

SAMPLE SITING PLAN
SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

Name of Water System _____ PS Code _____

Owner(s) _____

Number of service connections _____ Number of customers _____

_____/_____/_____
Name of Certified Laboratory / Name of Sampler (If not Laboratory) / Certified by

Name(s) and Phone Number(s) of Person(s) Laboratory are to Contact Following Any Positive Sample:

Contact #1 _____ / _____
Day _____ Night/Cell _____
e-mail _____

Contact #2 _____ / _____
Day _____ Night/Cell _____
e-mail _____

(CDO/CTO) _____ / _____
Day _____ Night/Cell _____
e-mail _____

Bacteriological monitoring frequency: **Monthly** ___ **Quarterly** ___ **Seasonal** ___ of:
Monthly from: _____ Quarterly from: _____

Addresses or Locations of Routine and Repeat Sample Sites:

Routine #1

The four **Repeat** samples shall be collected within **24 hours** of notification that the **Routine** sample failed at the following locations, using enumerated test methods with chlorine residuals reported on the test result:

Repeat #1 _____ Same as above _____

Repeat #2 _____

Repeat #3 _____

Repeat #4 _____ Wellhead _____

Routine #2

Repeat #1 _____

Repeat #2 _____

Repeat #3 _____

Repeat #4 _____

By signing below, I hereby submit this sample siting plan and authorize the above-mentioned State certified laboratory to release and submit copies of **all** analytical results for this water system to the San Joaquin County Environmental Health Department.

Submitted by: _____ Date: _____