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COUNTY OF KINGS

DEPARTMENT OF PUBLIC HEALTH

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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: _____

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 monthly basis.

Report Prepared by: _____

Title: _____ Date: _____

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):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th 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. _____ Well # _____

5. _____ Well # _____
(if required)

Routine Sample Location: (if required)

2. _____
(location name or address)

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

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th 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. _____ Well # _____

5. _____ Well # _____
(if required)

Routine Sample Location: (if required)

3. _____
(location name or address)

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

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th 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. _____
(Well #)

5. _____ Well # _____
(if required)

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.

