



BACTERIOLOGICAL SAMPLE SITING PLAN-BSSP (Groundwater Systems)

Water System Information:

Water System Name: System Number: CA
Water System Classification: Community Nontransient-Noncommunity Transient Non-community
Seasonal Water System: Yes* No *Refer to your Start-up/Shut-down Procedure Document
Operational Period:
Physical Address:
Mailing Address:
Water System Ph. No.: Fax: Email Address:
No. of Service Connections: Population Served:
Person responsible to report coliform-positive samples to Nevada County LPA:
Day/Evening Phone No:

Sample Collection Information:

Name of Trained Sampler(s):
Sampler Phone No.:
Name of Analyzing Laboratory:
Mailing Address:
State Lab Code: Phone #: Fax #:
Email Address:
Laboratory was sent a copy of 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* Month.
*Quarterly monitoring is only allowed for transient non-community water systems using only groundwater (not GWUDI) and serving 1,000 or fewer persons a month.

Raw Water Sampling:

Does the water system provide continuous disinfection treatment (i.e. 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 quarterly or monthly frequency and analyzed. Please list below the source(s) have disinfection treatment and the months when raw water samples will be taken.
1. Months sampled: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2. Months sampled: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
3. Months sampled: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

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). A distribution map is 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 notification of a TC+ Distribution Sample.
Wholesaler Name: Contact: Phone No.:

Wholesaler Water System (if applicable under the Ground Water Rule):

Does the water system provide groundwater to another water system? Yes No

If yes, collect a raw water source sample(s) within 24 hours upon being notified by a retailer who received a TC+ sample. If source sample is *E. coli* positive, contact all consecutive systems within 24 hours*.

Retailer Name: _____ Contact: _____ Phone No.: _____
Retailer Name: _____ Contact: _____ Phone No.: _____

*A Tier 1 notice is required for all *E.coli* positive source samples.

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. If this water system must designate more than one routine sample site, please do so below:

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 No. 1 Sample Location:

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

- Jan. Feb. Mar.
- Apr. May Jun.
- Jul. Aug. Sept.
- Oct. Nov. Dec.

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

Follow-up (repeat) Sample Location:

1. _____
(routine no.1 sample location name/address)
2. _____
(up-stream within 5 connections-location name/address)
3. _____
(down-stream within 5 connections-location name/address)

Triggered Source Sample(s) – Ground Water Rule

Routine No. 2 Sample Location: (if required)

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

- Jan. Feb. Mar.
- Apr. May Jun.
- Jul. Aug. Sept.
- Oct. Nov. Dec.

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

Follow-up (repeat) Sample Location:

1. _____
(routine no.2 sample location name/address)
2. _____
(up-stream within 5 connections-location name/address)
3. _____
(down-stream within 5 connections-location name/address)

Triggered Source Sample(s) – Ground Water Rule

Routine No. 3 Sample Location: (if required)

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

- Jan. Feb. Mar.
- Apr. May Jun.
- Jul. Aug. Sept.
- Oct. Nov. Dec.

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

Follow-up (repeat) Sample Location:

1. _____
(routine no. 3 sample location name/address)
2. _____
(up-stream within 5 connections-location name/address)
3. _____
(down-stream within 5 connections-location name/address)

Triggered Source Sample(s) – Ground Water Rule

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

1. _____
2. _____
3. _____

Prepared By:

Water System Representative Name: _____

Title: _____

Signature: _____ Date: _____

BSSP Approval:

The Local Primacy Agency has reviewed and approved this Bacteriological Sample Siting Plan (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: _____

Signature: _____ Date: _____