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**BACTERIOLOGICAL SAMPLE SITING PLAN**

**A. Requirements**

The following describes the minimum requirements that should be included in any bacteriological sample siting plan (SSP) submitted to the Monterey County Health Department, Environmental Health Bureau (MCHD, EHB) for approval and acceptance. If you have questions about preparing an acceptable siting plan, please call the MCHD, EHB. Please retain a copy of this document prior to submitting section B.

GENERAL REQUIREMENT

The bacteriological sample siting plan must be representative of the water distribution system, pressure zones, number of sources and treatment; it must describe sample rotation procedures and describe and identify repeat sample locations relative to routine samples; a system map that identifies/ locates all sources of water supplied to the system, all distribution lines, all treatment and storage facilities, booster stations, pressure reducing stations, pressure zones, and all routine and repeat sample points must also be submitted with the SSP. The map can be a one-page engineering drawing of the distribution system and water system facilities or it can be a street map or system schematic.

BACTERIOLOGICAL MONITORING REQUIREMENTS

<b>Bacteriological Monitoring Schedule</b>			
<b>Classification</b>	<b>Routine Monitoring<sup>1</sup></b>	<b>Repeats</b>	<b>Follow-up Routine</b>
Community Water System	1/ Month	4	5
Nontransient Noncommunity	1/ Month	4	5
Transient Noncommunity-groundwater <sup>2</sup>	1/ Quarter	4	5
Transient Noncommunity-surface/GWUDI	1/ Month	4	5

<sup>1</sup> Minimum frequency. Systems that provide continuous inline chlorine are also required to monitor the water quality prior to chlorination (raw water at the source) on a monthly basis.  
<sup>2</sup> Transient systems that serve 1000 or more persons a month must sample monthly.

The MCHD, EHB is the primary agency responsible for regulating all public water systems up to 199 connections within Monterey County. Therefore, all public water systems up to 199 connections are required to monitor the bacteriological status of the water system and report to the MCHD, EHB in accordance with the California Code of Regulations, Title 22. **Failure to comply with the monitoring and reporting requirements may result in enforcement action and/ or fines (Title 22, Title 10). Please review the following requirements.**

Monitoring:

1. All public water systems are required to collect routine samples from within the distribution system in the monitoring period to demonstrate quality of water served to its users. The well(s) and storage tank(s) are not to be sampled in a routine sample set. For monthly sampling, this means between the first and last day of the month. For quarterly, this means between the first day and the last day of the three month sampling period.
2. All public water systems are required to collect four repeat samples within 24 hours of being notified by the laboratory that a routine sample is total coliform positive. **These samples are to be taken before disinfection of the water system and a chlorine residual reading for each**

**sample is required.** The well(s) and storage tank(s) may be included in the repeat sample set for groundwater systems (do not include for surface water sources or sources under the influence of surface water). The samples will be used to confirm a coliform problem and help determine the location and extent of the contamination.

3. All public water systems are required to collect five follow-up routine samples following the month of a positive sample unless waived by the MCHD, EHB.
4. The New Federal Groundwater Rule became effective on December 1, 2009 and requires a sample to be taken at each groundwater source if a routine sample is coliform positive. The sample(s) must be collected from each well within 24 hours of notification by the laboratory unless the well has been removed from service. This rule does not apply to surface water or groundwater under the direct influence of surface water.

**Reporting:**

5. All public water systems are required to report results of routine samples and repeat samples to the MCHD, EHB by the 10<sup>th</sup> day of the following month of the sample period.
6. All public water systems are required to notify the MCHD, EHB when a **repeat** sample is total coliform positive or E. coli positive or when a **routine** sample is E. coli positive.

**Public Notification**

7. All public water systems are required to notify all served by the water system when a MCL violation occurs or when a procedural violation occurs. Public notification may be accompanied by recommendation for bottled water or a Boil Water Order as determined by the MCHD, EHB.

**BACTERIOLOGICAL SAMPLE SITING PLAN**

**B. THE PLAN**

**System Information:**

Name of Water System: \_\_\_\_\_ System Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Ph. No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Service Connections: \_\_\_\_\_ Population Served: \_\_\_\_\_ Sampling Frequency: \_\_\_\_\_

Treatment: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Type: \_\_\_\_\_

Chlorinate: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, water system must monitor and report bacteriological results of raw water  
on a monthly basis.

**Sample Collection:**

All water samples will be collected by: \_\_\_\_\_

All water samples will be analyzed by (name of Laboratory): \_\_\_\_\_

State Lab Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**NOTE: Please provide name of water system and system number to laboratory to properly credit the water system for monitoring and reporting. Proper identification will be used to notify the system when a routine or repeat sample is positive for bacteria.**

**Notification Information:**

The laboratory is to be instructed to notify the following people within 24hrs when a routine or repeat sample is positive for total coliform or E. coli.

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)
2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

The water system is required to notify the MCHD, EHB within 24hrs when a repeat sample is total coliform positive, or when a **routine** sample is positive for E. coli.

- |                                                |                 |              |
|------------------------------------------------|-----------------|--------------|
| 1. Environmental Health Specialist             |                 | 831-755-     |
| 2. Supervising Environmental Health Specialist | Cheryl Sandoval | 831-755-4552 |
| 3. Drinking Water Protection Services          | Main Office     | 831-755-4507 |

**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?

- YES       NO

**BACTERIOLOGICAL SAMPLE SITING PLAN (cont.)**

The following describes each routine sample location, what months the location will be sampled, and where repeat samples will be taken in the event of a positive routine sample: **Routine Samples are to be taken within the distribution system and not at sources or tanks.** A routine sample site must be designated for each pressure zone or separate area served by the water system. The routine sample sites must be rotated such that they are all sampled on a regular basis. A system with only one pressure zone and main (no branches) may designate only one routine site.

**Routine Sample Location:**

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

Description: \_\_\_\_\_  
 (hose bib, outside tap, sample tap, etc.)

Water samples from this site will be collected:  
 (Please Circle Months)

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

**Repeat Sample Location:** (Chlorine residual required)

Per the Groundwater Rule, each source must be sampled (groundwater sources only). Only one source sample can count towards the four repeat sample sites. Do not use surface/surface influenced sources for repeats

1. \_\_\_\_\_  
 (original positive sample location)

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

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

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

5. \_\_\_\_\_  
 all other active groundwater wells)

**Routine Sample Location:**

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

Description: \_\_\_\_\_  
 (hose bib, outside tap, sample tap, etc.)

Water samples from this site will be collected:  
 (Please Circle Months)

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

**Repeat Sample Location:** (chlorine residual required)

1. \_\_\_\_\_  
 (original positive sample location)

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

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

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

5. \_\_\_\_\_  
 (all other active groundwater wells)

**Routine Sample Location:**

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

Description: \_\_\_\_\_  
 (hose bib, outside tap, sample tap etc.)

Water samples from this site will be collected:  
 (Please Circle Months)

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

**Repeat Sample Location:** (chlorine residual required)

1. \_\_\_\_\_  
 (original positive sample location)

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

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

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

5. \_\_\_\_\_  
 (all other active groundwater wells)

**Routine Sample Location:**

**Repeat Sample Location:** (Chlorine residual required)

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

Description: \_\_\_\_\_  
 (hose bib, outside tap, sample tap etc.)

Water samples from this site will be collected:  
 (Please Circle Months)

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

1. \_\_\_\_\_  
 (original positive sample location)

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

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

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

5. \_\_\_\_\_  
 (all other active groundwater wells)

**Five Follow-Up Routine Sample Locations:**

The following identifies and describes each of the five routine samples to be collected in the month following a positive sample unless waived by the MCHD, EHB.

**Routine Sample Location:**

1. \_\_\_\_\_  
 (location name or address of original positive)

Description: \_\_\_\_\_  
 (hose bib, outside tap, sample tap etc.)

2. \_\_\_\_\_  
 (source\*-groundwater only- use other distribution site for surface water/influence by surface water source)

Description: \_\_\_\_\_  
 (hose bib, sample tap, etc.)

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

Description: \_\_\_\_\_  
 (hose bib, outside tap, sample tap, etc.)

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

Description: \_\_\_\_\_  
 (hose bib, sample tap, etc.)

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

Description: \_\_\_\_\_  
 (hose bib, outside tap, sample tap, etc.)

\*Do not use a source that is surface water or under the direct influence of surface water as a repeat or follow-up sample site for the Total Coliform Rule.

Title 22, CCR-Surface Water Treatment rule requires a monthly enumerated coliform sample from each surface water source or source under the direct influence of surface water. These samples don't count towards the Total Coliform Rule.

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

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