



STATE SMALL WATER SYSTEM BACTERIOLOGICAL SAMPLE SITING PLAN

REQUIREMENTS

The following describes the minimum requirements that should be included in any Bacteriological Sample Siting Plan (SSP) submitted to Environmental Health Services (EHS) for approval and acceptance. If you have questions about preparing an acceptable sample siting plan (SSP), please call (650) 372-6200 and ask to speak with Water Program staff. Please retain a copy of this document prior to submitting Section B.

GENERAL REQUIREMENT

The SSP must identify sites representative of the water from all sources, storage tanks, and pressure zones. For most State Small Water Systems, a single sample site may be adequate. If you have multiple sources, storage tanks, and/or pressure zones, you should rotate your monthly sample site location. This form allows you to identify up to three routine sample sites. Please include a schematic of the water system locating each source, storage tank, pressure zone (i.e. booster stations), and routine and repeat sample sites. The schematic does not need to be drawn to scale.

EHS is the primary agency responsible for regulating all State Small Water Systems (up to 14 connections) within San Mateo County. State Small Water Systems are required to monitor the bacteriological status of the water system and report to EHS in accordance with the Title 22 of the California Code of Regulations (22 CCR) and the State Small Water System's operating permit. Failure to comply with the monitoring and reporting requirements may result in enforcement action and/or fines. Please review the following requirements:

A. Monitoring

1. All State Small Water Systems are required to collect routine samples from within the distribution system in the monitoring period to demonstrate quality of water served to its users. An acceptable routine bacteriological sample site can be a tap inside of a dwelling that is situated at a mid-point in the distribution system.
2. All water samples must be submitted for analysis to a laboratory that is recognized through the Environmental Laboratory Accreditation Program (ELAP). The San Mateo County Public Health Laboratory is ELAP-certified for bacteriological analysis. The County Public Health Lab is also approved to analyze water samples for Nitrate (NO₃). For a complete list of ELAP labs, please click [here](#).
3. All State Small Water Systems are required to collect two repeat samples within 48 hours of being notified by the laboratory that a routine sample is total coliform-positive. One repeat sample should be collected from the source. The other should be collected from the routine sampling location that had the positive result. If the repeat sample is also total coliform-positive, the sample shall also be analyzed for the presence of fecal coliforms or Escherichia coli (E. coli).
4. If a State Small Water System conducts quarterly bacteriological sampling in the distribution system, the State Small Water System will be required to collect a follow-up routine sample from the same location following the month of a total coliform-positive sample unless waived by EHS.

B. Reporting

5. All State Small Water Systems are required to report results of routine samples and repeat samples to EHS by the 10th day of the following month of the sample period.
6. All State Small Water Systems are required to notify EHS within 48 hours from the time the results are received when a repeat sample is total coliform- positive, E. coli-positive, or fecal coliform-positive. The State Small Water System shall take corrective actions as directed by San Mateo County Environmental Health to eliminate the cause of the positive samples.

C. Public Notification

All State Small Water Systems are required to notify all consumers (persons) served by the State Small Water System when a maximum contaminant level (MCL) violation occurs or when a procedural violation occurs. Public notification may be accompanied by recommendation for bottled water or a Boil Water Notice as determined by EHS.



SYSTEM INFORMATION

Name of Water System: _____

Street Address: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____ Fax: _____

of Service Connections: _____ Population Served: _____

Treatment: Yes No

Chlorination: Yes No

Sampling Frequency: Monthly Quarterly Other (explain): _____

SAMPLE COLLECTION

All water samples will be collected by: _____

All water samples will be analyzed by (name of laboratory): _____

Laboratory Phone: _____

Laboratory Email: _____

NOTIFICATION INFORMATION

The laboratory is to be instructed to notify the following people affiliated with the Water System within 24 hours when a routine or repeat sample is positive for total coliform or E. coli:

Name: _____ Phone: _____

Name: _____ Phone: _____

The Water System is required to notify EHS within **48 hours** when a sample is total coliform or E. coli positive.

Environmental Health Services

Main Office Phone: (650) 372-6200. *Request to speak with Water Program staff.*

Email: backflow@smcgov.org

A map of the distribution system showing the source (well, spring, etc.) storage tanks, treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) sample locations is required. Please attach to this document.



SAMPLE LOCATION #1

1. Routine Sample Location #1 (describe location/provide address): _____

1. Repeat Sample Locations (repeat should be the same as routine): _____

2. Source: _____

Water samples from this site will be collected during the following months:

- January February March April May June
- July August September October November December

SAMPLE LOCATION #2

1. Routine Sample Location #1 (describe location/provide address): _____

2. Repeat Sample Locations (repeat should be the same as routine): _____

3. Source: _____

Water samples from this site will be collected during the following months:

- January February March April May June
- July August September October November December

SAMPLE LOCATION #3

1. Routine Sample Location #1 (describe location/provide address): _____

2. Repeat Sample Locations (repeat should be the same as routine): _____

3. Source: _____

Water samples from this site will be collected during the following months:

- January February March April May June
- July August September October November December