



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

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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 []

Raw Water Sampling:

Source Continuously Treated with Disinfectant? Yes [] No [] Collected Prior to Treatment? Yes [] No []

Note: quarterly raw water samples shall be collected, with samples collected during the same month (first, second, or third), for groundwater sources treated with a primary or residual disinfectant on a continuous basis

Source: _____ Monitoring Frequency: _____
Source: _____ Monitoring Frequency: _____
Source: _____ Monitoring Frequency: _____
Source: _____ Monitoring Frequency: _____
Source: _____ Monitoring Frequency: _____

Sample Locations:

If a routine sample tests positive for total coliforms, fecal coliforms, or E. coli, three repeat distribution samples and all active sources are required to be taken within 24 hours of being notified of the positive result. Note below the routine and repeat sample locations.

Routine Sample Location #1: _____ Repeat #1 (Routine Location): _____
Months/Weeks Sampled: _____ Repeat #2 (Upstream): _____
Description of Location: _____ Repeat #3 (Downstream): _____

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 notification of a routine total coliform positive sample result.

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 distribution total coliform positive sample result. 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:

If a routine sample tests positive for total coliforms, fecal coliforms, or *E. coli*, **three** repeat distribution samples are required within 24 hours of being notified of the positive result. Note below the routine and repeat sample locations.

Routine Sample Location #2: _____	Repeat #1 (Routine Location): _____
Months/Weeks Sampled: _____	Repeat #2 (Upstream): _____
Description of Location: _____	Repeat #3 (Downstream): _____

Sample Locations:

If a routine sample tests positive for total coliforms, fecal coliforms, or *E. coli*, **three** repeat distribution samples are required within 24 hours of being notified of the positive result. Note below the routine and repeat sample locations.

Routine Sample Location #3: _____	Repeat #1 (Routine Location): _____
Months/Weeks Sampled: _____	Repeat #2 (Upstream): _____
Description of Location: _____	Repeat #3 (Downstream): _____

Sample Locations:

If a routine sample tests positive for total coliforms, fecal coliforms, or *E. coli*, **three** repeat distribution samples are required within 24 hours of being notified of the positive result. Note below the routine and repeat sample locations.

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