



County of Santa Cruz Health Services Agency
Environmental Health Division
 701 Ocean Street, Room 312 ❖ Santa Cruz, CA 95060
 (831) 454-2022 ❖ Fax (831) 454-3128
<https://www.scceh.org/>

Water System Bacteriological Sample Siting Plan (BSSP)

I. System Information:

Water System Name		Water System #	
Water System Address			
Water System Classification	<input type="checkbox"/> Community <input type="checkbox"/> Nontransient-Noncommunity <input type="checkbox"/> Transient Non-community		
Service Connection #		Population Served	
Seasonal Water System	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If Yes, months of operation	

II. Routine Sampling Frequency

The water system must collect _____ routine sample 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.*

Or this alternate frequency: _____

III. Routine and Repeat Sampling Sites

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. If this water system must designate more than one routine sample site, please do so on the following page. The routine sample sites must be rotated such that they are all sampled on a regular basis.

Routine Sample Site #1:	
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REPEAT Sample Set #1

Repeat Sample Site #1: <i>Original Sample location</i>	
Repeat Sample Site #2: <i>Within 5 Connections Downstream</i>	
Repeat Sample Site #3: <i>Within 5 Connections Upstream</i>	

Triggered Source Sample:	
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A system using ground water must collect the triggered source sample(s) from for Ground Water Rule compliance in the event of a positive bacteria detection. A system using a single groundwater well, and serving >1,000 persons, may use the triggered source sample as one of the repeat samples, if approved by EHD staff.

Does this system contain more than one pressure zone or separate area? Yes No

If yes, add a routine sample for each pressure zone or special area.

Routine Sample Site #2:	
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REPEAT Sample Set #2

Repeat Sample Site #1: <i>Original Sample location</i>	
Repeat Sample Site #2: <i>Within 5 Connections Downstream</i>	
Repeat Sample Site #3: <i>Within 5 Connections Upstream</i>	

Triggered Source Sample:	
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Routine Sample Site #3:	
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REPEAT Sample Set #3

Repeat Sample Site #1: <i>Original Sample location</i>	
Repeat Sample Site #2: <i>Within 5 Connections Downstream</i>	
Repeat Sample Site #3: <i>Within 5 Connections Upstream</i>	

Triggered Source Sample:	
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Routine Sample Site #4:	
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REPEAT Sample Set #4

Repeat Sample Site #1: <i>Original Sample location</i>	
Repeat Sample Site #2: <i>Within 5 Connections Downstream</i>	
Repeat Sample Site #3: <i>Within 5 Connections Upstream</i>	

Triggered Source Sample:	
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IV. Sampling During the Month Following a Positive Sample

Is your system a Transient, Non-Community system that samples Quarterly? Yes No

If no, there is no additional sampling required in the month following a positive sample.

If yes, it is required to collect three (3) routine samples in the **MONTH** following a positive coliform sample.

Routine Sample Site #1	
Routine Sample Site #2	
Routine Sample Site #3	

V. Quarterly Coliform Monitoring of Disinfected Wells

Does the water system provide continuous disinfection (i.e. chlorine, UV, etc.)? Yes No

If yes, the water systems shall collect bacteriological samples **quarterly from each source**, prior to disinfection. If total coliforms detected, then monthly samples will be required until a minimum of 3 consecutive months of no coliforms detected before returning to quarterly monitoring

Source Name #1 (include PS-Code)	
Source Name #2 (include PS-Code)	
Source Name #3 (include PS-Code)	

Bacteriological monitoring of raw water source(s) with disinfection is intended to detect a degradation of the groundwater quality that would otherwise be masked by the disinfection treatment.

VI. Purchased Water Contact Information

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

If yes, contact the wholesaler within 24 hours of notification of a TC+ Distribution Sample.

Wholesaler Name	
Wholesaler Contact Person	
Contact Phone Number	

VII. Personnel and Laboratory Notification

Sampler Name			
Sampler Day/Evening Phone			
Sampler Email			
Alternate System Contact		Phone Number	
Laboratory Name			
Laboratory phone number		State Lab Code	

Laboratory to notify persons designated above within 24 hours whenever a sample is found to contain coliform bacteria. In addition, the system must direct the laboratory to immediately notify the Santa Cruz County Environmental Health Division of any positive bacteriological result if the laboratory cannot make direct contact with the designated contact person (in VII. above) within 24 hours.

Santa Cruz County Environmental Health Division contact information:

Nathan Salazar, D1, REHS – Drinking Water Program (831) 359-0856 Evening: (831) 345-1382

County of Santa Cruz Health Services Agency, (831) 454-2022 (day or night, leave message)
 Environmental Health Division

VIII. Map or Diagram

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

IX. Prepared by

System Representative Name	
System Representative Title	

Signature: _____

Date: _____

X. BSSP Approval

The EHD has reviewed and approved this Bacteriological Sample Siting Plan (BSSP). Any plans on file dated prior to approval of this plan are void. 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.

EHD Representative Name	
EHD Representative Title	

Signature: _____

Date: _____

KEEP A COPY OF THIS FORM FOR YOUR REFERENCE AND USE

<p>Additional Information: When responding to a laboratory report of bacterial contamination, keep in mind the following:</p> <ol style="list-style-type: none"> 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. Check water system components such as water sources, filtration and/or chlorination equipment and storage tanks for indications of unusual conditions or problems. Correct problems immediately. Do not wait for results of follow-up samples to take action.
