



# County of San Diego

## DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY

### Small Water System Program

5500 Overland Ave. #170, San Diego, CA 92123  
 Phone: (858) 694-3113 | [WaterSamples.DEH@sdcounty.ca.gov](mailto:WaterSamples.DEH@sdcounty.ca.gov) | [www.sdcdehq.org](http://www.sdcdehq.org)

## BACTERIOLOGICAL SAMPLE SITING PLAN FOR QUARTERLY TESTING

A sample siting plan is required for all Small Water Systems according to the California Code of Regulations, Title 22. This plan is an important element in the prevention of water borne illness because it is useful in quickly evaluating contamination events. If you have any questions regarding preparation of your plan, please contact (858) 694-3113.

### General Requirements

The bacteriological sample siting plan must be representative of the water distribution system, it must describe sample rotation procedures, and it must include a statement about the training of the sample collector. The plan needs to include a system map that can be a one-page scaled drawing of the distribution system and water system facilities. The system map must identify:

- All sources of water supply
- All areas supplied by each water source
- All treatment facilities
- All distribution reservoirs/storage facilities
- All pressure zones in the distribution system
- All booster stations
- All pressure reducing stations, other than individual house service PR valves, and
- All sample points (distinguish between routine, source, and follow-up sample points)

The supplier is required to update the plan to the Department at least once every ten years and at any time the plan no longer ensures representative monitoring of the system.

The bacteriological sample siting plan must also include the following:

- Current number of service connections and/or the number of population served
- Address of each sample point
- Description of each sample point (e.g. hose bib, goose neck type copper tube with pet cock, etc.)
- Sampler's name (experience and training)
- State Certified Laboratory doing the analyses and testing.

**General Note:** When selecting a sampling tap, it is important to ensure the tap is located in a clean environment. Consider protection from contamination by humans, animals, airborne materials, or other sources. Use outside faucets that are clean, have been in frequent use, are at least 18 inches above the ground and discharge downward. Flush water for at least 2 minutes before collecting a sample. DO NOT sample from a hose.

**System Information:**

Name of Facility:		System Number:	
Street Address:		Phone Number:	
Mailing Address:		Email Address:	
Service Connections:	Population Served:	Sampling Frequency: Quarterly	

**Sample Collection:**

All water samples will be collected by:		
Name of Laboratory:		
Laboratory Mailing Address:		
State Lab Code:	Phone Number:	Email Address:

**Treatment:**

Is water continuously treated with chlorine? <input type="checkbox"/> YES <input type="checkbox"/> 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. Please list below the sources which are continuously treated and the months when raw water samples will be taken:	
1. _____	Months Sampled: _____
2. _____	Months Sampled: _____

**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?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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.

Routine Sample Location:	Follow-up (repeat) Sample Locations:
<p><u>1<sup>st</sup> Quarter:</u> _____ (location name and/or address)</p> <p>_____</p> <p>(description of sample point)</p> <p>Water samples will be collected from this location during the month of (check box):</p> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> Jan.</div> <div><input type="checkbox"/> Feb.</div> <div><input type="checkbox"/> Mar.</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> Apr.</div> <div><input type="checkbox"/> May</div> <div><input type="checkbox"/> June</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> July</div> <div><input type="checkbox"/> Aug.</div> <div><input type="checkbox"/> Sept.</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> Oct.</div> <div><input type="checkbox"/> Nov.</div> <div><input type="checkbox"/> Dec.</div> </div>	<p>1. _____ (routine sample location – follow-up sample is required)</p> <p>2. _____ (source/well # – follow-up sample is recommended)</p> <p>3. _____ (additional follow-up sample location, optional)</p>
<p><u>2<sup>nd</sup> Quarter:</u> _____ (location name and/or address)</p> <p>_____</p> <p>(description of sample point)</p> <p>Water samples will be collected from this location during the month of (check box):</p> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> Jan.</div> <div><input type="checkbox"/> Feb.</div> <div><input type="checkbox"/> Mar.</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> Apr.</div> <div><input type="checkbox"/> May</div> <div><input type="checkbox"/> June</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> July</div> <div><input type="checkbox"/> Aug.</div> <div><input type="checkbox"/> Sept.</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> Oct.</div> <div><input type="checkbox"/> Nov.</div> <div><input type="checkbox"/> Dec.</div> </div>	<p>1. _____ (routine sample location – follow-up sample is required)</p> <p>2. _____ (source/well # – follow-up sample is recommended)</p> <p>3. _____ (additional follow-up sample location, optional)</p>
<p><u>3<sup>rd</sup> Quarter:</u> _____ (location name and/or address)</p> <p>_____</p> <p>(description of sample point)</p> <p>Water samples will be collected from this location during the month of (check box):</p> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> Jan.</div> <div><input type="checkbox"/> Feb.</div> <div><input type="checkbox"/> Mar.</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> Apr.</div> <div><input type="checkbox"/> May</div> <div><input type="checkbox"/> June</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> July</div> <div><input type="checkbox"/> Aug.</div> <div><input type="checkbox"/> Sept.</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> Oct.</div> <div><input type="checkbox"/> Nov.</div> <div><input type="checkbox"/> Dec.</div> </div>	<p>1. _____ (routine sample location – follow-up sample is required)</p> <p>2. _____ (source/well # – follow-up sample is recommended)</p> <p>3. _____ (additional follow-up sample location, optional)</p>
<p><u>4<sup>th</sup> Quarter:</u> _____ (location name and/or address)</p> <p>_____</p> <p>(description of sample point)</p> <p>Water samples will be collected from this location during the month of (check box):</p> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> Jan.</div> <div><input type="checkbox"/> Feb.</div> <div><input type="checkbox"/> Mar.</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> Apr.</div> <div><input type="checkbox"/> May</div> <div><input type="checkbox"/> June</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> July</div> <div><input type="checkbox"/> Aug.</div> <div><input type="checkbox"/> Sept.</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> Oct.</div> <div><input type="checkbox"/> Nov.</div> <div><input type="checkbox"/> Dec.</div> </div>	<p>1. _____ (routine sample location – follow-up sample is required)</p> <p>2. _____ (source/well # – follow-up sample is recommended)</p> <p>3. _____ (additional follow-up sample location, optional)</p>
Report prepared by:	Title:
Signature:	Date:

**Bacteriological Sample Siting Plan System Map**

System Name: \_\_\_\_\_ System Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Date: \_\_\_\_\_