



**TULARE COUNTY
HEALTH & HUMAN SERVICES AGENCY**

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Agency Director

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BACTERIOLOGICAL SAMPLE SITING PLAN

Water System Name: _____

Site Address: _____ **City:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Phone:** () _____

Signature: _____

E-Mail Address: _____

Sampler's Name: _____ **Phone:** () _____

Signature: _____

E-Mail Address: _____

Laboratory: _____

Sampling Frequency: Monthly ☐ Quarterly ☐ Seasonal ☐

Months of Operation: _____ **to** _____

<u>Sample Point</u>	<u>Sample Type</u>	<u>Sampling Address</u>
1. _____	Routine	_____
2. _____	Repeat	_____

****Please attach a detailed schematic of the water system that includes: structures, water lines, well location(s), storage tanks, and sample points.****