekly, every other week, monthly, quarterly, etc.)
- Sampler's name (experience and training)
- State Certified Laboratory doing the analyses and testing.

General Note: When selecting a sampling tap, it is important to ensure the tap is located in a clean environment. Consider protection from contamination by humans, animals, airborne materials or other sources. Use outside faucets that are clean, have been in frequent use, are at least 18 inches above the ground and discharge downward. Flush water for at least 2 minutes before collecting a sample. DO NOT sample from a hose.

System Information:

Name of Facility: _____ System Number: _____
 Street Address: _____ Ph. No.: _____
 Mailing Address: _____ Fax No.: _____
 Service Connections: _____ Population Served: _____ Sampling Frequency: Quarterly

Sample Collection:

All water samples will be collected by: _____
 Name of Laboratory: _____
 Mailing Address: _____
 State Lab Code: _____ Phone No.: _____ Fax No.: _____
 E-mail Address: _____

Treatment:

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:

1. _____ Months sampled: _____
2. _____ Months sampled: _____

Map of System:

A map of the distribution system showing the source (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 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:

1st Quarter: _____
(location name or address)

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

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

Follow-up (repeat) Sample Locations:

1. _____
(routine sample location name or address)
2. _____
(location name or address up-stream)
3. _____
(location name or address down-stream)
4. _____
(source)

Routine Sample Location:

2nd Quarter: _____
(location name or address)

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

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

Follow-up (repeat) Sample Locations:

1. _____
(routine sample location name or address)
2. _____
(location name or address up-stream)
3. _____
(location name or address down-stream)
4. _____
(source)

Routine Sample Location:

3rd Quarter: _____
(location name or address)

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

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

Follow-up (repeat) Sample Locations:

1. _____
(routine sample location name or address)
2. _____
(location name or address up-stream)
3. _____
(location name or address down-stream)
4. _____
(source)

Routine Sample Location:

4th Quarter: _____
(location name or address)

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

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

Follow-up (repeat) Sample Locations:

1. _____
(routine sample location name or address)
2. _____
(location name or address up-stream)
3. _____
(location name or address down-stream)
4. _____
(source)

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

Bacteriological Sample Siting Plan System Map

Name of System: _____
Street Address: _____

System No: _____
Date: _____