



DEPARTMENT OF ENVIRONMENTAL HEALTH

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Director

Water System Bacteriological Sampling Plan Monthly

I. System Information:

System or Facility Name
and number: _____

Service connections: _____

(Number of residences and/or buildings served by the system)

Population: _____

(Number of individuals served each day by system during busiest month)

Source(s): _____

(List all water supply sources wells, springs, lakes, etc).

II. Routine Sampling Frequency

The water system must collect _____ routine sample at a frequency of once every _____.

III. Routine and Repeat Sampling Sites

*	Routine	Sample	Site	No.	1:
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III. Does your system chlorinate?

Yes _____ No _____

If yes then system must test raw water quarterly.

This site must be representative of the distribution system and shall not be designated as a water source (**ie. well, etc.**).

If this routine sample contains coliform bacteria, the water system must collect a set of four repeat samples within 24 hours of being notified of the result.

Repeat Sample Set (No. 1)

Repeat sample site No. 1: _____
(Collect one sample at the original routine sample site)

Repeat sample site No. 2: _____
(Collect one sample within five connections upstream)

Repeat sample site No. 3: _____
(Collect one sample within five connections downstream)

Repeat sample site No. 4: _____
(Collect one sample from the source if it is a ground source well or spring)

* A routine sample site must be designated for each pressure zone or separate area served by the water system. The routine sample 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 on the following page.

Check one of the following:

- Only one routine sample site is necessary to adequately represent the system. Additional routine and repeat sample sites *are not* attached.
- This water system contains more than one pressure zone or separate area. Additional routine and repeat sample sites *are attached*.

Complete this page only if your water system must designate more than one routine sample site.

Routine	Sample	Site	No.	2:
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This site must be representative of the distribution system and shall not be designated as a water source (ie. well, etc.).

If this routine sample contains coliform bacteria, the water system must collect a set of repeat samples within 24 hours of being notified of the result.

Repeat Sample Set No. 2:

Repeat sample site No. 1: _____
(Collect one sample at the original routine sample site)

Repeat sample site No. 2: _____
(Collect one sample within five connections upstream)

Repeat sample site No. 3: _____
(Collect one sample within five connections downstream)

Repeat sample site No. 4: _____
(Collect one sample from the source if it is a ground source well or spring)

IV. Sampling During The Month Following A Positive Sample

If one or more samples are positive for total coliform in a month, the water system is required to collect five routine samples during the following month. These five samples can be collected over the course of the month or all on the same day. Please list the locations from which these extra samples would be collected:

1. _____ 2. _____ 3. _____

4. _____ 5. _____

Collect one sample from the source if it is a ground source well or spring

V. Map or Diagram

Attach a map or diagram showing the location of routine and repeat sample sites and the entry point of water into the distribution system.

VI. Personnel and Laboratory Notification

Sampler:

(Sample collection must be performed by a person trained in sample collection. Provide name of sampler.)

Laboratory:

(Provide the name and phone number of the certified lab doing your water analysis. Arrangement must be made for weekend and holiday analysis if needed.)

Notification: Laboratory to notify persons designated below within 24 hours whenever a sample is found to contain coliform bacteria:

- 1. _____
(Name) (Daytime Phone #) (Evening Phone #)
- 2. _____
(Name) (Daytime Phone #) (Evening Phone #)

VII. Notification of the Department

The water system will notify the Tehama County Environmental Health Department, within 24 hours whenever a sample contains fecal coliform or *E. coli* bacteria or whenever a follow-up sample is positive. **In addition the system must direct the laboratory to immediately notify the Tehama County Environmental Health Department of any positive bacteriological result.**

Tehama County Environmental Health Department: (530) 527-8020 day or (530) 527-6617 night, (leave message)

Submitted by: _____ Date _____

KEEP A COPY OF THIS FORM FOR YOUR REFERENCE AND USE

ADDITIONAL INFORMATION

When responding to a laboratory report of bacterial contamination, keep in mind the following:

- 1. Coliform bacteria should not be present in drinking water and the presence of coliform indicates a potentially serious problem. Appropriate investigation should be performed immediately.
- 2. Check water system components such as water sources, filtration and/or chlorination equipment and storage tanks for indications of unusual conditions or problems.
- 3. Correct problems immediately. Do not wait for results of follow-up samples to take action.