



**County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

BACTERIOLOGICAL SAMPLE SITING PLAN

4080 Lemon Street • 10th Floor • Riverside • CA • 92501 – (951) 955-8980

47-950 Arabia Street • Suite A • Indio • CA • 92201 – (760) 863-7570

SYSTEM INFORMATION			
FACILITY INFORMATION	Name		System #
	Street Address		Phone
	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
Copy of this plan was sent to the Laboratory on		

RAW WATER SAMPLING	
Is water continuously treated with chlorine? <input type="checkbox"/> YES <input type="checkbox"/> 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
3.	Months sampled
4.	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? <input type="checkbox"/> YES <input type="checkbox"/> NO	

(Continued on the next page)

For our office locations call us at (888) 722-4234 or visit our website at www.rivcoeh.org

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:

1. _____
(location name or address)

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

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

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

Follow-up (repeat) Sample Location:

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: (if required)

2. _____
(location name or address)

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

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

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

Follow-up (repeat) Sample Location:

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: (if required)

3. _____
(location name or address)

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

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

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

Follow-up (repeat) Sample Location:

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: