



A Tradition of Stewardship  
A Commitment to Service

Planning, Building & Environmental Services

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## BACTERIOLOGICAL SAMPLE SITING PLAN FOR COMPLIANCE WITH THE TOTAL COLIFORM AND GROUNDWATER RULES

### System Information:

Name of Facility: \_\_\_\_\_ System Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Ph. No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Service Connections: \_\_\_\_\_ Population Served: \_\_\_\_\_ Sampling Frequency: \_\_\_\_\_

### Sample Collection:

All water samples will be collected by: \_\_\_\_\_  
Name of Laboratory: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
State Lab Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
The Laboratory was sent a copy of this plan on: \_\_\_\_\_

### Raw Water Sampling for New Sources:

New sources are required to complete monthly raw water source sampling for a minimum of one year. Have all new sources met this requirement?  YES  NO

Dates sampled: \_\_\_\_\_  
\_\_\_\_\_

### Map of System (REQUIRED):

A map of the distribution system showing the source(s) (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?  YES

(OVER)

**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. A minimum of five sample sites are required and all groundwater sources must be sampled as required by the Groundwater Rule. **If more than one source is used or if five sites are not adequate to represent the water system, additional sample sites must be added.**

**Total Coliform Rule (TCR) Distribution Sample Locations:  
(Quarterly or monthly samples)**

**Routine Sample Location:**

1. \_\_\_\_\_  
(location name or address)

Description: \_\_\_\_\_  
(hose bib, sink faucet, etc.)

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

1st Qtr:	Jan.	Feb.	Mar.
2nd Qtr:	Apr.	May	Jun.
3rd Qtr:	July	Aug.	Sept.
4th Qtr:	Oct.	Nov.	Dec.

**Initial Follow-up (repeat) Distribution Sample Locations for TCR Samples:**

1. \_\_\_\_\_  
(location name or address)

2. \_\_\_\_\_  
(location name or address up-stream)

3. \_\_\_\_\_  
(location name or address down-stream)

4. \_\_\_\_\_  
(location name or address)

Once TCR issues are resolved, a total of five samples must be collected during the next routine sampling period from all TCR sites. If all five follow-up samples are coliform negative, the system may return to routine sampling.

**Groundwater Rule Source Sample Locations:  
(In the event of a coliform positive TCR sample)**

List all sources that serve the water system. All sources must be sampled for *E. coli* following a total coliform and/or fecal positive sample (list all sources):

1. \_\_\_\_\_  
(source)

4. \_\_\_\_\_  
(source)

2. \_\_\_\_\_  
(source)

5. \_\_\_\_\_  
(source)

3. \_\_\_\_\_  
(source)

6. \_\_\_\_\_  
(source)

\*If sources serve completely separate portions of the distribution system, use alternative form.

Report Prepared by: \_\_\_\_\_

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_