

# Positive Bacteria and MCL Exceedance Reporting

## Bacterial Positive and Repeat Results

You must notify IDNR of bacterial positives and their associated repeat results within 24 hours of the completion of analysis as per Chapter 83.6(6) "a"(4). You may report this either using email or other method acceptable to the department (prior approval must be obtained if using a method other than email).

1. The Email **subject line** must read: POSITIVE BACTERIAL FOR PWSID##
2. This is the information to be included and a suggested format to use. This information should be provided on the Chain-of-Custody completed by the PWS.

Contaminant ID number	3100 or 3014
Form Completed By	
Phone Number	
COMMENT	this is to comment on how many repeat samples are following this report
PWSID	IA9999999
PWS name	Test City
LAB ID	XXX
Facility ID	951, 950, etc. WL##
Sample Point ID	950, 951, etc. if routine distribution sample TG if triggered New if new well Raw if raw or before treatment AS is assessment monitoring is required by permit AD if additional source monitoring is required per the GWR
Sample Point Description	Street address preferred if a community PWS; or tap location if a non-community
Sample Type	RP, RT or SP
Sample Collection Date	MM/DD/YYYY
Lab Sample #	Your Lab Sample Number
Total Coliform Result	P or A
E.Coli Result	P or A
Sample Collector	Name of Collector
Original Sample #	Original Sample Number if this is a Repeat Sample
Repeat Location	Up, Down, Original, Other
Free Chlorine, in mg/L	XX.XX
Total Chlorine, mg/L	XX.XX

3. Send it to [lab.fax@dnr.iowa.gov](mailto:lab.fax@dnr.iowa.gov) .
4. Contact Anne Lynam 515.725.0280 or Becky Schwiete 515.725.0295 for alternate method if you are not able to use email.
5. You are still required to electronically transmit this data to the IDNR by the 7<sup>th</sup> of the month following the month the sample was analyzed.

# Chemical MCL and AL Exceedance Results

(IOC, SOC, VOC, Rads, PbCu)

You must notify IDNR of health standard exceedances and their associated confirmation results within 24 hours of the completion of analysis as per Chapter 83.6(6) "a"(4). You may report this either using email or other method acceptable to the department (prior approval must be obtained if using a method other than email).

1. The Email **subject line** must read: CHEMICAL EXCEEDANCE FOR PWSID##
2. This is the information to be included and a suggested format to use. This information should be provided on the Chain-of-Custody completed by the PWS.

Contaminant ID Number	1040, 1041, 1005, etc.
Contaminant Name	Nitrate, Nitrite, Arsenic, Pb, Cu, etc.
Form Completed By	
Phone Number	
COMMENT	
PWSID	IA9999999
PWS name	Test City
LAB ID	XXX
Facility ID	01, 02, etc.; 950 951, etc.; WL##
Sample Point ID	01,02, etc., if routine SEP sampling 950 etc. if Distribution Sample such as nitrite MRT or ART if Stage 1 DBPR MRT or ART if Stage 1 DBPR DB01, DB02, etc if Stage 2 DBPR New if new well Raw if raw or before treatment
Sample Point Description	If SEP - Well #, Wellhouse, Lab Sink, etc, If Distribution System - either street address for CWS or tap location for non-community PWS
Sample Type	RT, CO for confirmation or SP for special
Sample Collection Date	MM/DD/YYYY
Lab Sample #	Your Lab Sample Number
Result	In mg/L, pCi/L, or ug/L
Sample Collector	Name of Collector

3. Send it to [lab.fax@dnr.iowa.gov](mailto:lab.fax@dnr.iowa.gov) .
4. Contact Anne Lynam 515.725.0280 or Becky Schwiete 515.725.0295 for alternate method if you are not able to use email.
5. You are still required to electronically transmit this data to the IDNR by the 7<sup>th</sup> of the month following the month the sample was analyzed.