



# COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY

Sean Powers, Director

## ENVIRONMENTAL HEALTH DEPARTMENT

Amy Irani, REHS, Director

950 MAIDU AVENUE, SUITE #170  
NEVADA CITY, CA 95959

PH: (530) 265-1222  
FAX: (530) 265-9853

[Env.Health@co.nevada.ca.us](mailto:Env.Health@co.nevada.ca.us)

<http://mynevadacounty.com>

# BACTERIOLOGICAL SAMPLE SITING PLAN

## SYSTEM INFORMATION

Name of Facility: \_\_\_\_\_ System Number: \_\_\_\_\_

Facility Address: (street, city, zip) \_\_\_\_\_

Mailing Address: (street, city, zip) \_\_\_\_\_

Email: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Service Connections: \_\_\_\_\_ Population Served: \_\_\_\_\_ Sampling Frequency: \_\_\_\_\_

## SAMPLE COLLECTION

All water samples will be collected by: \_\_\_\_\_

Name of Laboratory: \_\_\_\_\_

Mailing Address: (street, city, zip) \_\_\_\_\_

State Lab Code: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

The Laboratory was sent a copy of this plan on: \_\_\_\_\_

## RAW WATER SAMPLING

Is the water continuously treated with chlorine?  YES  NO

Systems which provide continuous chlorine treatment are required to take samples of water prior to the addition of chlorine (raw water samples) on a quarterly basis. Please list below the sources which are continuously treated and the months when raw water samples will be taken:

1. \_\_\_\_\_ Months Sampled: \_\_\_\_\_

2. \_\_\_\_\_ Months Sampled: \_\_\_\_\_

## MAP OF SYSTEM

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. Have you enclosed this map?  YES  NO

## EH SPECIALIST CONTACT INFORMATION

Please contact the following specialists in the event of a positive bacteriological result (in the order listed below):

**Catrina Levenson**, *Environmental Health Specialist* ..... (530) 265-1753  
Nevada County Environmental Health Department

**Nicole Johnson**, *Environmental Health Specialist* ..... (530) 265-1531  
Nevada County Environmental Health Department

## 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:

### Routine Sample Location:

1. \_\_\_\_\_  
LOCATION NAME OR ADDRESS

Water samples will be collected from this location during the following months of (please check):

1<sup>st</sup> Quarter:  Jan  Feb  March

2<sup>nd</sup> Quarter:  Apr  May  June

3<sup>rd</sup> Quarter:  July  Aug  Sept

4<sup>th</sup> Quarter:  Oct  Nov  Dec

Description: \_\_\_\_\_  
HOSE BIB, SINK FAUCET, ETC.)

### Follow-Up (repeat) Sample Location:

1. \_\_\_\_\_  
ROUTINE SAMPLE LOCATION NAME AND ADDRESS

2. \_\_\_\_\_  
LOCATION NAME OR ADDRESS UP-STREAM

3. \_\_\_\_\_  
LOCATION NAME OR ADDRESS DOWN-STREAM

4. \_\_\_\_\_  
SOURCE

### Routine Sample Location: (if required)

2. \_\_\_\_\_  
LOCATION NAME OR ADDRESS

Water samples will be collected from this location during the following months of (please check):

1<sup>st</sup> Quarter:  Jan  Feb  March

2<sup>nd</sup> Quarter:  Apr  May  June

3<sup>rd</sup> Quarter:  July  Aug  Sept

4<sup>th</sup> Quarter:  Oct  Nov  Dec

Description: \_\_\_\_\_  
HOSE BIB, SINK FAUCET, ETC.)

### Follow-Up (repeat) Sample Location:

1. \_\_\_\_\_  
ROUTINE SAMPLE LOCATION NAME AND ADDRESS

2. \_\_\_\_\_  
LOCATION NAME OR ADDRESS UP-STREAM

3. \_\_\_\_\_  
LOCATION NAME OR ADDRESS DOWN-STREAM

4. \_\_\_\_\_  
SOURCE

### Routine Sample Locations for the Month following a Positive TC Sample:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

\*\*\* Submit all Water Quality Testing to [ncwatertesting@co.nevada.ca.us](mailto:ncwatertesting@co.nevada.ca.us). \*\*\*

Report Prepared By: \_\_\_\_\_

Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_