# BACTERIOLOGICAL SAMPLE SITING PLAN-BSSP (Groundwater Systems)

**Water System Information:**

Water System Name: **Click here to enter text.** System Number: CA **Click here to enter text.**

Water System Classification: Community Nontransient-Noncommunity Transient Non-community

Seasonal Water System: Yes\* No \*Refer to your Start-up/Shut-down Procedure Document

Operational Period: Click here to enter text.

Physical Address:Click here to enter text.

Mailing Address: Click here to enter text.

Water System Ph. No.: Click here to enter text. Fax: Click here to enter text. Email Address: Click here to enter text.

No. of Service Connections: Click here to enter text. Population Served: Click here to enter text.

Person responsible to report coliform-positive samples to the DDW District Office / LPA: Click here to enter text.

Day/Evening Phone No: Click here to enter text.

**Sample Collection Information:**

Name of Trained Sampler(s): Click here to enter text.

Sampler Phone No.: Click here to enter text.

Name of Analyzing Laboratory: Click here to enter text.

Mailing Address: Click here to enter text.

State Lab Code: Click here to enter text. Phone #: Click here to enter text. Fax #: Click here to enter text.

Email Address: Click here to enter text.

Laboratory was sent a copy of BSSP: Yes No

**Distribution System Sampling Frequency:**

The water system is required to collect a minimum of Click here to enter text. routine bacteriological sample(s) at a frequency of once every Quarter\* Month.

*\*Quarterly monitoring is only allowed for transient non-community water systems using only groundwater (not GWUDI) and serving 1,000 or fewer persons a month (Monthly population is based on average number of persons served per day in a month).*

**Raw Water Sampling:**

Does the water system provide continuous disinfection treatment (i.e. chlorine, UV, etc.)?  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) have disinfection treatment and the months when raw water samples will be taken.

1. Click here to enter text. Months sampled:  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

2. Click here to enter text. Months sampled:  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

3. Click here to enter text. Months sampled:  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

**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 TC+ Distribution Sample.

Wholesaler Name: Click here to enter text. Contact:Click here to enter text.Phone No.: Click here to enter text.

**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 TC+ sample. If source sample is *E. coli* positive, contact all consecutive systems within 24 hours\*.

Retailer Name: Click here to enter text. Contact: Click here to enter text. Phone No.: Click here to enter text.

Retailer Name: Click here to enter text. Contact: Click here to enter text. Phone No.: Click here to enter text.

*\*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 No. 1 Sample Location: Follow-up (repeat) Sample Location:**

**Click here to enter text.** 1. Click here to enter text.

(routine no.1 sample location name/address)

Water samples will be collected from this 2. Click here to enter text.

location during the months of: (up-stream within 5 connections-location name/address\*)

Jan. Feb. Mar. 3. Click here to enter text.

Apr. May Jun. (down-stream within 5 connections-location name/address\*)

Jul. Aug. Sept.

Oct. Nov. Dec. Triggered Source Sample(s) – Ground Water Rule

Click here to enter text.

Sample Site Description: Click here to enter text.

(hose bib, sink faucet, etc.) \*alternative location that is representative of system may be allowed

**Routine No. 2 Sample Location: (if required) Follow-up (repeat) Sample Location:**

**Click here to enter text.** 1. Click here to enter text.

(routine no.2 sample location name/address)

Water samples will be collected from this 2. Click here to enter text.

location during the months of: (up-stream within 5 connections-location name/address\*)

Jan. Feb. Mar. 3. Click here to enter text.

Apr. May Jun. (down-stream within 5 connections-location name/address\*)

Jul. Aug. Sept.

Oct. Nov. Dec. Triggered Source Sample(s) – Ground Water Rule

Click here to enter text.

Sample Site Description: Click here to enter text.

(hose bib, sink faucet, etc.) \*alternative location that is representative of system may be allowed

**Routine No. 3 Sample Location: (if required) Follow-up (repeat) Sample Location:**

**Click here to enter text.** 1. Click here to enter text.

(routine no. 3 sample location name/address)

Water samples will be collected from this 2. Click here to enter text.

location during the months of: (up-stream within 5 connections-location name/address\*)

Jan. Feb. Mar. 3. Click here to enter text.

Apr. May Jun. (down-stream within 5 connections-location name/address\*)

Jul. Aug. Sept.

Oct. Nov. Dec. Triggered Source Sample(s) – Ground Water Rule

Click here to enter text.

Sample Site Description: Click here to enter text.

(hose bib, sink faucet, etc.) \*alternative location that is representative of system may be allowed

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

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

**Prepared By:**

Water System Representative Name: Click here to enter text.

Title: Click here to enter text.

Signature: Date: Click here to enter a 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 **Click here to enter a date.** 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 **Click here to enter a date.** 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: Click here to enter text.

Title: Click here to enter text. District Name/No or LPA Name: Click here to enter text.

Signature: Date: Click here to enter a date.