



**PLUMAS COUNTY ENVIRONMENTAL HEALTH**

270 County Hospital Road, Ste 127 Quincy, CA 95971

Phone (530) 283-6355 ~ FAX (530) 283-6241

**BACTERIOLOGICAL SAMPLE SITING PLAN (BSSP)**

Name of Water System:	System #:
System Physical Location / Address:	

**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.**

Source 001 \_\_\_\_\_ Months sampled: \_\_\_\_\_

Source 002 \_\_\_\_\_ Months sampled: \_\_\_\_\_

Source 003 \_\_\_\_\_ Months sampled: \_\_\_\_\_

Source 004 \_\_\_\_\_ Months sampled: \_\_\_\_\_

Source 005 \_\_\_\_\_ Months sampled: \_\_\_\_\_

**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.

# BACTERIOLOGICAL SAMPLE SITING PLAN (BSSP)

Name of Water System: _____	System #: _____
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## 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: \_\_\_\_\_