BACTERIOLOGICAL SAMPLE SITING PLAN (BSSP)

<table>
<thead>
<tr>
<th>Name of Water System</th>
<th>System #.</th>
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<tbody>
<tr>
<td>System Physical Location / Address:</td>
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System Information:
Count of service connections: ___ Sampling Frequency: _______ Water treatment: Yes ☐ No ☐

Sample Collection:
Water samples will be collected by: ______________________________________

Sample Analysis:
Name of Laboratory: ____________________________________________
Mailing Address of Lab: __________________________________________
Lab Phone: ___________________ Lab Fax: _______________________

The Lab was sent a copy of this plan on (date) ______________________

Raw Water Sampling (required for all systems providing disinfection or treatment):
- Surface water, or groundwater under direct influence of surface water (GWUDI), systems must sample raw source water (prior to any treatment) twice (2x) monthly for coliform bacteria.
- Groundwater systems (non-GWUDI) that provide treatment, including disinfection and iron/manganese removal must sample raw source water (prior to any treatment) at least once (1x) quarterly for coliform bacteria.

List the water source name and specific raw water sampling location for each water source.

<table>
<thead>
<tr>
<th>Source</th>
<th>Months sampled</th>
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<td>002</td>
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Water System Sampling Site Map:
Attach a detailed map of the water system showing the source, storage or pressure tanks, treatment facilities, distribution piping, and all routine and follow-up distribution and raw water sampling locations.
Distribution System Sample Locations:

Please designate the locations of routine sampling points, the sampling months for these locations, and the sampling locations that will be used for follow up sampling in the event of a “positive” routine sample.

Fill out the spaces below for each routine sample as required, use additional sheets if more than four routine samples are required.

Routine distribution sampling location #1: ____________________________
   Sampling months: ____________________________
   Follow-up distribution sampling sites:
   Down stream: ____________________________    Upstream: ____________________________

Routine distribution sampling location #2: ____________________________
   Sampling months: ____________________________
   Follow-up distribution sampling sites:
   Down stream: ____________________________    Upstream: ____________________________

Routine distribution sampling location #3: ____________________________
   Sampling months: ____________________________
   Follow-up distribution sampling sites:
   Down stream: ____________________________    Upstream: ____________________________

Routine distribution sampling location #4: ____________________________
   Sampling months: ____________________________
   Follow-up distribution sampling sites:
   Down stream: ____________________________    Upstream: ____________________________

Plan prepared by: ____________________________    Title: ____________________________
Signature: ____________________________    Date: ____________________________