

# BACTERIOLOGICAL SAMPLE SITING PLAN-BSSP (Groundwater Systems)

## Water System Information

Water System Name \_\_\_\_\_ System Number: CA  
Water System Classification: \_\_\_\_\_  
Community Nontransient-Noncommunity Transient Non-community  
Seasonal Water System: Yes\* No \*Refer to Start-up/Shut-down Procedure Document  
Operational Period: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Number of Service Connections: \_\_\_\_\_ Population Served: \_\_\_\_\_  
Person responsible for reporting coliform-positive samples to the DDW District Office / LPA: \_\_\_\_\_  
Day/Evening Phone Number: \_\_\_\_\_

## Sample Collection Information

Name of Trained Sampler(s): \_\_\_\_\_  
Sampler Phone Number: \_\_\_\_\_  
Name of Analyzing Laboratory: \_\_\_\_\_ State Lab Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Laboratory was sent a copy of BSSP: Yes No

## Distribution System Sampling Frequency

The water system is required to collect a minimum of \_\_\_\_\_ routine bacteriological sample(s) at a frequency of once every \_\_\_\_\_ Quarter\* \_\_\_\_\_ Month.

*\*Quarterly monitoring is allowed only for transient non-community water systems using groundwater (not GWUDI) and serving 1,000 or fewer persons a month.*

## Raw Water Sampling

Does the water system provide continuous disinfection treatment (i.e. chlorine, UV)? Yes No

Water systems that provide continuous disinfection treatment are required to take bacteriological samples prior to disinfection (raw water samples) for all sources on a **quarterly** or **monthly** frequency and analyzed. Please list below the source(s) with disinfection treatment and the months when raw water samples will be taken.

1. Source: \_\_\_\_\_

Months sampled:

January	February	March	April	May	June
July	August	September	October	November	December

2. Source: \_\_\_\_\_

Months sampled:

January	February	March	April	May	June
July	August	September	October	November	December



**Follow-up (repeat) Sample Location:** (name/address)

**Upstream** (upstream within 5 connections: location, name, address):

**Downstream** (downstream within 5 connections-location name/address):

Triggered Source Sample(s) – Ground Water Rule:

**Routine Number 2 (if required) Sample Location:** (name/address)

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

January February March April May June

July August September October November December

Sample Site Description: (hose bib, sink faucet, etc.)

**Follow-up (repeat) Sample Location:** (name/address)

**Upstream** (upstream within 5 connections: location, name, address):

**Downstream** (downstream within 5 connections-location name/address):

Triggered Source Sample(s) – Ground Water Rule:

**Routine Number 3 (if required) Sample Location:** (name/address)

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

January February March April May June

July August September October November December

Sample Site Description: (hose bib, sink faucet, etc.)

**Follow-up (repeat) Sample Location:** (name/address)

**Upstream** (upstream within 5 connections: location, name, address):

**Downstream** (downstream within 5 connections-location name/address):

Triggered Source Sample(s) – Ground Water Rule:

**Routine Sample Locations for the month following a Positive Total Coliform Sample  
(Transient, Non-Community Water Systems on Quarterly Monitoring Only)**

- 1.
- 2.
- 3.

**Prepared By:**

Water System Representative Name:

Title:

Signature:

Date:

**BSSP Approval:**

The SWRCB-Division of Drinking Water or Local Primacy Agency has reviewed and approved this Bacteriological Sample Siting Plan (BSSP). Any plans on file dated prior to \_\_\_\_\_ are void. The water system must sample their distribution system and raw water special purpose source samples (quarterly/monthly) for bacteriological quality in accordance with the approved BSSP beginning \_\_\_\_\_. Per the California Code of Regulations-Title 22 §64422, a water system is required to submit an updated plan to the State Board at least once every ten years and at any time the plan no longer ensures representative monitoring of the system.

District Engineer or LPA Representative Name:

Title:

District Name/No or LPA Name:

Signature:

Date: