



BACTERIOLOGICAL SAMPLE SITING PLAN

GENERAL INFORMATION		
As part of the Total Coliform Rule, the location from which samples are taken is to be varied. All water systems are required to submit a bacteriological sample siting plan. The plan shall show the locations of all sample sites from which bacteriological tests are taken. Sample sites are to be representative of all pressure zones and each water source of the distribution system.		
SYSTEM INFORMATION		
Name of Water System:		System Number:
Street Address:		Phone Number:
Mailing Address:		Fax:
Email:		
Service Connections:	Population Served:	Sampling Frequency:
SAMPLE COLLECTION		
All water samples will be collected by:		Phone:
Name of Laboratory:		State Lab Code:
Mailing Address:		Fax:
The laboratory was sent a copy of this plan on:		
RAW WATER SAMPLING		
Is water continuously treated with chlorine? Yes No		
Systems that provide continuous chlorine treatment are required to take samples of water prior to the addition of chlorine (raw water samples) on a quarterly basis. List below the sources that 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:	Follow-up (repeat) Sample Location:	
1. Location Name or Address:	1. Routine Sample Location Name or Address:	
Water samples will be collected from this location during the months of (check all that apply): 1 st Qtr: Jan. Feb. Mar. 2 nd Qtr: Apr. May June 3 rd Qtr: July Aug. Sept. 4 th Qtr: Oct. Nov. Dec.	2. Location Name or Address Upstream:	
	3. Location Name or Address Downstream:	
	4. Other Locations Within Five Service Connections:	
	5. A sample must be collected from each groundwater source that was in use at the time the positive routine sample was taken.	
Description (hose bib, sink, faucet, etc.):		

Routine Sample Location (if required):		Follow-up (repeat) Sample Location:	
2. Location Name or Address:		1. Routine Sample Location Name or Address:	
Water samples will be collected from this location during the months of (check all that apply):		2. Location Name or Address Upstream:	
1 st Qtr:	Jan. Feb. Mar.	3. Location Name or Address Downstream:	
2 nd Qtr:	Apr. May June	4. Other Locations Within Five Service Connections:	
3 rd Qtr:	July Aug. Sept.		
4 th Qtr:	Oct. Nov. Dec.		
Description (hose bib, sink, faucet, etc.):		5. A sample must be collected from each groundwater source that was in use at the time the positive routine sample was taken.	
Routine Sample Location (if required):		Follow-up (repeat) Sample Location:	
3. Location Name or Address:		1. Routine Sample Location Name or Address:	
Water samples will be collected from this location during the months of (check all that apply):		2. Location Name or Address Upstream:	
1 st Qtr:	Jan. Feb. Mar.	3. Location Name or Address Downstream:	
2 nd Qtr:	Apr. May June	4. Other Locations Within Five Service Connections:	
3 rd Qtr:	July Aug. Sept.		
4 th Qtr:	Oct. Nov. Dec.		
Description (hose bib, sink, faucet, etc.):		5. A sample must be collected from each groundwater source that was in use at the time the positive routine sample was taken.	
SIGNATURE			
By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.			
I hereby certify, to the best of my knowledge, that the information given on this application is true and correct. Submission of falsified information on this application may be grounds for denial, denial of renewal, revocation or suspension of permit to operate within San Bernardino County.			
Report Prepared By:			Date:
Signature:		Title:	