



## BACTERIOLOGICAL SAMPLE SITING PLAN (Groundwater Systems)

### WATER SYSTEM INFORMATION:

System Name: \_\_\_\_\_ System #: 5000 \_\_\_\_\_  
 System Classification:  Community  Nontransient-Noncommunity  Transient Noncommunity  
 Seasonal System:  Yes  No If Yes, Operational Period: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 System Phone #: \_\_\_\_\_ Fax: # \_\_\_\_\_ Email: \_\_\_\_\_  
 # of Service Connections: \_\_\_\_\_ Population Served: \_\_\_\_\_  
 Person responsible to report coliform-positive samples to the LPA: \_\_\_\_\_  
 Daytime Phone #: \_\_\_\_\_ Nighttime Phone #: \_\_\_\_\_

### SAMPLE COLLECTION INFORMATION:

Name of Trained Sampler(s): \_\_\_\_\_  
 Sampler(s) Phone #: \_\_\_\_\_  
 Name of Analyzing Laboratory: \_\_\_\_\_  
 Lab Mailing Address: \_\_\_\_\_  
 ELAP Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Lab Email: \_\_\_\_\_  
 Lab 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\* or  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

### RAW WATER SAMPLING:

Does the water system provide continuous disinfection treatment (i.e. chlorine, UV, etc.)?  Yes  No  
 If no, continue to the next section.  
 If yes, 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 the source(s) that have disinfection treatment and the months when raw water samples will be taken.

<u>Source(s):</u>	<u>Months Sampled:</u>
1. _____	<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
2. _____	<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
3. _____	<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
4. _____	<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec

### MAP OF SYSTEM:

Attach map of the distribution system following the last page.  
 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).

**CONSECUTIVE WATER SYSTEM (if applicable under Ground Water Rule):**

Does the water system obtain groundwater from another water system?  Yes  No

If no, continue to the next section.

If yes, contact the wholesaler within 24 hours of notification of a TC+ Distribution Sample.

Wholesaler: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**WHOLESALE WATER SYSTEM (if applicable under Ground Water Rule):**

Does the water system provide groundwater to another water system?  Yes  No

If no, continue to the next section.

If yes, collect a raw water source sample(s) within 24 hours upon being notified by a retailer who received a TC+ sample.

If source sample is E.coli positive, contact all consecutive systems within 24 hours\*.

Retailer: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Retailer: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*A Tier 1 notice is required for all E.coli positive source samples.

**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. The routine samples sites must be rotated such that they are all sampled on a regular basis. If this 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). A system using a single groundwater (not GWUDI) well, serving 1,000 or fewer persons may use the triggered source sample as one of the repeat samples, if approved by the State Board.

**Routine #1 Sample Location:**

\_\_\_\_\_

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

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

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

**Follow-up (Repeat) Sample Location:**

1. \_\_\_\_\_  
(routine #1 sample location name/address)

2. \_\_\_\_\_  
(upstream within 5 connections - location name/address)

3. \_\_\_\_\_  
(downstream within 5 connections - location name/address)

Triggered Source Sample(s) – Ground Water Rule

4. \_\_\_\_\_  
(source[s] online/well[s])

**Routine #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  Sep
- Oct  Nov  Dec

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

**Follow-up (Repeat) Sample Location:**

1. \_\_\_\_\_  
(routine #2 sample location name/address)

2. \_\_\_\_\_  
(upstream within 5 connections - location name/address)

3. \_\_\_\_\_  
(downstream within 5 connections - location name/address)

Triggered Source Sample(s) – Ground Water Rule

4. \_\_\_\_\_  
(well[s])

**Routine #3 Sample Location (if required):**

\_\_\_\_\_

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

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

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

**Follow-up (Repeat) Sample Location:**

1. \_\_\_\_\_  
(routine #3 sample location name/address)

2. \_\_\_\_\_  
(upstream within 5 connections - location name/address)

3. \_\_\_\_\_  
(downstream within 5 connections - location name/address)

Triggered Source Sample(s) – Ground Water Rule

4. \_\_\_\_\_  
(well[s])

**Routine #4 Sample Location:**

\_\_\_\_\_

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

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

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

**Follow-up (Repeat) Sample Location:**

1. \_\_\_\_\_  
(routine #4 sample location name/address)

2. \_\_\_\_\_  
(upstream within 5 connections - location name/address)

3. \_\_\_\_\_  
(downstream within 5 connections - location name/address)

Triggered Source Sample(s) – Ground Water Rule

4. \_\_\_\_\_  
(well[s])

**For Transient, Non-Community Water Systems on Quarterly Monitoring Only:**

**Routine Sample Locations for the Month Following a Positive Total Coliform Sample:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If a Transient, Non-Community Water System has any of the following events, monitoring must be increased to monthly, and a new BSSP must be submitted within 30 days:

- A. The system triggers a Level 2 Assessment;
- B. The system triggers two Level 1 Assessments in a rolling 12-month period;
- C. The system has an E.coli MCL Violation;
- D. The system has a coliform treatment technique violation;
- E. The system has two bacteriological monitoring violations in a rolling 12-month period;
- F. The system has one bacteriological monitoring violation and one Level 1 Assessment in a rolling 12-month period.

**PREPARED BY:**

Water System Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR DER USE ONLY:**

**APPROVAL:**

The Local Primacy Agency (LPA) 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 LPA at least once every ten years and at any time the plan no longer ensures representative monitoring of the system.

LPA Representative: \_\_\_\_\_

Title: \_\_\_\_\_ LPA: Stanislaus County Department of Environmental Resources

Signature: \_\_\_\_\_ Date: \_\_\_\_\_