

Placer County Department of Health & Human Services  
Environmental Health Services

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**BACTERIOLOGICAL SAMPLE SITING PLAN**

1. **Name of System:** \_\_\_\_\_
2. **Owner(s):** \_\_\_\_\_
3. **Number of residences or average number of persons served per month:** \_\_\_\_\_
4. **Name of certified laboratory:** \_\_\_\_\_
5. **Name(s) of sampler(s) if not laboratory:** \_\_\_\_\_

6. **Name(s) and phone number(s) of person(s) laboratory should contact following any positive sample:**

<b>A. Contact #1 Full Name</b>	Day # (_____) _____ Night # (_____) _____
<b>B. Contact #2 Full Name</b>	Day # (_____) _____ Night # (_____) _____

7. **Addresses or locations of routine and repeat sample sites:**

<b>Routine #1</b> _____
Repeat #1 _____
Repeat #2 _____
Repeat #3 _____
Repeat #4 _____

8. **Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **SUBMITTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*Please Print Name*