



# COUNTY OF RIVERSIDE DEPARTMENT OF ENVIRONMENTAL HEALTH

(888)722-4234 • RIVCOEH.ORG

## BACTERIOLOGICAL SAMPLE SITING PLAN

- 4080 Lemon Street • 10<sup>th</sup> Floor • Riverside • CA • 92501 – (951) 955-8980
- 47-950 Arabia Street • Suite A • Indio • CA • 92201 – (760) 863-7570

WATER SYSTEM INFORMATION				
FACILITY INFORMATION	Name:	Water System #		
	Water System Classification: <input type="checkbox"/> Community <input type="checkbox"/> NTNC <input type="checkbox"/> Transient			
	*Seasonal Water System: <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, refer to your approved Start-Up/Shut down Procedure Document</b>			
	Person Responsible for Notifications to the LPA:		Email:	
	Street Address:		Phone:	
	Mailing Address:		Fax:	
	Number of Service Connections:		Number of Population Served:	

SAMPLE COLLECTION INFORMATION		
Name of Sampler(s):		
Sampler Phone Number:		
Name of Laboratory:		
Laboratory Mailing Address:		
State Lab Code:	Phone:	Email:
Copy of this plan was sent to the Laboratory: <input type="checkbox"/> YES <input type="checkbox"/> NO		

MAP OF SYSTEM
<p>A map of the distribution system showing the source (well(s), spring, etc.), storage tank(s), treatment facilities, distribution piping, routine sample location(s), and follow-up (repeat) sample locations is required. <b>(ATTACH THE DISTRIBUTION MAP TO THIS DOCUMENT)</b></p> <p><input type="checkbox"/> The water system distribution map has been attached to this document.</p>

DISTRIBUTION SYSTEM SAMPLING FREQUENCY
<p>The water system is required to collect a minimum of _____ routine bacteriological sample(s) at the frequency of:</p> <p><input type="checkbox"/> Quarterly   <input type="checkbox"/> Monthly   <input type="checkbox"/> Weekly</p> <p><b>**Quarterly monitoring is allowed only for transient non-community water systems using untreated groundwater.</b></p>

### RAW WATER SAMPLING

Does the water system provide continuous disinfection treatment (i.e. chlorine, UV)?  YES  NO

Systems which provide continuous chlorine treatment are required to collect samples of water prior to the addition of chlorine (raw water samples) on a quarterly or monthly basis. Title 22 Section 64421(A) A raw water sample shall be collected each calendar quarter, with samples collected during the same month (first, second, or third) of each calendar quarter; and **(B) If the raw water sample is total coliform-positive, a raw water sample shall be collected each month. If no coliforms are detected for a minimum of three consecutive months, a public water system may submit a request to the State Board to monitor in accordance with subparagraph (A).**

Please list below the sources which are continuously treated and the months when raw water samples will be collected:

1.	Months sampled:
2.	Months sampled:
3.	Months sampled:
4.	Months sampled:

### CONSECUTIVE WATER SYSTEM (IF APPLICABLE)

Does the water system obtain groundwater from another water system?  YES  NO

**If yes, notify the wholesaler within 24 hours of notification of total coliform positive Distribution Sample.**

Wholesaler Name:	System#
Contact:	Phone:

### WHOLESALER WATER SYSTEM (IF APPLICABLE under GWR)

Does the water system obtain groundwater from another water system?  YES  NO

**If yes, collect a raw water source sample(s) within 24 hours upon being notified by a retailer who received a total coliform positive sample.**

**If source is E. coli positive, contact all consecutive systems within 24 hours. A Tier 1 Notice is required for all E. coli positive source samples.**

Retailer Name:	System#	Contact:	Phone:
Retailer Name:	System#	Contact:	Phone:

### SAMPLE LOCATIONS

The following describes each routine sample location, what months the location will be collected, and where follow-up (repeat) samples will be collected 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:

- 1<sup>st</sup> Qtr:     Jan             Feb             Mar  
 2<sup>nd</sup> Qtr:     Apr             May             Jun  
 3<sup>rd</sup> Qtr:     July            Aug             Sept  
 4<sup>th</sup> 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/s)

<p><b><u>Routine Sample Location: (if required)</u></b></p> <p>2. _____ (location name or address)</p> <p>Water samples will be collected from this location during the months of:</p> <p>1<sup>st</sup> Qtr:     <input type="checkbox"/> Jan            <input type="checkbox"/> Feb            <input type="checkbox"/> Mar</p> <p>2<sup>nd</sup> Qtr:     <input type="checkbox"/> Apr            <input type="checkbox"/> May            <input type="checkbox"/> Jun</p> <p>3<sup>rd</sup> Qtr:     <input type="checkbox"/> July            <input type="checkbox"/> Aug            <input type="checkbox"/> Sept</p> <p>4<sup>th</sup> Qtr:     <input type="checkbox"/> Oct            <input type="checkbox"/> Nov            <input type="checkbox"/> Dec</p> <p>Description: _____ (hose bib, sink faucet, etc.)</p>	<p><b><u>Follow-up (repeat) Sample Location:</u></b></p> <p>1. _____ (routine sample location name or address)</p> <p>2. _____ (location name or address up-stream)</p> <p>3. _____ (location name or address down-stream)</p> <p>4. _____ (source/s)</p>
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<p><b><u>Routine Sample Location: (if required)</u></b></p> <p>3. _____ (location name or address)</p> <p>Water samples will be collected from this location during the months of:</p> <p>1<sup>st</sup> Qtr:     <input type="checkbox"/> Jan            <input type="checkbox"/> Feb            <input type="checkbox"/> Mar</p> <p>2<sup>nd</sup> Qtr:     <input type="checkbox"/> Apr            <input type="checkbox"/> May            <input type="checkbox"/> Jun</p> <p>3<sup>rd</sup> Qtr:     <input type="checkbox"/> July            <input type="checkbox"/> Aug            <input type="checkbox"/> Sept</p> <p>4<sup>th</sup> Qtr:     <input type="checkbox"/> Oct            <input type="checkbox"/> Nov            <input type="checkbox"/> Dec</p> <p>Description: _____ (hose bib, sink faucet, etc.)</p>	<p><b><u>Follow-up (repeat) Sample Location:</u></b></p> <p>1. _____ (routine sample location name or address)</p> <p>2. _____ (location name or address up-stream)</p> <p>3. _____ (location name or address down-stream)</p> <p>4. _____ (source/s)</p>
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**\*TRANSIENT NONCOMMUNITY - SAMPLING FOLLOWING TC POSITIVE SAMPLE**

In the month following one or more total coliform-positive samples (with or without a Level 1 treatment technique trigger exceedance), collect at least three routine samples. The system may either collect samples at regular time intervals throughout the month or may collect all required routine samples on a single day if samples are taken from different sites. If the system stops supplying water during the month following the total coliform-positive(s), at least three routine samples shall be collected during the first month the system resumes operation.

List sample locations:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

As per Title 22 section 64423(c) A transient-noncommunity water system monitoring pursuant to subsection (a)(3):

(1) Shall, in the month following the occurrence of any of the following events, increase monitoring to one sample each month:

- (A) The system triggers a Level 2 assessment or two Level 1 assessments in a rolling 12-month period.
- (B) The system has an *E. coli* MCL violation.
- (C) The system has a coliform treatment technique violation; or
- (D) The system has two bacteriological monitoring violations or one bacteriological monitoring violation and one Level 1 assessment in a rolling 12-month period.

**\*\*Per Request to the LPA, to resume quarterly sampling the following conditions must be met:**

- 1. The system shall have a complete sanitary survey, or voluntary Level 2 assessment by the LPA, within the last 12 consecutive months.
- 2. The system shall have a clean compliance history for a minimum of 12 consecutive months.

**BSSP PREPARED BY**

Water System Representative Name:

Title:

Date:

**BSSP APPROVAL**

The Local Primacy Agency has reviewed and approved this Bacteriological Sample Siting Plan (BSSP). Any plans on file dated prior to this approval are now VOID. The water system must collect bacteriological samples in accordance with the approved BBSP. Per the California Code of Regulations Title 22 section 64422, a water system is required to provide 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 Name:

Approval Date:

**REQUIRED NOTIFICATIONS**

1. Notify the LPA by the end of the day when a routine or repeat sample is E. coli positive.
2. Notify the LPA by the end of the day on which it is determined that the E. coli MCL has been exceeded, per Section 64426.1.
3. Notify the LPA by the end of the next business day (5:30 P.M.) on which it is determined that a coliform treatment technique violation has occurred, per Section 64426.6.
4. Notify the LPA within 5 business days following the completion of scheduled corrective action that was outlined in a Level 1 or Level 2 assessment.
5. Notify the LPA within 10 days of learning of a routine sample monitoring violation, per Section 64423.
6. Notify the LPA within 10 days of a repeat sample monitoring violation, per Section 64424.
7. Notify the LPA within 10 days that a replacement sample for an invalidated total-coliform absent sample was not collected per Section 64425(b).
8. Notify the LPA within 10 days after learning that a total coliform positive routine sample was not tested for E. coli.
9. Report the analytical results of all required samples collected in a calendar month to the LPA by the tenth day of the following month.
10. Submit a completed Level 1 to the LPA within 30 days of learning has exceeded a coliform treatment technique trigger.
11. Certify completion of a seasonal system start-up procedure prior to serving water to the public.
12. Report the disinfectant residuals measured with routine or repeat samples in a calendar month to the LPA by the tenth day of the following month.