

BACTERIOLOGICAL SAMPLE SITING PLAN-BSSP (Groundwater Systems)

Water System Information

Water System Name _____ System Number: CA _____
Water System Classification: _____
Community Nontransient-Noncommunity Transient Non-community
Seasonal Water System: Yes* No *Refer to Start-up/Shut-down Procedure Document
Operational Period: _____
Physical Address: _____ Mailing Address: _____

Phone Number: _____ Fax: _____ Email Address: _____
Number of Service Connections: _____ Population Served: _____
Person responsible for reporting coliform-positive samples to the DDW District Office / LPA: _____
Day/Evening Phone Number: _____

Sample Collection Information

Name of Trained Sampler(s): _____
Sampler Phone Number: _____
Name of Analyzing Laboratory: _____ State Lab Code: _____
Mailing Address: _____
Phone Number: _____ Fax: _____
Email Address: _____
Laboratory 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* _____ Month.

**Quarterly monitoring is allowed only for transient non-community water systems using 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)? Yes No

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) with disinfection treatment and the months when raw water samples will be taken.

1. Source: _____

Months sampled:

| | | | | | |
|---------|----------|-----------|---------|----------|----------|
| January | February | March | April | May | June |
| July | August | September | October | November | December |

2. Source: _____

Months sampled:

| | | | | | |
|---------|----------|-----------|---------|----------|----------|
| January | February | March | April | May | June |
| July | August | September | October | November | December |

3. Source:

Months sampled:

| | | | | | |
|---------|----------|-----------|---------|----------|----------|
| January | February | March | April | May | June |
| July | August | September | October | November | December |

Map of System

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).

A distribution map is attached: Yes No

Consecutive Water System (if applicable under the Ground Water Rule)

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

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

Wholesaler Name: Contact: Phone Number:

Wholesaler Water System (if applicable under the Ground Water Rule)

Does the water system provide groundwater to 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 sample is *E. coli* positive, contact all consecutive systems within 24 hours*.

Retailer Name: Contact: Phone Number:

Retailer Name: Contact: Phone Number:

Retailer Name: Contact: Phone Number:

**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 Number 1 Sample Location: (name/address)

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

| | | | | | |
|---------|----------|-----------|---------|----------|----------|
| January | February | March | April | May | June |
| July | August | September | October | November | December |

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

Follow-up (repeat) Sample Location: (name/address)

Upstream (upstream within 5 connections: location, name, address):

Downstream (downstream within 5 connections-location name/address):

Triggered Source Sample(s) – Ground Water Rule:

Routine Number 2 (if required) Sample Location: (name/address)

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

| | | | | | |
|---------|----------|-----------|---------|----------|----------|
| January | February | March | April | May | June |
| July | August | September | October | November | December |

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

Follow-up (repeat) Sample Location: (name/address)

Upstream (upstream within 5 connections: location, name, address):

Downstream (downstream within 5 connections-location name/address):

Triggered Source Sample(s) – Ground Water Rule:

Routine Number 3 (if required) Sample Location: (name/address)

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

| | | | | | |
|---------|----------|-----------|---------|----------|----------|
| January | February | March | April | May | June |
| July | August | September | October | November | December |

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

Follow-up (repeat) Sample Location: (name/address)

Upstream (upstream within 5 connections: location, name, address):

Downstream (downstream within 5 connections-location name/address):

Triggered Source Sample(s) – Ground Water Rule:

Routine Sample Locations for the month following a Positive Total Coliform Sample
(Transient, Non-Community Water Systems on Quarterly Monitoring Only)

1.

2.

3.

Prepared By:

Water System Representative Name:

Title:

Signature:

Date:

BSSP Approval:

The SWRCB-Division of Drinking Water or Local Primacy Agency 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 State Board at least once every ten years and at any time the plan no longer ensures representative monitoring of the system.

District Engineer or LPA Representative Name:

Title:

District Name/No or LPA Name:

Signature:

Date: