



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)

2. _____
(source)

3. _____
(source)

4. _____
(source)

5. _____
(source)

6. _____
(source)

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

Report Prepared by: _____

Signature and Title: _____ Date: _____