



**TRANSIENT - NON COMMUNITY WATER SYSTEM (OVER 1000/MO)
BACTERIOLOGICAL SAMPLE SITE PLAN**

KNIGHTS FERRY
RECREATION AREA _____ Water System
17968 COVERED
BRIDGE RD _____

KNIGHTS FERRY _____, CA 95361 PWSID # 5000- 401

1. Routine Sampling

Date 1/8//2019

Connections: Information Center, Shop, and 2 public restrooms

Population Served: 19,4336

Number of Pressure Zones: One

Sampling Frequency: See attachment 1

Treatment Facilities: None

Storage Facilities: 30,000 gallon storage tank and 700 gallon pressure tank

Routine Sample Sites :

- | | |
|-------------------------|----------------------------|
| 1. <u>Shop S2</u> | 3. <u>South Bank A: A1</u> |
| 2. <u>North Bank N1</u> | 4. <u>South Bank B: B2</u> |

Samplers: Far West Labs takes samples

Laboratory: Far West Lab

2. Notification

Section 64423.1(b), California Code of Regulations, TITLE 22:

Laboratory to notify water owner/operators, designated below, within 24 hours whenever the presence of total coliform, fecal coliform or E. Coli has been demonstrated in a sample.

- | | | |
|---|--------------------------|--------------------------|
| 1. <u>Jim Hill (Maintenance Supervisor)</u> | Work <u>209-881-3517</u> | Cell <u>209-968-5256</u> |
| | Home <u>209-838-6616</u> | |
| 2. <u>Heather Wright (Park Manager)</u> | Work <u>209-881-3517</u> | |
| | Home <u>209-581-2793</u> | |

Section 64426:

The water supplier will notify the Stanislaus County Department of Environmental Resources as soon as possible, but in no cases later than 24 hours, whenever there is a coliform positive bacteriological sample reported.

STANISLAUS COUNTY DEPARTMENT OF ENVIRONMENTAL RESOURCES
 DIVISION OF ENVIRONMENTAL HEALTH
 3800 CORNUCOPIA WAY SUITE C
 MODESTO, CA 95358
 PHONE (209) 525-6700

3. **Routine and Repeat Sample Sites:**

SAMPLE MONTH	ROUTINE SAMPLE SITE*	REPEAT SAMPLE SET *, **
January May September	A2 A2, A4 A2, A4	1. A1, A2, A3 ,A4, Well 2. A1, A2, A3, A4, Well 3. A1, A2, A3, A4, Well
February June October	B2 B2, B7 B2	1. B1, B2, B7, B8, Well 2. B1, B2, B7, B8, Well 3. B1, B2, B7, B8, Well
March July November	N1, N4 N1, N4 N1	1. N1, N2, N3, N4, Well 2. N1, N2, N3, N4, Well 3. N1, N2, N3, N4, Well
April August December	S2, S4 S2, S4 A2	1. S1, S2, S3, S4, Well 2. S1, S2, S3, S4, Well 3. A1, A2, A3, A4, Well

* Samples to be collected from frequently used out side hose faucets, when possible.

** Section 64424

Section 64424:

(a) (1) If a routine sample for coliform bacteria is total coliform positive, collect a repeat sample set consisting of at least four samples.

(b) Repeat samples to be collected from: the original coliform positive sample site, and upstream and downstream of the original coliform positive site. Repeat sample sets must be collected within 24 hours of laboratory reporting a positive sample.

(c) At least five (5) routine samples must be collected the following month after which a total coliform positive sample is collected.

4. **Map and Description of System:** (Attach system site map with sample locations)

Submitted by: James Hill Title: Maintenance Work Leader

Sign: *James A Hill* Date: 1/382019