

**AMADOR COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**  
**DIVISION OF DRINKING WATER AND ENVIRONMENTAL MANAGEMENT**

Local Primacy Agency  
810 Court Street, Jackson, CA 95642



**BACTERIOLOGICAL SAMPLE SITING PLAN**

**A. Requirements**

The following describes the minimum requirements that should be included in any bacteriological sample siting plan (SSP) submitted to the Amador County Environmental Health Department (ACEHD) for approval and acceptance. If you have questions about preparing an acceptable siting plan, please call the ACEHD. Please retain a copy of this document prior to submitting section B.

GENERAL REQUIREMENT

The bacteriological sample siting plan must be representative of the water distribution system, pressure zones, number of sources and treatment; it must describe sample rotation procedures and describe and identify repeat sample locations relative to routine samples; a system map that identifies/ locates all sources of water supplied to the system, all distribution lines, all treatment and storage facilities, booster stations, pressure reducing stations, pressure zones, and all routine and repeat sample points must also be submitted with the SSP. The map can be a one-page engineering drawing of the distribution system and water system facilities or it can be a street map or system schematic.

BACTERIOLOGICAL MONITORING REQUIREMENTS

<b>Bacteriological Monitoring Schedule</b>			
<b>Classification</b>	<b>Routine Monitoring<sup>1</sup></b>	<b>Repeats</b>	<b>Follow-up Routine</b>
Community Water System	1/Month	4	5
Nontransient Noncommunity	1/Month	4	5
Transient Noncommunity (Seasonal)	1/Month during season	4	5
Transient Noncommunity <sup>2</sup>	1/Quarter	4	5

<sup>1</sup> Minimum frequency. Systems that provide continuous inline chlorine are also required to monitor the water quality prior to chlorination (raw water at the source) on a monthly basis. <sup>2</sup> Transient systems that serve 1000 or more persons a month must sample monthly.

The ACEHD is the primary agency responsible for regulating all public water systems up to 199 connections within Amador County. Therefore, all public water systems up to 199 connections are required to monitor the bacteriological status of the water system and report to the ACEHD in accordance with the California Code of Regulations, Title 22. **Failure to comply with the monitoring and reporting requirements may result in enforcement action and/ or fines (Title 22, Title 10). Please review the following requirements.**

Monitoring:

1. All public water systems are required to collect routine samples from within the distribution system in the monitoring period to demonstrate quality of water served to its users. The well(s) and storage tank(s) are not to be sampled in a routine sample set. For monthly sampling, this means between the first and last day of the month. For quarterly, this means between the first day and the last day of the three month sampling period.
2. All public water systems are required to collect four repeat samples within 24 hours of being notified by the laboratory that a routine sample is total coliform positive. **These samples are to be taken before disinfection of the water system and a chlorine residual reading for each sample is required.** The well(s) and storage tank(s) may be included in the repeat sample set. The samples will be used to confirm a coliform problem and help determine the location and extent of the contamination.
3. All public water systems are required to collect five follow-up routine samples following the month of a positive sample unless waived by the ACEHD.

Reporting:

4. All public water systems are required to report results of routine samples and repeat samples to the ACEHD by the 10<sup>th</sup> day of the following month of the sample period.
5. All public water systems are required to notify the ACEHD when a **repeat** sample is total coliform, fecal coliform, or E.coli positive or when a **routine** sample is fecal coliform or E. coli positive.

Public Notification:

6. All public water systems are required to notify all served by the water system when a MCL violation occurs or when a procedural violation occurs. Public notification may be accompanied by recommendation for bottled water or a Boil Water Order as determined by the ACEHD.

# BACTERIOLOGICAL SAMPLE SITING PLAN

## B. THE PLAN

### System Information:

Name of Water System: \_\_\_\_\_ System Number: 03  
System Address: \_\_\_\_\_ Ph. No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Service Connections: \_\_\_\_\_ Mo. Population Served: \_\_\_\_\_ Sampling Frequency: Monthly

### Sample Collection:

All water samples will be collected by: \_\_\_\_\_  
Name of Laboratory: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
State Lab Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**NOTE: Please provide name of water system and system number to laboratory to properly credit the water system for monitoring and reporting. Proper identification will be used to notify the system when a routine or repeat sample is positive for bacteria.**

### Notification Information:

The laboratory is to be instructed to notify the following people within 24 hours when a routine or repeat sample is positive for total coliform, fecal coliform, or E. Coli.

- |          |         |
|----------|---------|
| 1. _____ | _____   |
| (Name)   | (Phone) |
| 2. _____ | _____   |
| (Name)   | (Phone) |
| 3. _____ | _____   |
| (Name)   | (Phone) |

The water system is required to notify the ACEHD within 24 hours when a **repeat** sample is total coliform positive, or when a **routine** sample is positive for fecal coliform or E. coli.

- |                                    |                   |              |
|------------------------------------|-------------------|--------------|
| 1. Environmental Health Specialist | Michelle Opalenik | 209-223-6439 |
| 2. Environmental Health Director   | Mike Israel       | 209-223-6439 |

### Treatment:

Treatment:  YES  NO If yes, Type: Chlorine  
Is water continuously treated with chlorine?  YES  NO  
**Systems which provide continuous chlorine treatment are required to take samples of water prior to the addition of chlorine (raw water samples) on a quarterly basis.**

### Map of System:

A map of the distribution system showing the source (well, spring, etc.), storage tanks, treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) sample locations is required. Have you enclosed this map?  YES  NO

## BACTERIOLOGICAL SAMPLE SITING PLAN (cont.)

### 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. The water supplier shall label each sample by name and routine or repeat.

### Routine Sample Location:

1. \_\_\_\_\_  
(location name or address)

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

1 <sup>st</sup> Qtr:	Jan.	Feb.	Mar.
2 <sup>nd</sup> Qtr:	Apr.	May	Jun.
3 <sup>rd</sup> Qtr:	July	Aug.	Sept.
4 <sup>th</sup> Qtr:	Oct.	Nov.	Dec.

Description: \_\_\_\_\_  
(hose bib, sink faucet, etc.)

### Repeat Sample Location:

(Chlorine residual required)

1. \_\_\_\_\_  
(original positive sample location)

2. \_\_\_\_\_  
(Tank or address up-stream)

3. \_\_\_\_\_  
(location or address down-stream)

4. Well \_\_\_\_\_  
(source)

### Five Follow-Up Routine Sample Locations:

The following identifies and describes each of the five routine samples to be collected in the month following a positive sample unless waived by the ACEHD.

### Routine Sample Location:

1. \_\_\_\_\_  
(routine sample location)

Description: \_\_\_\_\_  
(hose bib, outside tap, sink faucet, etc.)

3. \_\_\_\_\_  
(Tank or location name or address down-stream)

Description: \_\_\_\_\_  
(hose bib, outside tap, sink faucet, etc.)

5. \_\_\_\_\_  
(location name or address)

Description: \_\_\_\_\_  
(hose bib, outside tap, sink faucet, etc.)

2. \_\_\_\_\_  
(location name or address up-stream)

Description: \_\_\_\_\_  
(hose bib, outside tap, sink faucet, etc.)

4. Well \_\_\_\_\_  
(Source)

Description: Sample tap \_\_\_\_\_  
(hose bib, outside tap, sink faucet, etc.)

Report Prepared by: \_\_\_\_\_

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_