



BACTERIOLOGICAL SAMPLE SITING PLAN (BSSP)

| WATER SYSTEM INFORMATION | |
|---|---|
| Water System Name: | System Number: CA |
| Water System Classification: | Community Non-transient Non-community Transient Non-community |
| Physical Address: | Phone No.: |
| Mailing Address: | Fax: |
| Email Address: | |
| Number of Service Connections: | Population Served: |
| Seasonal Water System: Yes* No * Refer to your Start-up/Shut-down Procedure Document | Operational Period: |
| Person Responsible for Reporting Coliform-Positive Samples to the Division of Drinking Water (DDW) District Office/Local Primacy Agency (LPA): | Phone: |
| SAMPLE COLLECTION INFORMATION | |
| Name of Trained Sampler: | Phone No.: |
| Name of Analyzing Laboratory: | State Lab Code: |
| Mailing Address: | Fax: |
| Email Address: | Phone: |
| The Laboratory was sent a copy of the BSSP: Yes No | |
| DISTRIBUTION SYSTEM SAMPLING FREQUENCY | |
| The water system is required to collect a minimum of _____ routine bacteriological sample(s) at a frequency of once every Quarter* or Month. NOTE: *QUARTERLY MONITORING IS ONLY ALLOWED FOR TRANSIENT NON-COMMUNITY WATER SYSTEMS USING ONLY GROUNDWATER (NOT GROUNDWATER UNDER THE INFLUENCE (GWUDI)) AND SERVING 1,000 OR FEWER PERSONS A MONTH. | |
| RAW WATER SAMPLING | |
| Does the water system provide continuous disinfection treatment such as chlorine, UV, etc.? Yes No | |
| Water systems that provide continuous disinfection treatment are required to take bacteriological samples prior to disinfection (raw water samples) for all sources on a <u>Quarterly</u> or <u>Monthly</u> frequency and analyzed. List below the source(s) that have disinfection treatment and the months when raw water samples will be taken. | |
| 1. _____ Months Sampled: <input type="checkbox"/> Jan <input type="checkbox"/> Feb. Mar. Apr. May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> OcW <input type="checkbox"/> Nov <input type="checkbox"/> DeE <input type="checkbox"/> | |
| 2. _____ Months Sampled: <input type="checkbox"/> Jan <input type="checkbox"/> Feb. Mar. Apr. May <input type="checkbox"/> Jun <input type="checkbox"/> Jul Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> | |
| 3. _____ Months Sampled: Jan. Feb. Mar. Apr. May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> | |
| MAP OF SYSTEM | |
| A map of the distribution system is required to show all routine sample locations, follow-up (repeat) sample locations, source location (well, spring, etc.), storage tanks, treatment facilities and distribution piping (pressure zones, booster stations, pressure reducing stations and dead ends). | |
| Has a distribution map been attached? Yes No | |

**CONSECUTIVE WATER SYSTEM
(If applicable under the Ground Water Rule)**

Does the water system obtain groundwater from another water system? Yes No

If yes, contact the wholesaler within 24 hours of being notified of a TC+ distribution sample.

Wholesaler Name:

Contact:

Phone:

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. A routine sample site must be designated for each pressure zone or separate area served by the water system. The routine samples sites must be rotated such that they are all sampled on a regular basis. Complete the section below if this water system must designate more than one routine sample site.

A system using ground water must collect the triggered source sample(s) for Ground Water Rule compliance (in accordance with the approved Representative Monitoring Plan or sample all sources in use if there is no approved Representative Monitoring Plan). A system using a single groundwater (not GWUDI) well, serving 1,000 or fewer persons may use the triggered source sample as one of the repeat samples, if approved by the State Board.

| Routine Number 1 Sample Location: | Follow-up (repeat) Sample Location: |
|---|---|
| Location Name or Address: | 1. Routine Sample Location Name or Address: |
| Water samples will be collected from this location during the months of (check all that apply): | 2. Up-stream within 5 Connections – Location Name or Address: |
| 1 st Qtr: Jan. Feb. Mar. | 3. Down-stream within 5 Connections – Location Name or Address: |
| 2 nd Qtr: Apr. May June | |
| 3 rd Qtr: July Aug. Sept. | 4. Triggered Source Sample(s) – Ground Water Rule: |
| 4 th Qtr: Oct. Nov. Dec. | |
| Sample Site Description (hose bib, sink, faucet, etc.): | |
| Routine Number 2 Sample Location (if required): | Follow-up (repeat) Sample Location: |
| Location Name or Address: | 1. Routine Sample Location Name or Address: |
| Water samples will be collected from this location during the months of (check all that apply): | 2. Up-stream within 5 Connections – Location Name or Address: |
| 1 st Qtr: Jan. Feb. Mar. | 3. Down-stream within 5 Connections – Location Name or Address: |
| 2 nd Qtr: Apr. May June | |
| 3 rd Qtr: July Aug. Sept. | 4. Triggered Source Sample(s) – Ground Water Rule: |
| 4 th Qtr: Oct. Nov. Dec. | |
| Sample Site Description (hose bib, sink, faucet, etc.): | |

| Routine Number 3 Sample Location (if required): | Follow-up (repeat) Sample Location: |
|---|---|
| Location Name or Address: | 1. Routine Sample Location Name or Address: |
| Water samples will be collected from this location during the months of (check all that apply): | 2. Up-stream within 5 Connections – Location Name or Address: |
| 1 st Qtr: Jan. Feb. Mar. | 3. Down-stream within 5 Connections – Location Name or Address: |
| 2 nd Qtr: Apr. May June | |
| 3 rd Qtr: July Aug. Sept. | |
| 4 th Qtr: Oct. Nov. Dec. | 4. Triggered Source Sample(s) – Ground Water Rule: |
| Sample Site Description (hose bib, sink, faucet, etc.): | |

Routine Sample Locations for the Month following a Positive Total Coliform Sample (Transient, Non-Community Water Systems on Quarterly Monitoring Only):

1.

2.

3.

SIGNATURES

I hereby certify, to the best of my knowledge, that the information given on this application is true and correct. Submission of falsified information on this application may be grounds for denial, denial of renewal, revocation or suspension of permit to operate within San Bernardino County.

Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.

PREPARED BY

Water System Representative Name and Title:

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

BSSP APPROVAL

The LPA has reviewed and approved this BSSP. Any plans on file dated prior to _____ are void. The water system must sample their distribution system and raw water special purpose source samples (quarterly/monthly) for bacteriological quality in accordance with the approved BSSP beginning _____.

Per the California Code of Regulations Title 22 §64422, a water system is required to submit an updated plan to the State Board at least once every ten years and at any time the plan no longer ensures representative monitoring of the system.

LPA Representative Name:

| | | |
|------------|--|-------|
| Title: | LPA Name: San Bernardino County – LPA 66 | |
| Signature: | | Date: |