



PLUMAS COUNTY ENVIRONMENTAL HEALTH

270 County Hospital Road, Ste 127 Quincy, CA 95971

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BACTERIOLOGICAL SAMPLE SITING PLAN (BSSP)

Name of Water System:	System #:
System Physical Location / Address:	

System Information:

Count of service connections: _____ Sampling Frequency: _____ Water treatment: Yes No

Sample Collection:

Water samples will be collected by: _____

Sample Analysis:

Name of Laboratory: _____

Mailing Address of Lab: _____

Lab Phone: _____ Lab Fax: _____

The Lab was sent a copy of this plan on (date) _____

Raw Water Sampling (required for all systems providing disinfection or treatment):

- Surface water, or groundwater under direct influence of surface water (GWUDI), systems must sample raw source water (prior to any treatment) twice (2x) monthly for coliform bacteria.
- Groundwater systems (non-GWUDI) that provide treatment, including disinfection and iron/manganese removal must sample raw source water (prior to any treatment) at least once (1x) quarterly for coliform bacteria.

List the water source name and specific raw water sampling location for each water source.

Source 001	Months sampled:
Source 002	Months sampled:
Source 003	Months sampled:
Source 004	Months sampled:
Source 005	Months sampled:

Water System Sampling Site Map:

Attach a detailed map of the water system showing the source, storage or pressure tanks, treatment facilities, distribution piping, and all routine and follow-up distribution and raw water sampling locations.

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Distribution System Sample Locations:

Please designate the locations of routine sampling points, the sampling months for these locations, and the sampling locations that will be used for follow up sampling in the event of a "positive" routine sample.

Fill out the spaces below for each routine sample as required, use additional sheets if more than four routine samples are required.

Routine distribution sampling location #1: _____

Sampling months: _____

Follow-up distribution sampling sites:

Down stream: _____ Upstream: _____

Routine distribution sampling location #2: _____

Sampling months: _____

Follow-up distribution sampling sites:

Down stream: _____ Upstream: _____

Routine distribution sampling location #3: _____

Sampling months: _____

Follow-up distribution sampling sites:

Down stream: _____ Upstream: _____

Routine distribution sampling location #4: _____

Sampling months: _____

Follow-up distribution sampling sites:

Down stream: _____ Upstream: _____

Plan prepared by: _____ Title: _____

Signature: _____ Date: _____