



**IOWA DEPARTMENT OF NATURAL RESOURCES  
 WATER SUPPLY ENGINEERING SECTION  
 CONSTRUCTION PERMIT APPLICATION  
 SCHEDULE-13e, Sampling and Testing**

Date Prepared  _____	Project Name/Description
Date Revised  _____	

1. List all sample tap locations, indicate the treatment unit for which the sample tap is provided and whether the sampling tap is on the influent or effluent pipe for that unit. For chlorination, fluoridation or phosphate monitoring, include in the location description the distance downstream from the point of chemical addition.

Sample Tap #	Location

2. Provide the following information on all test kits available at the facility:

Water Quality Parameter	Analytical Method Used	Test Kit Manufacturer's Name	Test Kit Number	Test Range	Smallest Increment

3. Additional Comments: