



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

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BACTERIOLOGICAL SITE SAMPLING PLAN

System Information:

Name of Facility: _____ System Number: _____
Street Address: _____ Phone Number: _____
Service Connections: _____ Population: _____
Quantity of Routine Samples: _____ Frequency: _____
(Distribution) (Weekly, Monthly)

Sample Collection:

Samplers: _____ Phone Number: _____
Analyzing Laboratory: _____ Phone Number: _____
Lab Mailing Address: _____ State Code: _____
Lab Sent Plan On: _____

Map of the System:

A map of the distribution system showing the source(s), storage tank(s), treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) sample locations is required.

Copy on File with EHS? Yes [] No []

Raw Water Sampling:

Source continuously treated with disinfectant? Yes [] No [] Collected prior to treatment? Yes [] No []

Note: quarterly raw water samples shall be collected, with samples collected during the same month of each quarter (first, second, or third), for groundwater sources treated with a primary or residual disinfectant on a continuous basis

Source: _____ Monitoring Frequency: _____

Sample Locations:

*Quarterly routine monitoring is allowed only for transient non-community water systems using groundwater (not GWUDI) and serving 1,000 or fewer persons a month.

If a routine sample tests positive for total coliform or E. coli, three repeat distribution samples are required to be taken within 24 hours of being notified of the positive result. Note below the routine and repeat sample locations.

A system using groundwater must collect the triggered source sample(s) for Ground Water Rule compliance (only one source is required to be sampled if the system serves less than 1,000 persons a month).

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 San Luis Obispo County Environmental Health.

Routine Sample Location #1: _____ Repeat #1 (Routine Location): _____
Months/Weeks Sampled: _____ Repeat #2 (Upstream): _____
Description of Location: _____ Repeat #3 (Downstream): _____
Triggered Source Sample(s): _____

NOTE: Systems with more than one (1) Routine Sample Location must complete Page 3 of this plan.

For Consecutive Systems (if applicable under the Ground Water Rule):

Does your System purchase Groundwater? Yes No
If yes, contact the wholesaler within 24 hours of notification of a routine total coliform positive sample result.
Wholesaler: _____ Contact Person and #: _____
Wholesaler: _____ Contact Person and #: _____

For Wholesaler Systems (if applicable under the Ground Water Rule):

Does your System provide Groundwater to another Water System? Yes No
If yes, collect source samples within 24 hours in response to any consecutive system's distribution total coliform positive sample result. If source sample(s) are fecal indicator positive, contact all consecutive systems within 24 hours^{††}.
Wholesaler: _____ Contact Person and #: _____
Wholesaler: _____ Contact Person and #: _____

^{††} A Tier 1 Notice is required for all fecal indicator (E.coli) positive source samples.

Plan Approval:

Completed By: _____ Date: _____
Signature: _____ Title: _____
EHS Approver: _____ Date: _____
Signature: _____ Title: _____

Sample Locations:

If a routine sample tests positive for total coliforms, fecal coliforms, or *E. coli*, **three** repeat distribution samples are required to be taken within 24 hours of being notified of the positive result. Note below the routine and repeat sample locations.

A system using groundwater must collect the triggered source sample(s) for Ground Water Rule compliance (only one source is required to be sampled if the system serves less than 1,000 persons a month). 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 San Luis Obispo County Environmental Health.

Routine Sample Location #2: _____	Repeat #1 (Routine Location): _____
Months/Weeks Sampled: _____	Repeat #2 (Upstream): _____
Description of Location: _____	Repeat #3 (Downstream): _____
Triggered Source Sample(s): _____	

Sample Locations:

If a routine sample tests positive for total coliforms, fecal coliforms, or *E. coli*, **three** repeat distribution samples are required to be taken within 24 hours of being notified of the positive result. Note below the routine and repeat sample locations.

A system using groundwater must collect the triggered source sample(s) for Ground Water Rule compliance (only one source is required to be sampled if the system serves less than 1,000 persons a month). 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 San Luis Obispo County Environmental Health.

Routine Sample Location #3: _____	Repeat #1 (Routine Location): _____
Months/Weeks Sampled: _____	Repeat #2 (Upstream): _____
Description of Location: _____	Repeat #3 (Downstream): _____
Triggered Source Sample(s): _____	

Sample Locations:

If a routine sample tests positive for total coliforms, fecal coliforms, or *E. coli*, **three** repeat distribution samples are required to be taken within 24 hours of being notified of the positive result. Note below the routine and repeat sample locations.

A system using groundwater must collect the triggered source sample(s) for Ground Water Rule compliance (only one source is required to be sampled if the system serves less than 1,000 persons a month). 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 San Luis Obispo County Environmental Health.

Routine Sample Location #4: _____	Repeat #1 (Routine Location): _____
Months/Weeks Sampled: _____	Repeat #2 (Upstream): _____
Description of Location: _____	Repeat #3 (Downstream): _____
Triggered Source Sample(s): _____	