

**Alpine County Health Department  
75B Diamond Road  
Markleeville, CA 96120  
(530) 530-694-2146 or (800)-292-2156 Fax: (530) 694-2252**

**Water System Bacteriological Sampling Plan**

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**I. System Information:**

System or Facility Name: \_\_\_\_\_

Service connections: \_\_\_\_\_

(Number of residences and/or buildings served by the system)

Population: \_\_\_\_\_

(Number of individuals served each day by system during busiest month)

Source(s): \_\_\_\_\_

(List all water supply sources wells, springs, lakes, etc).

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**II. Routine Sampling Frequency**

The water system must collect \_\_\_\_\_ routine sample at a frequency of once every \_\_\_\_\_.

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**III. Routine and Repeat Sampling Sites**

**\* Routine Sample Site No. 1: \_\_\_\_\_**

This site must be representative of the distribution system and shall not be designated as a water source (ie. well, etc.).

If this routine sample contains coliform bacteria, the water system must collect a set of repeat samples within 24 hours of being notified of the result. (If your routine sampling frequency is equal to or less than one sample per month, the repeat sample set must consist of **4** samples. If your routine sampling frequency is greater than one sample per month, the repeat sample set need only consist of **3** samples.)

**Repeat Sample Set (No. 1)**

Repeat sample site No. 1: \_\_\_\_\_  
(Collect one sample at the original routine sample site)

Repeat sample site No. 2: \_\_\_\_\_  
(Collect one sample within five connections upstream)

Repeat sample site No. 3: \_\_\_\_\_  
(Collect one sample within five connections downstream)

Repeat sample site No. 4: \_\_\_\_\_  
(Collect one sample from each ground source, well or spring)

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\* 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. If this water system must designate more than one routine sample site, please do so on the following page.

*Check one of the following:*

- Only one routine sample site is necessary to adequately represent the system. Additional routine and repeat sample sites *are not* attached.
- This water system contains more than one pressure zone or separate area. Additional routine and repeat sample sites *are* attached.

**Complete this page only if your water system must designate more than one routine sample site.**

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**Routine Sample Site No. 2:** \_\_\_\_\_

This site must be representative of the distribution system and shall not be designated as a water source (ie. well, etc.).

If this routine sample contains coliform bacteria, the water system must collect a set of repeat samples within 24 hours of being notified of the result. (If your routine sampling frequency is equal to or less than one sample per month, the repeat sample set must consist of **4** samples. If your routine sampling frequency is greater than one sample per month, the repeat sample set need only consist of **3** samples.)

**Repeat Sample Set No. 2:**

Repeat sample site No. 1: \_\_\_\_\_

(Collect one sample at the original routine sample site)

Repeat sample site No. 2: \_\_\_\_\_

(Collect one sample within five connections upstream)

Repeat sample site No. 3: \_\_\_\_\_

(Collect one sample within five connections downstream)

Repeat sample site No. 4: \_\_\_\_\_

(Collect one sample from each ground source, well or spring)

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**Routine Sample Site No. 3:** \_\_\_\_\_

This site must be representative of the distribution system and shall not be designated as a water source (ie. well, etc.).

If this routine sample contains coliform bacteria, the water system must collect a set of repeat samples within 24 hours of being notified of the result. (If your routine sampling frequency is equal to or less than one sample per month, the repeat sample set must consist of **4** samples. If your routine sampling frequency is greater than one sample per month, the repeat sample set need only consist of **3** samples.)

**Repeat Sample Set No. 3:**

Repeat sample site No. 1: \_\_\_\_\_

(Collect one sample at the original routine sample site)

Repeat sample site No. 2: \_\_\_\_\_

(Collect one sample within five connections upstream)

Repeat sample site No. 3: \_\_\_\_\_

(Collect one sample within five connections downstream)

Repeat sample site No. 4: \_\_\_\_\_

(Collect one sample from the each ground source, well or spring)

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**IV. Sampling During The Month Following A Positive Sample**

If one or more samples are positive for total coliform in a month, the water system is required to collect five routine samples during the following month. These five samples can be collected over the course of the month or all on the same day. Please list the locations from which these extra samples would be collected:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_

Collect one sample from the each ground source, well or spring

**V. Map or Diagram**

Attach a map or diagram showing the location of routine and repeat sample sites and the entry point of water into the distribution system.

**VI. Personnel and Laboratory Notification**

Sampler: \_\_\_\_\_  
(Sample collection must be performed by a person trained in sample collection. Provide name of sampler.)

Laboratory: \_\_\_\_\_  
(Provide the name and phone number of the certified lab doing your water analysis. Arrangement must be made for weekend and holiday analysis if needed.)

Notification: Laboratory to notify persons designated below within 24 hours whenever a sample is found to contain coliform bacteria:

1. \_\_\_\_\_  
(Name) (Daytime Phone #) (Evening Phone #)

2. \_\_\_\_\_  
(Name) (Daytime Phone #) (Evening Phone #)

**VII. Notification of the Department**

The water system will notify the Alpine County Health Department, within 24 hours whenever a sample contains fecal coliform or *E. coli* bacteria or whenever a follow-up sample is positive. **In addition the system must direct the laboratory to immediately notify the Alpine County Environmental Health Division Program of any positive bacteriological result if the laboratory cannot make direct contact with designated contact person (in VI. above) within 24 hours.**

Dennis Lampson, 530-694-2146, ext 235 or 775-790-0406 (cell)

Alpine County Health Department: 530-694-2146 (day or night, leave message)

Submitted by: \_\_\_\_\_ Date \_\_\_\_\_

KEEP A COPY OF THIS FORM FOR YOUR REFERENCE AND USE

**ADDITIONAL INFORMATION**

**When responding to a laboratory report of bacterial contamination, keep in mind the following:**

1. Coliform bacteria should not be present in drinking water and the presence of coliform indicates a potentially serious problem. Appropriate investigation should be performed immediately.
2. Check water system components such as water sources, filtration and/or chlorination equipment and storage tanks for indications of unusual conditions or problems.
3. Correct problems immediately. Do not wait for results of follow-up samples to take action.