



## County of Sacramento

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December 2014

Small Water System Owner/Operators

### **SUBJECT: WATER QUALITY SAMPLE SITING PLAN**

A Sample Siting Plan for the collection of routine Total coliform (bacteriological) analysis is required by Title 22 California Code of Regulations (22 CCR) Section 64422. The Sample Siting Plan is to be developed by each water supplier and submitted to Sacramento County Environmental Management (EMD) for approval. The Sample Siting Plan identifies the location of each routine sample location and repeat sample locations.

The routine sample location must be taken in a location that is representative of the distribution system. If the system has different water sources, storage tanks, and varying pressure zones additional routine sample sites will be required. The sample site locations must be clean of debris and vegetation. Sample site locations to avoid are restrooms and swivel faucets.

If any routine sample is positive for total coliform, the water supplier **shall** collect four (4) repeat samples within 24 hours of being notified. The location of the repeat samples should be, one from the original sample location, one from the well in order to meet the *Groundwater Rule*, one downstream from the original location (preferably 5 connections away if possible), and one upstream from the original location. In addition, if you have more than one groundwater well, then all the wells must be sampled at the time of the follow up samples in order to meet the *Groundwater Rule* requirements. Whenever a sample is total coliform positive, an e.coli test must also be performed.

Attached is a blank Sample Siting Plan for you convenience and an example of a completed Sample Siting Plan. The minimum requirements of the Sample Plan are as follows:

1. Name of Water System
2. Number of People using the system
3. Number of service connections
4. Name of trained person collecting the samples
5. Number, frequency, and location of routine sample sites
6. Number and location of the re-sample sites
7. Water Source, treatment, storage and distribution system description
8. Name of laboratory being used.

If you have any questions please feel free to contact EMD- Environmental Compliance Division at (916)875-8400.

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## Sampling Site Plan

Water System Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Water System Number: \_\_\_\_\_

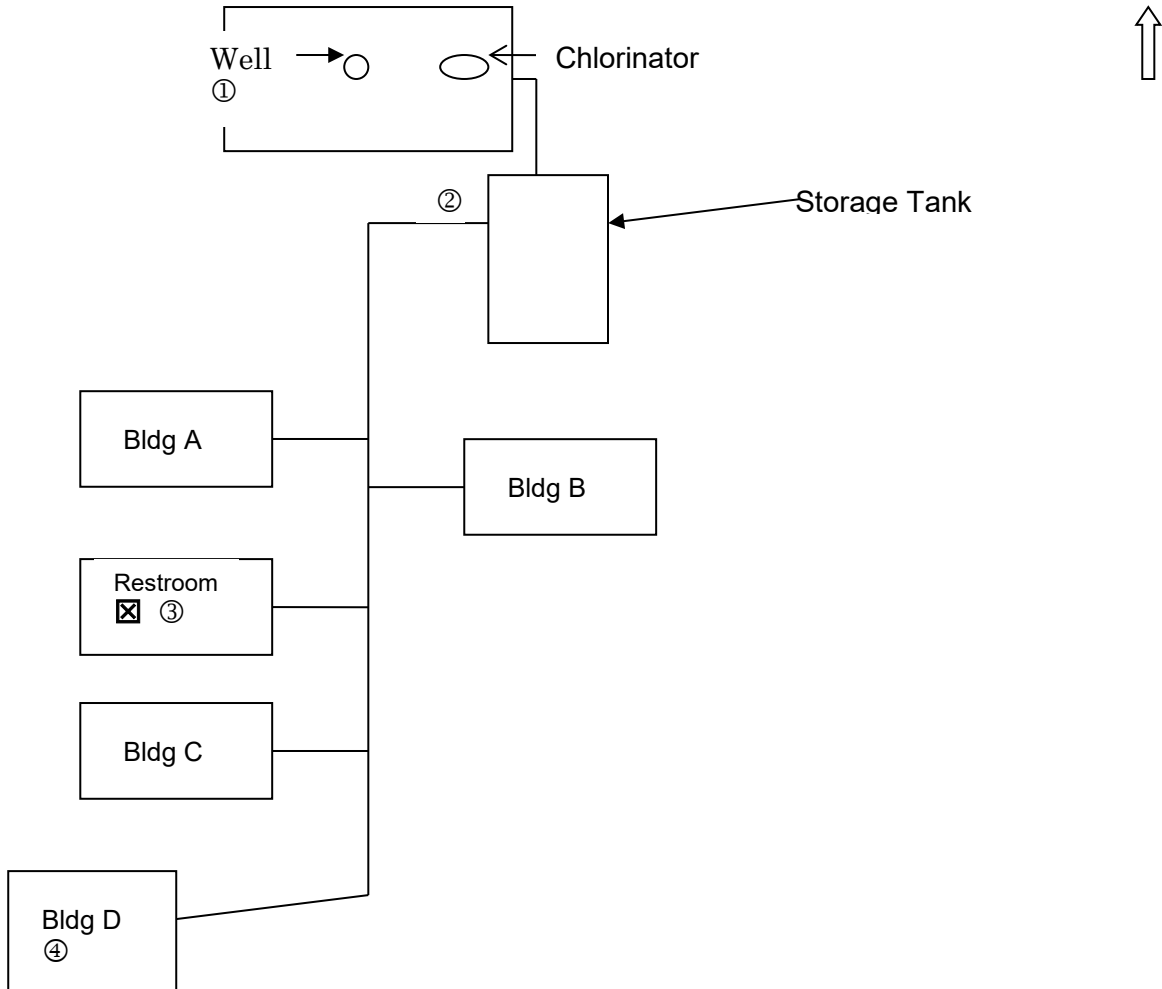
Number of people using system:		Number of Service connections:	
Coliform Samples Required/Month: Indicate locations on map.		Number repeat samples required: Indicate locations on map.	
Treatment Provided?	Yes <input type="checkbox"/> No <input type="checkbox"/> Type:		
Name of person trained in sampling:		Water Source(s):	
Name of laboratory:			
The Laboratory (if lab collecting samples) was sent a copy of this plan on : _____			
Report Prepared by:			
Signature			Date:

# EXAMPLE

## Sampling Site Plan

Water System Name: **Ming Water System**  
 Address: 123 42<sup>nd</sup> Street,  
 Water System Number: 3400000

Contact Person: Joe Ming  
 Phone Number: 444-4444  
 Date: 10/22/09



Number of people using system:	100	Number of Service connections:	32
Coliform Samples Required/Month: Indicate locations on map.	1 ( <input checked="" type="checkbox"/> )	Number repeat samples required: Indicate locations on map.	4 ( <input checked="" type="checkbox"/> )
Treatment Provided?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Type: Chlorination		
Name of person trained in sampling:	Lab person	Water Source(s):	1-well
Name of laboratory:	ABC Labs		
The Laboratory (if lab collecting samples) was sent a copy of this plan on : 10/30/09			