



COUNTY OF INYO

DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
P.O. Box 427, INDEPENDENCE, CALIFORNIA 93526

BACTERIOLOGICAL SAMPLE SITING PLAN

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:

Is water continuously treated with chlorine? YES NO

Systems which provide continuous chlorine treatment are required to take samples of water prior to the addition of chlorine (raw water samples) on a quarterly basis. Please list below the sources which are continuously treated and the months when raw water samples will be taken:

1. _____ Months sampled: _____

2. _____ Months sampled: _____

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

(OVER)

BACTERIOLOGICAL SAMPLE SITING PLAN (cont.)

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:

Routine Sample Location:

1. _____
(location name or address)

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.

Description: _____
(hose bib, sink faucet, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Routine Sample Location: (if required)

2. _____
(location name or address)

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.

Description: _____
(hose bib, sink faucet, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Routine Sample Location: (if required)

3. _____
(location name or address)

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.

Description: _____
(hose bib, sink faucet, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Report Prepared by: _____

Signature and Title: _____ Date: _____