



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION**

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STATE SMALL 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

Sample Locations:

If any routine sample is total coliform-positive, the water system shall collect a repeat sample from the same location within 48 hours of being notified of the positive result.

If the repeat sample is also total coliform-positive, the sample shall also be analyzed for the presence of fecal coliforms or Escherichia coli (E. coli).

The water system shall notify the local health officer within 48 hours from the time the results are received and shall take corrective actions as directed by the local health officer to eliminate the cause of the positive samples.

Routine Sample Location #1: _____	Repeat #1 (Routine Location): _____
Months/Weeks Sampled: _____	_____

Plan Approval:

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