



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

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COLIFORM AND GROUNDWATER RULE SAMPLING PLAN

System Information:

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

Sample Collection:

Samples Collected By: _____ 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 []
Source: _____ Monitoring Frequency: _____

Sample Locations:

Routine Sample Location #1: _____ Repeat #1 (Routine Location): _____
Months/Weeks Sampled: _____ Repeat #2 (Upstream): _____
Description of Location: _____ Repeat #3 (Downstream): _____
Influencing GW Sources: _____ Repeat #4 (Other)*: _____

If a routine sample tests positive for total coliforms, fecal coliforms, or E. coli, five routine distribution coliform samples are required the following month. Note below the locations where these samples will be taken.

- 1. _____
2. _____
3. _____
4. _____
5. _____

* Water Systems collecting one monthly coliform sample may collect their fourth repeat at the source to receive credit for Groundwater Rule compliance.

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

For Consecutive Systems:

Does your System purchase Groundwater? Yes No

If yes, contact the wholesaler within 24 hours of a notification of a TC+ distribution sample.

Wholesaler: _____ Contact Person and #: _____

Wholesaler: _____ Contact Person and #: _____

For Wholesaler Systems:

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 total coliform distribution TC+. 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 positive source samples

Plan Approval:

Completed By: _____

Date: _____

Signature: _____

Title: _____

EHS Approver: _____

Date: _____

Signature: _____

Title: _____

Sample Locations:

Routine Sample Location #2: _____	Repeat #1 (Routine Location): _____
Months/Weeks Sampled: _____	Repeat #2 (Upstream): _____
Description of Location: _____	Repeat #3 (Downstream): _____
Influencing GW Sources: _____	Repeat #4 (Other)*: _____

If a routine sample tests positive for total coliforms, fecal coliforms, or *E. coli*, five routine distribution coliform samples are required the following month. Note below the locations where these samples will be taken.

1. _____
2. _____
3. _____
4. _____
5. _____

*** Water Systems collecting one monthly coliform sample may collect their fourth repeat at the source to receive credit for Groundwater Rule compliance.**

Sample Locations:

Routine Sample Location #3: _____	Repeat #1 (Routine Location): _____
Months/Weeks Sampled: _____	Repeat #2 (Upstream): _____
Description of Location: _____	Repeat #3 (Downstream): _____
Influencing GW Sources: _____	Repeat #4 (Other)*: _____

If a routine sample tests positive for total coliforms, fecal coliforms, or *E. coli*, five routine distribution coliform samples are required the following month. Note below the locations where these samples will be taken.

1. _____
2. _____
3. _____
4. _____
5. _____

*** Water Systems collecting one monthly coliform sample may collect their fourth repeat at the source to receive credit for Groundwater Rule compliance.**

Sample Locations:

Routine Sample Location #4: _____	Repeat #1 (Routine Location): _____
Months/Weeks Sampled: _____	Repeat #2 (Upstream): _____
Description of Location: _____	Repeat #3 (Downstream): _____
Influencing GW Sources: _____	Repeat #4 (Other)*: _____

If a routine sample tests positive for total coliforms, fecal coliforms, or *E. coli*, five routine distribution coliform samples are required the following month. Note below the locations where these samples will be taken.

1. _____
2. _____
3. _____
4. _____
5. _____

*** Water Systems collecting one monthly coliform sample may collect their fourth repeat at the source to receive credit for Groundwater Rule compliance.**