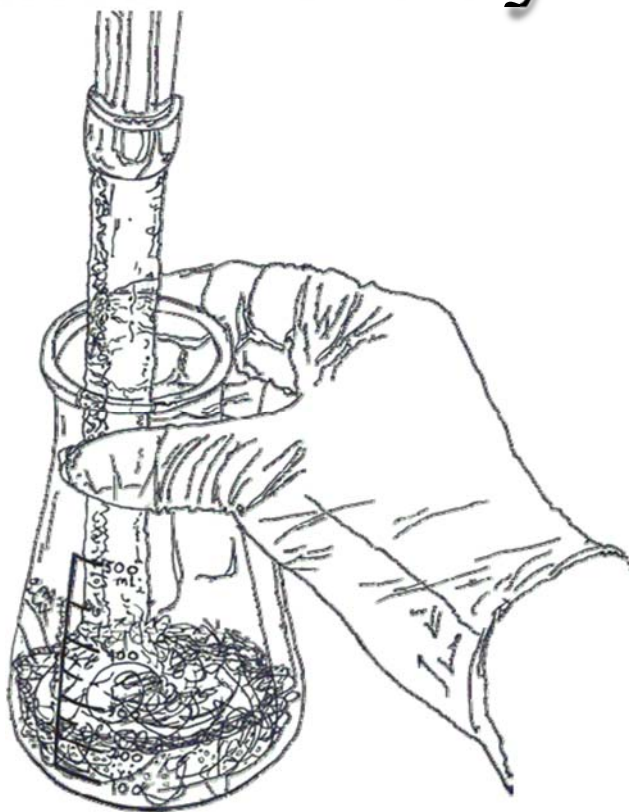




# New Mexico

## Water Sampling

### Certification Study Guide



**UTILITY OPERATOR CERTIFICATION PROGRAM**  
Surface Water Quality Bureau  
New Mexico Environment Department  
PO Box 5469  
Santa Fe, New Mexico USA 87502  
[www.nmenv.state.nm.us/swqb/UOCP](http://www.nmenv.state.nm.us/swqb/UOCP)

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NEW MEXICO  
WATER SAMPLING TECHNICIAN  
CERTIFICATION STUDY GUIDE

*Version IIA*

*March 10, 2016*

Prepared By

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## ACKNOWLEDGEMENTS

This "WATER SAMPLING TECHNICIAN CERTIFICATION STUDY GUIDE" has been created as a tool to assist those who collect water system samples in preparation for taking Water Sampling Technician certification exams. **This book is not intended to be a complete reference manual for technical information.** Its purpose is to guide the reader to study material for each of the major subject areas for Level 1 and Level 2 certification. There is no implied claim that this study guide covers every possible point on which a technician may be tested. However, it is intended to be comprehensive in its coverage of the essential information for each exam, based on standard Need-To-Know criteria.

This study guide is divided into seven chapters. Each chapter in the study guide has study questions and sample test questions that are intended help the individual focus on the type of information that is covered in an exam. The study questions are designed to direct the reader to exam information that is related to the chapter topics. No answer sheet is provided. You will have to look them up.

Sampling schedules and the development of a Drinking Water Distribution System Sampling Plan for the system can be found at the NMED-Drinking Water Bureau webpage (<https://www.env.nm.gov/dwb/RTCR.htm>).

The material dealing with sample collection references the approved EPA methodology for sample collection and preservation. Information regarding the completion of the various sample request forms has been referenced to the New Mexico Department of Health – Scientific Laboratory Division.

**We would like to thank the following individuals for their guidance and assistance in reviewing the material presented in the study guide:**

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**NEW MEXICO ENVIRONMENT DEPARTMENT  
SURFACE WATER QUALITY BUREAU  
UTILITY OPERATORS CERTIFICATION PROGRAM**

The New Mexico Water Quality Control Commission, through the New Mexico Environment Department (NMED), grants certification for competency to the operators of water and wastewater systems. The Utility Operators Certification Program (UOCP) conducts the testing for certification. Certain requirements must be met before an operator is eligible to take a certification examination.

An operator begins the process by completing a test application from the UOCP. Applications will only be accepted if they are submitted at least 30 days prior to the exam date. A certification officer will review each application to determine if the operator is eligible to take the requested examination. An application must be submitted every time a test is taken. Examinations are given several times a year at various locations around the state. A **fee** of **\$25.00 or \$30.00** (depending on level of certification) for **each** examination must be paid to **NMED Utility Operators Certification Program**. A check or money order for the proper amount **must** accompany each exam application.

Certificates must be renewed every three years. The renewal date will be the last day of the certificate holder's birth month following the third anniversary of the certificate. The UOCP also handles renewal of certificates. The **fee** for renewal is **\$20.00, \$25.00 or \$30.00** (depending on level or certification) for **each** certificate.

The UOCP maintains training credits for certified operators only. Each operator must keep a record of all training credits earned. A record of current training credits is mailed to each certified operator yearly in July. Anyone who intends to apply for NM certification must include documentation of training credits when the application is submitted. Certified operators that are taking higher-level exams may also have to submit training credit documentation to update training record files at the UOCP.

All correspondence, including applications, should be mailed to:

**NMED Surface Water Quality Bureau  
Utility Operators Certification Program  
PO Box 5469  
Santa Fe, NM 87502**

Please feel free to call the UOCP to request information on exam application forms, exam dates and locations, or certification and renewal. The telephone number for the office is **(505) 827-2802**.

## IMPORTANT FACTS ABOUT OPERATOR CERTIFICATION

An operator, as defined by NM Water Quality Control Commission Regulations, is "any person employed by the owner as the person responsible for the operation of all or any portion of a water supply system or wastewater facility. Not included in this definition are such persons as directors of public works, city engineers, city managers, or other officials or persons whose duties do not include actual operation or direct supervision of water supply systems or wastewater facilities."

Under the Utility Operator Certification Act, "a certified operator is a person who is certified by the commission as being qualified to supervise or operate one of the classifications of water supply systems or wastewater facilities". Experience is "actual work experience, full or part-time, in the fields of public water supply or public wastewater treatment. Work experience in a related field may be accepted at the discretion of the commission". Any claim of related experience will be reviewed by the WQCC or its advisory body, the Utility Operators Certification Advisory Board.

The Advisory Board is an appointed "seven-member board from the certified water systems operators and wastewater facility operators to function with the commission to establish qualifications of operators, classify systems, adopt regulations and advise the administration of the Utility Operators Certification Act."

Experience that includes operation, maintenance or repair of water treatment and water distribution systems is accepted based on whether it is full or part-time. The Advisory Board will review and approve experience in other related fields, such as commercial plumbing or utility construction. Credit for part-time experience will be based on the percentage of time devoted to actual operation or maintenance. Full time water or wastewater laboratory experience may be counted as operator experience at a rate of 25% of actual experience. The credit for this experience will be determined by review of the Advisory Board.

### BASIC CERTIFICATION REQUIREMENTS

There are three basic requirements an operator must meet to qualify for New Mexico certification. All certified operators must have at least one year of actual experience in operation or maintenance of a public water system. All levels of certification require high school graduation or GED (see substitutions.) All levels of certification require a certain number of training credits in water systems O&M or related fields.

| BASIC CERTIFICATION REQUIREMENTS |                   |                  |                 |
|----------------------------------|-------------------|------------------|-----------------|
|                                  | Experience        | Training Credits | Education HS    |
| Class 1/ Small Systems           | 1 year*           | 10               | Grad or GED*    |
| Class 2                          | 2 years*          | 30               | HS Grad or GED* |
| Class 3                          | 4 years*          | 50               | HS Grad or GED* |
| Class 4                          | 1 year as Class 3 | 80               | HS Grad or GED  |
| * - See Substitutions            |                   |                  |                 |



## SUBSTITUTIONS

One year of additional experience may be substituted for the high school graduation or GED requirement for all classes **except** Class 4. Education may be substituted for experience or training credits in some cases. The education must be in a water or wastewater related field. One year of vocational education can be substituted for up to one year of experience. Associates and Bachelor's degrees in a related field may be substituted for up to three years of experience and 50 training credit hours, depending on the amount of actual experience. The criteria for substitution of education for experience are as follows:

No more than one year (30 semester hours) of successfully completed college education in a **non-related field** may be substituted for an additional **six months** of the required experience.

**One year** of approved vocational school in the water and/or wastewater field may be substituted for only **one additional year** of the required experience.

An **associate's degree** for a two-year program in an approved school in the water and/or wastewater field and **six months** of actual experience in that field (which may be accrued before, during, or after the school program) may be substituted for the requirements of any level up to and including **Class 2**. An **associate's degree** for a two-year program in an approved school in the water and/or wastewater field and **twelve months** of actual experience in that field (which may be accrued before, during, or after the school program) may be substituted for the requirements of any level up to and including **Class 3**.

Completion of at least **three years** of actual experience in the water and/or wastewater field plus **high school graduation** or equivalent, plus **15 semester hours** of successfully completed college education directly related to the water or wastewater field may be substituted for any level up to and including **Class 3**.

A **bachelor's degree** for a major directly related to the water or wastewater field plus **two years** of actual experience in that field may be substituted for any level up to and including **Class 3**.

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# **NEW MEXICO WATER SAMPLING TECHNICIAN CERTIFICATION STUDY GUIDE**

## **TABLE OF CONTENTS**

### **CHAPTER 1: INTRODUCTION TO DRINKING WATER SAMPLING**

|                                                             |            |
|-------------------------------------------------------------|------------|
| <b>NEW MEXICO WATER SAMPLING TECHNICIAN CERTIFICATION</b>   | <b>1-1</b> |
| <b>NEW MEXICO WATER CONSERVATION FEE</b>                    | <b>1-1</b> |
| <b>ANALYSES THAT ARE COVERED BY THE FEE</b>                 | <b>1-2</b> |
| <b>DRINKING WATER DISTRIBUTION SAMPLING PLANS</b>           | <b>1-2</b> |
| <b>DRINKING WATER DISTRIBUTION SAMPLING PLAN COMPONENTS</b> | <b>1-3</b> |
| <b>STUDY QUESTIONS</b>                                      | <b>1-4</b> |

### **CHAPTER 2: SAFE DRINKING WATER ACT**

|                                                        |             |
|--------------------------------------------------------|-------------|
| <b>PUBLIC WATER SYSTEMS</b>                            | <b>2-1</b>  |
| <b>PRIMARY CONTAMINANTS</b>                            | <b>2-1</b>  |
| <b>MAXIMUM CONTAMINANT LEVELS (MCL)</b>                | <b>2-2</b>  |
| <b>INORGANIC CONTAMINANTS</b>                          | <b>2-2</b>  |
| <b>LEAD AND COPPER RULE</b>                            | <b>2-3</b>  |
| <b>NITRATE AND NITRITE</b>                             | <b>2-3</b>  |
| <b>FLUORIDE</b>                                        | <b>2-3</b>  |
| <b>TURBIDITY</b>                                       | <b>2-3</b>  |
| <b>pH</b>                                              | <b>2-3</b>  |
| <b>DISSOLVED OXYGEN</b>                                | <b>2-4</b>  |
| <b>TEMPERATURE</b>                                     | <b>2-6</b>  |
| <b>ORGANIC CONTAMINANTS</b>                            | <b>2-6</b>  |
| <b>RADIOACTIVE CONTAMINANTS</b>                        | <b>2-6</b>  |
| <b>BACTERIOLOGICAL CONTAMINANTS</b>                    | <b>2-7</b>  |
| <b>SECONDARY CONTAMINANTS</b>                          | <b>2-7</b>  |
| <b>MONITORING AND REPORTING</b>                        | <b>2-8</b>  |
| <b>SAMPLING SCHEDULES</b>                              | <b>2-8</b>  |
| <b>BACTERIOLOGICAL VIOLATIONS</b>                      | <b>2-8</b>  |
| <b>PUBLIC NOTIFICATION</b>                             | <b>2-9</b>  |
| <b>ACTION PLANS FOR VIOLATIONS</b>                     | <b>2-9</b>  |
| <b>VARIANCES AND EXEMPTIONS</b>                        | <b>2-9</b>  |
| <b>SURFACE WATER RULE</b>                              | <b>2-10</b> |
| <b>DISINFECTANTS AND DISINFECTION BY-PRODUCTS RULE</b> | <b>2-10</b> |
| <b>GROUND WATER RULE</b>                               | <b>2-11</b> |
| <b>CONSUMER CONFIDENCE REPORTS</b>                     | <b>2-11</b> |
| <b>STUDY QUESTIONS</b>                                 | <b>2-12</b> |

## **CHAPTER 3: MICROBIOLOGICAL SAMPLING**

|                                                         |            |
|---------------------------------------------------------|------------|
| <b>WATERBORNE PATHOGENS</b>                             | <b>3-1</b> |
| <b>COLIFORM GROUP OF BACTERIA</b>                       | <b>3-1</b> |
| <b>MONTHLY SAMPLING</b>                                 | <b>3-2</b> |
| <b>DRINKING WATER DISTRIBUTION SYSTEM SAMPLING PLAN</b> | <b>3-2</b> |
| <b>THE SAMPLE BOTTLES</b>                               | <b>3-2</b> |
| <b>PREPARING TO COLLECT THE SAMPLE</b>                  | <b>3-4</b> |
| <b>SAMPLE COLLECTION</b>                                | <b>3-5</b> |
| <b>REPORTING AND SHIPPING CONSIDERATIONS</b>            | <b>3-7</b> |
| <b>REPEAT SAMPLES</b>                                   | <b>3-8</b> |
| <b>VIOLATIONS</b>                                       | <b>3-9</b> |
| <b>STUDY QUESTIONS</b>                                  | <b>3-9</b> |

## **CHAPTER 4: ORGANIC SAMPLING**

|                                                   |             |
|---------------------------------------------------|-------------|
| <b>SAMPLING KITS</b>                              | <b>4-1</b>  |
| <b>ORGANIC CONTAMINANTS</b>                       | <b>4-2</b>  |
| <b>PREPARING FOR SAMPLE COLLECTION</b>            | <b>4-3</b>  |
| <b>VOC SAMPLE COLLECTION</b>                      | <b>4-4</b>  |
| <b>SEMI-VOLATILE ORGANIC COMPOUNDS SAMPLE KIT</b> | <b>4-5</b>  |
| <b>VOC II SAMPLE COLLECTION</b>                   | <b>4-6</b>  |
| <b>ACID HERBICIDES SAMPLE COLLECTION</b>          | <b>4-7</b>  |
| <b>SOC SAMPLE COLLECTION</b>                      | <b>4-8</b>  |
| <b>CARBAMATE SAMPLE COLLECTION</b>                | <b>4-9</b>  |
| <b>GLYPHOSATE SAMPLE COLLECTION</b>               | <b>4-9</b>  |
| <b>ENDOTHALE SAMPLE COLLECTION</b>                | <b>4-10</b> |
| <b>DIQUAT SAMPLE COLLECTION</b>                   | <b>4-10</b> |
| <b>DISINFECTION BY-PRODUCTS SAMPLE KIT</b>        | <b>4-11</b> |
| <b>TTHM SAMPLE COLLECTION</b>                     | <b>4-11</b> |
| <b>HALOACETIC ACIDS SAMPLE COLLECTION</b>         | <b>4-12</b> |
| <b>PREPARING SAMPLES FOR SHIPMENT</b>             | <b>4-13</b> |
| <b>STUDY QUESTIONS</b>                            | <b>4-14</b> |

## **CHAPTER 5: INORGANIC SAMPLING**

|                                                   |            |
|---------------------------------------------------|------------|
| <b>SAMPLE CONTAINERS</b>                          | <b>5-1</b> |
| <b>HEAVY METAL GROUP ANALYSES</b>                 | <b>5-2</b> |
| <b>IPC SCAN OR SDWA GROUP 1 SAMPLE COLLECTION</b> | <b>5-2</b> |
| <b>SDWA LEAD AND COPPER SAMPLE COLLECTION</b>     | <b>5-2</b> |
| <b>OTHER INORGANIC GROUP ANALYSES</b>             | <b>5-3</b> |
| <b>COMPLETE SECONDARY OR</b>                      |            |
| <b>MAJOR ANIONS/CATIONS SAMPLE COLLECTION</b>     | <b>5-3</b> |
| <b>NUTRIENTS GROUP SAMPLE COLLECTION</b>          | <b>5-4</b> |
| <b>SINGLE CHEMICAL SAMPLE COLLECTION</b>          | <b>5-4</b> |
| <b>PREPARING SAMPLES FOR SHIPMENT</b>             | <b>5-4</b> |
| <b>STUDY QUESTIONS</b>                            | <b>5-6</b> |

## **CHAPTER 6: RADIOLOGICAL SAMPLING**

|                                                      |            |
|------------------------------------------------------|------------|
| <b>SAMPLE CONTAINERS</b>                             | <b>6-1</b> |
| <b>SDWA SEQUENTIAL FLOW SCHEME SAMPLE COLLECTION</b> | <b>6-2</b> |
| <b>GROSS ALPHA/BETA SAMPLE COLLECTION</b>            | <b>6-3</b> |
| <b>RADON – 222 SAMPLE COLLECTION</b>                 | <b>6-3</b> |
| <b>STUDY QUESTION</b>                                | <b>6-4</b> |

## **CHAPTER 7: FILLING OUT THE FORMS**

|                                                  |             |
|--------------------------------------------------|-------------|
| <b>MICROBIOLOGICAL SAMPLE REQUEST FORM - SLD</b> | <b>7-1</b>  |
| <b>CHAIN OF CUSTODY DOCUMENTATION</b>            | <b>7-4</b>  |
| <b>INTERACTIVE ANALYTICAL REQUEST FORM – SLD</b> | <b>7-4</b>  |
| <b>INTERACTIVE FORM COMPLETION</b>               | <b>7-6</b>  |
| <b>GROUP ANALYSES AND SAMPLING REQUIREMENTS</b>  | <b>7-7</b>  |
| <b>STUDY QUESTIONS</b>                           | <b>7-12</b> |

## **APPENDIX**

### **CHEMICAL & RADIOLOGICAL BASELINE MONITORING OF DRINKING WATER**

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## **INTRODUCTION TO DRINKING WATER SAMPLING**

The primary goal of the Safe Drinking Water Act (SDWA) is to make sure public water systems (PWS) treat the water to meet minimum water quality standards, designed to protect the public from unnecessary health risks. Public water systems (PWS) are responsible for cyclical sampling and analysis for contaminants that pose a known health risk. The results of these tests must be reported to both the public and the state regulatory agencies. The regulatory agency, or primacy agency, in New Mexico is the New Mexico Environment Department.

### **NEW MEXICO WATER SAMPLING TECHNICIAN CERTIFICATION**

In 2006 the NMED created a mandatory certification program for those individuals responsible for the collection of these water quality samples. It is called the Water Sampling Technician (WST) certification program. The program is divided into two levels of certification. WST Level 1 certification covers the collection of water samples for microbiological analysis. WST Level 2 certification covers the microbiological sampling and sampling for the various chemical and radiological analyses. Each level of certification requires successful completion of a written certification examination. NMED and the NM Certification Advisory Board are responsible for preparing the exams for each level.

Water Systems Operator certification may be substituted for Water Sampling Technician certification. Level 1 Water System, Distribution System, or Small Water System operator certification may be used in place of WST Level 1 certification. A Level 2 (or higher) Water System or Distribution System, or Advanced Small Water System certification may be used in place of WST Level 2 certification.

There are prerequisite training requirements for each level of certification. The Water Sampling Technician Level 1 certification requires five (5) hours of training credits. Ten (10) hours of training credits are required to qualify for the Water Sampling Technician Level 2 certification. There are no experience requirements for WST certification.

### **NEW MEXICO WATER CONSERVATION FEE**

In 1996, the New Mexico Water Conservation Fee was created to fund much of the sampling and testing required to meet SDWA monitoring requirements. A fee of 3 cents per 1000 gallons produced is collected from most public water systems in New Mexico. Tribal systems and systems on federal reservations (primarily military and forest service) are not included in the program. The Conservation Fee is used to fund sample collection (except for lead and copper sampling) and testing for primary inorganic, organic, and radiological contaminants in accordance with the 1986 SDWA monitoring requirements. The fee also covers routine microbiological testing, but not collection of the samples. The NMED Drinking Water Bureau is responsible for sample collection for routine chemical monitoring. These analyses are run by a number of certified labs across the state.

This means that the New Mexico public water systems (PWS) that are included in the program are only responsible for collection of monthly bacteriological samples and lead and copper samples in order to comply with SDWA monitoring schedules. However, the PWS is ultimately responsible for compliance and must maintain records showing that samples have been collected and analysis results are available, through documentation like the Consumer Confidence Reports, in accordance with the regulations.

## **ANALYSES THAT ARE COVERED BY THE FEE**

The Water Conservation Fee covers sample collection and testing for most of the primary chemical contaminants as required by the 1986 SDWA revisions. Routine microbiological compliance testing is also covered.

**The Water Conservation fee does not pay for:**

- **Repeat microbiological sample analyses**
- **Special non-compliance microbiological samples like line breaks or raw water samples**
- **Lead and Copper sample collection**
- **Secondary contaminant sampling and testing**
- **Any discretionary chemical testing that is not required for monitoring compliance**
- **Sampling and testing for private systems**
- **Sampling and testing for Tribal or Federal water systems**

## **DRINKING WATER DISTRIBUTION SYSTEM SAMPLING PLANS**

Compliance sampling will either occur at the point-of-entry (POE), within the distribution system, or at the point-of-use (POU) in the water system. Most chemical contaminant samples are taken at the point-of-entry to the system. This is a point where treated water enters the distribution system. Microbiological samples are taken from various locations in the distribution system. Disinfection by-products samples are also taken from the distribution system. Lead and copper samples are taken from point-of-use sites. These are locations where water is drawn directly from customers' plumbing fixtures. Even though microbiological samples are often taken from customers' taps, the samples are collected after the plumbing has been flushed with fresh water from the distribution system. They are not technically point-of-use samples.



Drinking Water Distribution System Sampling Plans must be developed to make sure that samples are taken from the appropriate locations within the system. The plans should distribute locations in a way that insures representative coverage of the system. Most systems will only be involved in microbiological and lead and copper sampling site plans. They are the most detailed plans. Most systems have a limited number of points-of-entry that can be easily identified for the chemical analyses that require POE samples. There will normally be more microbiological sample sites than POE sites.

The Drinking Water Distribution System Sampling Plans for microbiological samples may also require moving locations each month in order to properly cover the entire system over time. Some systems may find that they need to take more than the minimum number of samples each month to make sure the system is adequately covered. Detailed guidelines for establishing a sample siting plan are included in the NMED-Drinking Water Bureau webpage (<https://www.env.nm.gov/dwb/RTCR.htm>).

### **DRINKING WATER DISTRIBUTION SYSTEM SAMPLING PLANS**

The DWB has developed a comprehensive Drinking Water Distribution System Sampling Plan (DSSP) Template and Instructions that explains the sampling plan requirements. The DSSP template and instructions can be found on the NMED-DWB webpage (<https://www.env.nm.gov/dwb/RTCR.htm>). Please review the requirements noted in the DSSP and use the Sampling Plan Template in order to develop your water system's sampling plan.

### **LEVEL 1 STUDY QUESTIONS**

1. What are the three parts of a site sampling plan?
2. What are funds from the Water Conservation Fee used for?
3. What types of samples can Level 1 Water Sampling Technicians collect?

### **LEVEL 1 SAMPLE TEST QUESTIONS**

1. How much is the Water Conservation Fee?  
  
A. \$0.03/100 gallons  
B. \$0.03/1000 gallons  
C. \$0.50/1000 gallons
2. The Water Conservation Fee covers repeat microbiological sample analyses.  
  
A. True  
B. False
3. How many hours of training credits are required for WST Level 1 certification?  
  
A. 5  
B. 10  
C. 20  
D. 30

### **LEVEL 2 STUDY QUESTIONS**

1. What information should be included in a sample siting plan narrative?
2. What is the difference between POE and POU sample sites?
3. Which samples must be collected by the PWS?

### **LEVEL 2 SAMPLE TEST QUESTIONS**

1. What type of sample is a lead and copper sample?  
  
A. POE  
B. POU  
C. Distribution
2. The Water Conservation Fee covers secondary contaminant sample collection and analyses.  
  
A. True  
B. False
3. How many hours of training credits are required for WST Level 2 certification?  
  
A. 5  
B. 10  
C. 20  
D. 30
4. Systems that collect 6 or more microbiological samples a month must:  
  
A. Collect them at the first of the month.  
B. Collect them at regular time intervals.  
C. Collect them at the end of the month.

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## SAFE DRINKING WATER ACT

The federal Safe Drinking Water Act (PL93-523) was enacted in 1974 and went into effect in 1976. The purpose of the Act is to establish national enforceable standards for drinking water quality and to guarantee that water suppliers monitor water to ensure that it meets national standards. This Act established either the maximum concentration of pollutants allowed in, or the minimum treatment required for, water that is delivered to the customers. These substances are known to present adverse health effects to humans. Prior to the passage of PL93-523 standards were set by the individual state regulatory agencies. The limits and enforcement procedures varied from state to state and, in passing the law, Congress has attempted to assure uniformly safe drinking water for the general public. The SDWA has been amended several times over the last 30 years.

The New Mexico Environment Department-Drinking Water Bureau is the enforcement agency for New Mexico. All source water sampling, except for tribal and federal systems, is handled through the NMED-DWB. Systems are responsible for collecting samples from the distribution system.

### PUBLIC WATER SYSTEMS

The regulations established in PL93-523 apply only to public water systems. A *Public water system* or *PWS* means a system for the provision to the public of water for human consumption through pipes or other constructed conveyances, if such system has at least fifteen service connections or regularly serves an average of at least twenty-five individuals daily at least 60 days out of the year. A public water system is either a “community water system” or a “non-community water system.” *Non-community water system* means a public water system that is not a community water system. A non-community water system is either a “transient non-community water system (TWS)” or a “non-transient non-community water system (NTNCWS).” *Transient non-community water system* means a non-community water system that does not regularly serve at least 25 of the same persons over six months per year. *Non-transient non-community water system* means a public water system that is not a community water system and that regularly serves at least 25 of the same persons over 6 months per year.

### PRIMARY CONTAMINANTS

Certain substances and organisms in drinking water have been determined to cause adverse health effects. They are referred to as primary contaminants. These substances can be grouped into four major categories:

- 1) INORGANIC CONTAMINANTS
- 2) ORGANIC CONTAMINANTS
- 3) RADIOLOGICAL CONTAMINANTS
- 4) MICROBIOLOGICAL CONTAMINANTS

## MAXIMUM CONTAMINANT LEVELS (MCL)

The maximum amount of any one of these substances that can be allowed in water, according to the regulations, is known as the maximum contaminant level (MCL). The MCLs for these chemicals and compounds are set at levels that are considered to be many times less than the concentrations that are known, or anticipated to cause adverse health effects.

### INORGANIC CONTAMINANTS

These contaminants are mostly heavy metals. They may enter the water supply naturally through groundwater formations or from mining runoff and industrial discharges. The MCL for each chemical is listed below.

| INORGANIC CONTAMINANT        | MCL (mg/L)                                 |
|------------------------------|--------------------------------------------|
| Antimony                     | 0.006                                      |
| Arsenic                      | 0.010                                      |
| Barium                       | 2                                          |
| Beryllium                    | 0.004                                      |
| Cadmium                      | 0.005                                      |
| Chromium                     | 0.1                                        |
| Cyanide                      | 0.2                                        |
| Mercury                      | 0.002                                      |
| Selenium                     | 0.05                                       |
| Thallium                     | 0.002                                      |
| Copper                       | 1.3* Action level                          |
| Lead                         | 0.015* Action level                        |
| Nitrate (as N)               | 10                                         |
| Total Nitrate/Nitrite (as N) | 10                                         |
| Nitrite (as N)               | 1                                          |
| Fluoride                     | 2.0 Secondary MCL<br>4.0 Violation         |
| Turbidity                    | 0.3 NTU in 95% of samples<br>1 NTU maximum |
| Asbestos                     | 7,000,000 Fibers/L                         |

## **LEAD AND COPPER RULE**

A representative sampling survey must be conducted for lead and copper that may be present at the customer's tap. Most of the lead and copper found this way comes from the customer's plumbing. The system will be responsible for treating the water to stabilize the corrosive qualities that cause the leeching of lead and copper from the customer's plumbing. Sampling for lead and copper requires taking a “first draw” sample from the customer's tap, after water has been standing in the plumbing for at least 6 hours but no longer than 18 hours. If the 90th percentile results exceed the action levels for either metal, the system must take steps to stabilize the system water through chemical addition of lime or another form of alkalinity.

## **NITRATE AND NITRITE**

Nitrate and nitrite are the only chemical contaminants that represent an immediate health risk. Pregnant mothers and infants under 18 months can develop a condition known as “Blue Baby Syndrome”. The presence of nitrate in the bloodstream reduces oxygen uptake that gives the skin a blue tint.

## **FLUORIDE**

Fluoride is added to water to help prevent tooth decay. The optimum dosage for fluoride is 0.8-1.2 mg/L. However, at higher concentrations, fluoride can create stains on teeth and lead to brittle bones in older individuals. The average ambient air temperature for the system is used to determine the optimum dosage for fluoride.

## **TURBIDITY**

Turbidity is clay, silt or mud in the water. Although turbidity does not represent a health risk by itself, it can shield harmful bacteria from disinfection processes. Turbidity is measured in Nephelometric Turbidity Units (NTU). The device used to measure NTU's is called a nephelometer or turbidimeter.

## **pH**

The pH of the water is the measurement of the acidity or alkalinity of the water. Water is considered to be acid when it has more hydrogen ions ( $H^+$ ) in it than hydroxide ions ( $OH^-$ ). Some of the chemicals that add hydrogen ions ( $H^+$ ) to the water are hydrochloric acid,  $HCl$ , sulfuric acid,  $H_2SO_4$ , nitric acid,  $HNO_3$ , and carbonic acid,  $H_2CO_3$ ,

Water is considered to be alkaline when there are more hydroxide ions ( $OH^-$ ) present than hydrogen ( $H^+$ ) Sodium hydroxide,  $NaOH$ , calcium hydroxide,  $Ca(OH)_2$ , and magnesium hydroxide,  $Mg(OH)_2$ , all add hydroxide ions ( $OH^-$ ) to the water. When the number of hydrogen ions and hydroxide ions are the same the water has a neutral pH. Pure water,  $H_2O$  or  $H-OH$ , has a neutral pH because the number of hydrogen ions ( $H^+$ ) and hydroxide ions ( $OH^-$ ) are equal.

| pH SCALE  |   |   |   |   |   |         |   |   |               |    |    |    |    |    |
|-----------|---|---|---|---|---|---------|---|---|---------------|----|----|----|----|----|
| 0         | 1 | 2 | 3 | 4 | 5 | 6       | 7 | 8 | 9             | 10 | 11 | 12 | 13 | 14 |
|           |   |   |   |   |   | ^       |   |   |               |    |    |    |    |    |
| MORE ACID |   |   |   |   |   | NEUTRAL |   |   | MORE ALKALINE |    |    |    |    |    |

The pH of water is measured on a scale that reads from 0 to 14. The midpoint of the scale is 7. Water with a pH of 7 is neutral. If the water has a pH less than 7, the water is acid and if the pH is greater than 7 it is alkaline. For every whole number that the pH changes the strength of the acid or alkaline properties of the water will change by a factor of ten times. Water that goes from a pH of 9 to a pH of 10 becomes 10 times more alkaline and water at pH of 5 is 10 times more acid than water at a pH of 6.

## DISSOLVED OXYGEN

Dissolved oxygen is often measured to determine the oxygen level in potable and non-potable waters. The DO meter and electrode work in similar fashion to other electronic meters but unlike the others, this meter must be continually "on" to remain polarized. To be "on" the electrode must be continuously attached to the meter and the meter must be either plugged into an AC outlet or if battery operated, the battery must be good. If the battery fails, or the meter is unplugged, the DO electrode must be re polarized for an hour before being used to measure a sample.

### Selecting a DO meter

ASK! There are a number of DO meter manufacturers and a lot of headaches associated with DO meters. Talk to a number of other laboratories to find out about membrane replacement, manufacturer support, ease of calibration, and reliability. Purchasing a \$1000 meter, then finding out the manufacturer will not support the electrode after a few years is a tough pill to swallow. Are accessories for BOD measurement available, fragile, and expensive? When running the BOD test, how many parts will have to be cleaned between samples? Lots of parts will mean lots of potential sources of error.

### Calibrating the DO meter

DO meters must be calibrated following the manufacturer's instructions. Since oxygen is a gas, it is influenced by the barometric pressure (altitude) and temperature. The manufacturer provides a table that can be used to determine the saturated DO level at different elevations and temperatures. Meters are commonly calibrated against a saturated air solution. The saturated air can be a saturated sponge in the storage sleeve (Orion) or in a BOD with about 1" of water (YSI).





Figure: Laboratory calibration of DO meter

It is a good idea to periodically validate the DO calibration using the Winkler Titration Method.

### **Membrane replacement**

A functioning membrane is essential to good DO measurement. The membrane allows oxygen to permeate to the electrode where it creates a mill-volts current directly proportional to the DO concentration. One of the major advantages of the electrode method is that it can be used continuously. The DO electrode can be submerged in the stream to different depths or in an aeration basin and the DO monitored continuously. However, the membrane does not last indefinitely and must be changed frequently.



Figure: DO electrode, the membrane at the end of the probe requires periodic replacement.

Erratic calibrations or readings are usually indicative of either a bad membrane or bad battery. Maintaining a maintenance log will help the lab technician predict when failure is likely to occur. Replacing the membrane should only take a couple of minutes. Follow the manufacturer's instructions and be sure to use the manufacturer's recommended filling solution. The filling solution is not the same as the KCl used for the pH meter. The electrode should be disconnected from the meter when the membrane is replaced. If the membrane has been replaced properly there should be no air bubbles beneath the membrane and the membrane surface should not be wrinkled.

### **Sample Measurement**

The DO should be measured at a representative point. Remember dissolved oxygen is a gas and is affected by turbulence and temperature. Measuring a DO sample at a point of high turbulence will not be representative. Likewise, measuring DO in shallow or quiet areas of a river will be different than in deeper and faster moving areas. A sampling plan will help define what information is needed and where the most appropriate location will be.

## TEMPERATURE

Accurate temperature measurements are critical to many of the tests that are performed in the laboratory and out in the field. Temperature measurements should be made with good mercury thermometers or digital thermometers. Never rely upon the temperature display built into an incubator or drying oven for an accurate indication of the instrument's temperature. Use thermometers that have the sensitivity required for each test. For most tests, use a thermometer with graduations of 0.1° C. To verify the accuracy of laboratory thermometers, each thermometer should be calibrated against a NIST *certified thermometer* in its working range at least once per year. Once calibrated, laboratory thermometers should be flagged with the date of their last calibration and any correction factor. When a laboratory thermometer is read, the correction factor is included when the temperature is recorded to ensure that the most accurate temperature possible is maintained in the instrument.

## ORGANIC CONTAMINANTS

These contaminants include herbicides and insecticides that are primarily used in agriculture applications, organic solvents used in industrial applications, organic by-products of industrial processes, and chemical by-products from chlorination of drinking water. Runoff from agricultural spraying or improper application techniques can be a major source of these contaminants in a surface water supply. Industrial discharges, accidental spills and improper disposal of hazardous wastes can also become sources of contamination.

These compounds are grouped together, for sampling purposes, into Volatile Organic Compounds or VOCs and Semi Volatile Organic compounds, which include Synthetic Organic Compounds or SOC, acid herbicides, carbamates, and others. A few of the organic contaminants are listed on the below. They are all listed in Chapter 4.

| ORGANIC CONTAMINANT                | MCL (mg/L)   |
|------------------------------------|--------------|
| <b>Benzene</b>                     | <b>0.005</b> |
| <b>Vinyl Chloride</b>              | <b>0.002</b> |
| <b>Carbon Tetrachloride</b>        | <b>0.005</b> |
| <b>Styrene</b>                     | <b>0.1</b>   |
| <b>Total Trihalomethane (TTHM)</b> | <b>0.080</b> |

## RADIOACTIVE CONTAMINANTS

Most radioactive substances occur naturally in ground water and in some surface supplies. Some man-made substances may also enter drinking water supplies from processing facilities, mining areas, and nuclear power plants.

**RADIOACTIVE CONTAMINANT MCL**

|                                       |                      |
|---------------------------------------|----------------------|
| <b>Radium 226 and 228</b>             | <b>5 pCi/L</b>       |
| <b>Gross Alpha Activity</b>           | <b>15 pCi/L</b>      |
| <b>Gross Beta Activity (man-made)</b> | <b>4 millirem/yr</b> |
| <b>Uranium</b>                        | <b>30 µg/L (ppb)</b> |

**BACTERIOLOGICAL CONTAMINANTS**

The coliform group of bacteria represents the indicator organisms used in determining bacteriological contamination. Their presence indicates the possibility that some pathogenic (disease causing) organisms may also be present. The presence of Total Coliform in any routine sample will require at least three repeat samples to be taken. These repeat samples must be taken within 24 hours of notification of positive results.

Under the Revised Total Coliform Rule, the presence of Total Coliform in a routine sample may trigger an Assessment and possible Correction Action when sampling results meet the following conditions. 1) In systems that are required to collect fewer than 40 monthly routine compliance samples, the Assessment Trigger occurs when 2 or more samples are positive for the presence of Coliform bacteria. 2) In systems that are required to collect 40 or more monthly routine compliance samples, the Assessment Trigger occurs when more than 5.0% of monthly routine compliance samples are positive for the presence of Coliform bacteria.

Under the Revised Total Coliform Rule, the additional routine sampling requirement is eliminated for all Public Water Systems that take at least 1 sample per month. All Public Water Systems that meet this condition are required to take the normal number of routine samples the month following a total coliform positive or E. coli positive result.

**SECONDARY CONTAMINANTS**

There are certain substances in water that, although they do not present serious health hazards, can cause temporary physical discomfort and make the water unsuitable for use. Each state may determine which of these standards are included in their regulations. Chloride can make the water taste salty. This is also known as brackish water. Sulphate can cause minor gastro-intestinal problems. Iron and manganese can result in red or black water problems. The pH of the treated water can also create some digestive problems if it is very high or very low.

Recommended levels for secondary contaminants are:

**SECONDARY CONTAMINANTS MCL (mg/L)**

|                               |                |
|-------------------------------|----------------|
| <b>Total Dissolved Solids</b> | <b>500</b>     |
| <b>Chloride</b>               | <b>250</b>     |
| <b>Sulfate</b>                | <b>250</b>     |
| <b>Iron</b>                   | <b>0.3</b>     |
| <b>Manganese</b>              | <b>0.05</b>    |
| <b>pH</b>                     | <b>6.5-8.5</b> |

## MONITORING AND REPORTING

The public water systems are responsible for monitoring their water quality and reporting violations of the SDWA standards to the public. The New Mexico Environment Department is currently collecting and submitting chemical and radiochemical samples to the laboratories for all public water supplies. The program is funded through the “Water Conservation Fee” of 3 cents per 1000 gallons paid by each system. However, the systems will still be responsible for the results of testing and any public notification that may be required. Systems must retain copies of most chemical and radiochemical analysis records for 10 years (except lead and copper) and bacteriological test and turbidity results for 5 years. Records for lead and copper must be kept for 12 years. The system is required to report to NMED-DWB within 48 hours if they fail to comply with any NM Drinking Water Regulations.

Under the Revised Total Coliform Rule, Public Water Systems will no longer be allowed to be on a reduced monitoring schedule for Coliform and E.Coli. All public water systems at a minimum will be required to monitor on a monthly basis.

## SAMPLING SCHEDULES AND PLANS

Samples used in testing for chemical and biological contaminants must be collected periodically. Samples for most inorganic chemical analyses must be submitted once a year for surface supplies and once every compliance period for ground water supplies. Nitrate and nitrite samples must be submitted yearly. Sampling for organic compounds is done quarterly for the initial set of samples. After that, samples are collected yearly for surface water and every three years for ground water as long as no VOC's or SOC's are detected. If they are found, the system must be sampled every quarter. Surface water systems (over 500) and large groundwater systems (over 10,000) must also collect TTHM/HAA5 samples quarterly.

Under the Standardized Monitoring Rule, most chemical contaminants are monitored in a cycle of 3/6/9 years. Each three (3) year period is referred to as a compliance period.

The Revised Total Coliform Rule takes effect on April 1, 2016. This rule revises the Total Coliform Rule (TCR) and will **require that all public water systems update their previous sampling plans**. All Public Water Systems should work with NMED to develop their own comprehensive Drinking Water Distribution System Sampling Plan. These Sampling Plans must be submitted to NMED no later than April 1, 2016. Under the Revised Total Coliform Rule, **all** systems are required to perform monthly microbiological sampling, including those systems that were on a quarterly sampling schedule under the Total Coliform Rule. A minimum of one microbiological sample per month is required for the smallest systems. As the population served increases so does the number of samples required.

## BACTERIOLOGICAL VIOLATIONS

When a positive BAC-T sample is reported repeat samples are required. If the repeats come back negative there is no violation. If more than 5.0% of the monthly samples are positive for Total Coliform (TC), including repeats, there is a non-acute violation that requires public notification. This means that any system taking less than 40 samples per month can only have 1 total coliform positive sample per month. Systems that take 40-59 samples can have two positives (5.0%). Systems that take 60-79 samples can have three positive results, and so on.

When sampling results show that your PWS may be vulnerable to contamination, PWSs must perform a Level 1 or Level 2 assessment to find and fix any sanitary defects. A sanitary defect can provide a pathway of entry for microbial contamination into the distribution system or indicate imminent failure in an existing barrier (e.g. cracked tank, rat droppings on wellheads, or broken seals).

A Level 1 assessment is a basic examination of the system. The Level 2 assessment is a more comprehensive and in-depth examination of the system compared to a Level 1 assessment. There are 5 basic elements to investigate during a Level 1 or Level 2 Assessment:

- Atypical events that may affect distributed water quality or indicate that distributed water quality was impaired;
- Changes in distribution system maintenance and operation, including water storage;
- Water source and treatment methods that affect distributed water quality;
- Inadequacies in sample sites, sampling protocol and sample processing; and
- Existing water quality monitoring data

### Seasonal Public Water Systems

A Seasonal Public Water System is a non-community water system that is not operated as a public water system (PWS) on a year-round basis and starts-up and shuts-down at the beginning and end of each operating season. Examples include: campgrounds, fairgrounds, seasonal food service facilities, and ski areas open during part of the year.

Beginning on April 1, 2016, owners/operators of Seasonal Public Water Systems **must perform a Seasonal Start-Up Procedure** to be in compliance with the Federal Safe Drinking Water Act. The procedure, which includes flushing, disinfection, and sampling of the system, must be performed prior to opening for their season. The start-up procedure will also require the system to collect one or more ‘special’ microbiological samples to verify water quality.

### Small System Compliance

According to the Revised Total Coliform Rule, a small public water system is defined as any public water system that collects fewer than 40 compliance samples per month and serves a population less than 1,000.

#### Level 1 Assessment Trigger

A Level 1 assessment is required (triggered) when either of the following conditions occurs:

- Two or more of all samples are total coliform-positive in the same sampling period (includes the results of all routine and repeat samples)
- Not all required repeat samples are collected after a routine total coliform-positive sample

#### Level 2 Assessment Trigger

A Level 2 assessment is required (triggered) when any of the following conditions occurs

- An E. coli MCL violation
- An E. coli monitoring violation
- Two (2) Level 1 assessments are triggered within a rolling 12-month period

#### Large System Compliance

According to the Revised Total Coliform Rule, a large public water system is defined as any public water system that collects more than 40 compliance samples per month and serves a population greater than 1,000.

#### Level 1 Assessment Trigger

A Level 1 assessment is required (triggered) when either of the following conditions occurs

- More than 5.0% of all samples are total coliform-positive in the same sampling period (includes the results of all routine and repeat samples).
- Not all required repeat samples are collected after a routine total coliform-positive sample

#### Level 2 Assessment Trigger

A Level 2 assessment is required (triggered) when any of the following conditions occurs

- An E. coli MCL violation
- An E. coli monitoring violation
- Two (2) Level 1 assessments are triggered within a rolling 12-month period

#### Timeline for Completing a Level 1 or Level 2 Assessment

A system must complete a Level 1 or Level 2 assessment; correct any sanitary defects found and submit the assessment form to NMED-DWB within 30 days after learning that it has triggered the assessment. If there are corrective actions not completed at the time of the submission of the form, the system must also include a timetable for completing the rest of the corrective actions and report to NMED-DWB when each outstanding corrective action has been completed.

## **PUBLIC NOTIFICATION**

The water system will be required to notify the public any time maximum contaminant levels are exceeded. These violations of the standards fall into one of three Tiers. A Tier 1 notice is required for a violation that has a significant potential for immediate adverse health effect. Tier 1 violations require 24-hour public notice and must be reported to NMED within 24 hours of violation notification. A Tier 2 notice is required for a violation that has potential for a serious, not immediate, adverse health effect and requires public notice within 30 days. A Tier 3 notice is required for violations not included in Tiers 1 or 2 and requires public notice within 12 months. Tier 2 and 3 violations must be reported to NMED within 10 days of notification. Systems must also submit a written certification of notification to NMED-DWB within 10 days for all tiers. A copy of the notice that was distributed to the public must also be included.

### **TIER 1: E. COLI MCL VIOLATION**

When any of the following conditions are present, a Tier 1 Violation occurs.

1. The system has an E. coli positive repeat sample following a Total Coliform positive routine sample.
2. The system has a total coliform positive repeat sample following an E. coli positive routine sample.
3. The system fails to take all required repeat samples following an E. coli positive routine sample.

### **TIER 2: ASSESSMENT AND CORRECTIVE ACTION**

Under the Revised Total Coliform Rule, the monthly Total coliform MCL violation no longer exists. Instead, this violation triggers an Assessment and Corrective Action. When any of the following conditions are present, a Tier 2 Violation occurs.

1. A public water system fails to conduct required assessment or corrective action within 30 days of a triggered notification.
2. A seasonal system fails to complete a state-approved start-up procedure prior to serving water to the public.

### **TIER 3: MONITORING VIOLATION**

All Tier 3 violations will track each individual monitoring and reporting violation separately. All public water supply systems must notify NMED for any e.coli positive sample result. When any of the following conditions are present, a Tier 3 Violation occurs.

1. Failure to take all required routine samples.
2. Failure to report all sample results within the required timeframes.

## **ACTION PLANS FOR VIOLATIONS**

If a water supply exceeds the primary standards the water system must either cease using water from the contaminated source, provide adequate treatment to remove the contaminants, or locate a new source of supply that meets the standards. Blending may be done under certain conditions. The blended water must enter the system from a single point of entry.

## **VARIANCES, EXEMPTIONS AND WAIVERS**

A system that is found to exceed the MCL for a primary contaminant may not be able to correct the problem for financial or technical reasons. Depending on the circumstances, the system may be granted a variance or exemption. The fact that a variance or exemption has been granted does not mean that the system is no longer required to notify the public of the problem. Notification must continue on a yearly basis until the system is in compliance.

A variance may be granted to a water system when its supply is found to exceed maximum standards and no technology is available to economically remove these contaminants. Variances may be extended at the discretion of the state regulatory agency if no treatment methods are made available during the period the variance is granted. A variance is granted only if no unreasonable health risk exists. A variance will not be granted for total coliform.

When a system is in need of more time to provide total treatment required to reduce contaminant levels to acceptable limits due to financial issues, an exemption can be granted to the water system. Exemptions will only be granted in cases that do not pose an immediate health risk. Exemptions will not be granted for total coliform.

Waivers or exclusions are granted to systems when the primacy agency determines that certain sampling requirements can be relaxed. For example, small systems may receive a waiver for VOC testing if the initial samples indicate that organics are not present or there is no potential source of organic pollution in the area. Waivers are not granted for total coliform, nitrate, and nitrite. All requests for variances, waivers, and exemptions must be directed to and approved by the NMED-DWB.



## SURFACE WATER TREATMENT RULES

Any system that uses surface water must provide treatment of the supply. The original Surface Water Treatment Rule has been modified several times in the last 20 years. Springs and infiltration galleries are considered surface supplies if they are found to have groundwater that is under the direct influence of surface water (GWUDI). A speciation study of the organisms found in the suspected source of influence and the water that enters the system is used to determine whether a source is GWUDI.

The concerns about contamination by *Giardia* and *Cryptosporidium* have created the need for higher free chlorine residuals and longer disinfection contact times. The “CT” calculation is used to determine the necessary contact time at any given concentration. It is  $C \times T = A$ , where C is the chlorine concentration, T is the contact time in minutes, and A is a temperature-based constant. If the A value is 60 and a 1.0 mg/L free residual is present, the T value or contact time in minutes would be 60. If the free residual were raised to 2.0 mg/L, the contact time would only need to be 30 minutes.

Removal of *Cryptosporidium* is based on a 2-log reduction of the numbers found in raw water for LT1 systems. A 2-log removal or deactivation would mean that 1% of the bacteria may survive or 99% were removed. A 4- log removal or deactivation would mean that 0.01% of the organisms may survive or 99.99% were removed. Some larger LT2 systems may be required to provide a 5.5-log removal. Log removals credits are assigned to the various treatment processes.

## DISINFECTANTS AND DISINFECTION BYPRODUCTS RULE

Systems that use chlorine or chlorine dioxide may create chemicals like trihalomethanes (THMs), halo acetic acids (HAA5), chlorites, and perchlorates as by-products of the disinfection process. Trihalomethanes and halo acetic acids are formed when chlorine, bromine, or iodine combine with organic precursors that may be present in the source water. The four most common forms of trihalomethanes are chloroform, bromoform, dichlorobromomethane, and dibromochloromethane. Systems that use ozone as a disinfectant may also create bromates. All of these chemicals are carcinogens. Recent changes have set new MCLs for several disinfection by-products.

### NEW D-DBP RULE CONTAMINANTS

| CONTAMINANT                         | MCL (mg/L)   |
|-------------------------------------|--------------|
| <b>Total Trihalomethanes (TTHM)</b> | <b>0.080</b> |
| <b>Halo Acetic Acids (HAA5)</b>     | <b>0.060</b> |
| <b>Bromate</b>                      | <b>0.010</b> |
| <b>Chlorite</b>                     | <b>1</b>     |
| <b>Chlorine Dioxide</b>             | <b>0.8</b>   |
| <b>Chlorine</b>                     | <b>4</b>     |
| <b>Chloramines</b>                  | <b>4</b>     |

The system that is in violation may be required to change to a different means of disinfection or incorporate a process like activated carbon adsorption. Sample results from D-DBP testing must be reported within 10 days of the end of the monitoring period. Chlorine residual reports must be submitted every quarter. Stage 1 D-DBP set maximum contaminant levels based on a running annual average, or RAA, of samples taken in the system, rather than individual sample results. Stage 2 D-DBP has changed to use LRAA or location-based running annual average of each individual contaminant for the calculation.

## **GROUND WATER RULE**

The Ground Water Rule (GWR) was proposed to establish a strategy for identifying ground water systems that are at high risk for fecal contamination. Although disinfection is required for all surface water supplies, it is only required “as necessary” in ground water systems. Systems that are at risk must initiate corrective actions, which may include disinfection, and begin source water monitoring. The GWR is comprised of four major components:

- 1) Periodic sanitary surveys will be conducted on ground water system to identify and evaluate significant deficiencies such as defective casings or location too close to sources of surface pollution.
- 2) Monitoring of source water for the presence of *E. coli* and other enteric organisms will be required.
- 3) Corrective action must be taken by any system with significant deficiencies or source water contamination. This could include:
  - A. Correcting structural deficiencies
  - B. Eliminating the source of contamination
  - C. Finding an alternative source of water
  - D. Providing treatment to achieve a 4-log inactivation or removal of viruses
- 4) Compliance monitoring must be done to ensure that the treatment reliably achieves a 4-log reduction or inactivation of viruses.

Community water systems with outstanding performance and non-community water systems have until December 31, 2014 to complete the initial sanitary survey. All other community water systems complete the initial survey by December 31, 2012.

## **CONSUMER CONFIDENCE REPORTS (CCR)**

The Consumer Confidence Report requires public water suppliers that serve the same people year round (community water systems) to provide consumer confidence reports (CCR) to their customers. These reports are also known as annual water quality reports or drinking water quality reports. The remaining public water systems in the U.S. are not required to provide CCRs. This is because these transient systems do not serve the same people on a day-to-day basis throughout the year. The CCR summarizes information regarding sources used (i.e., rivers, lakes, reservoirs, or aquifers), any detected contaminants, compliance and educational information. The reports are due to customers and the State by July 1<sup>st</sup> of each year. NMED-DWB must receive written notification by October 1<sup>st</sup> that the CCR has been distributed.

### LEVEL 1 STUDY QUESTIONS

1. What is an MCL?
2. Why is turbidity a Primary Contaminant?
3. What is a nephelometer?
4. What is a repeat sample?
5. How long must bacteriological and chemical sampling results be kept?
6. How often must consumer confidence reports be prepared and distributed?

### LEVEL 1 SAMPLE TEST QUESTIONS

1. A public water system is any system that serves a population greater than or equal to:
  - A. 25
  - B. 50
  - C. 100
2. What is the maximum chlorine residual allowed by the Disinfectant-Disinfection By-Products Rule?
  - A. 2 mg/l
  - B. 4 mg/l
  - C. 6 mg/l
  - D. 8 mg/l
3. What type of contaminant is iron?
  - A. Primary Inorganic
  - B. Primary Organic
  - C. Secondary

4. The failure of a public water system to comply with the NM Drinking Water Regulations must be reported to NMED within:
  - A. 12 Hours
  - B. 48 Hours
  - C. 4 Days
  - D. One week

### LEVEL 2 STUDY QUESTIONS

1. What are the four components of the Ground Water Rule?
2. What notification is required for a Tier 1 violation?
3. What are the action levels for lead and copper?
4. How often must nitrate samples be submitted?

### LEVEL 2 SAMPLE TEST QUESTIONS

1. The MCL for Total Trihalomethanes is:
  - A. 0.010 mg/l
  - B. 0.080 mg/l
  - C. 0.200 mg/l
2. The SDWA Compliance Cycle for the Standardized Monitoring Rule consists of three:
  - A. Years
  - B. Compliance Periods
  - C. Quarters
  - D. Months



## MICROBIOLOGICAL SAMPLING

### WATERBORNE PATHOGENS

Water systems must strive to keep their drinking water free of disease causing organisms known as pathogens. There are five waterborne pathogens that can be found in all water supplies and two that are only found in surface water supplies. The protozoa that are found only in surface water supplies (*Giardia* and *Cryptosporidium*) form cysts and spores that protect them from cold temperatures. Because of this protection, they are much more difficult to kill with disinfectant chemicals.

#### DISEASES CAUSED BY WATERBORNE PATHOGENS

##### **All Water Sources:**

Typhoid  
Paratyphoid (Types A & B)  
Cholera  
Dysentery  
Hepatitis

##### **Surface Water Only:**

Cryptosporidium  
Giardia

All of these diseases are caused by pathogenic bacteria except hepatitis, which is a virus. It is very difficult to identify any one particular pathogen by laboratory testing. To make testing more reliable and economical, the lab tests are designed to identify a large family of bacteria that are related to the disease causing bacteria, rather than identifying each type of pathogen.

## **COLIFORM GROUP OF BACTERIA**

Coliform bacteria are enteric bacteria. This means that they are found in the intestinal tract of warm-blooded animals, including humans. These bacteria do not cause disease but are necessary for the digestion of food. The waterborne pathogens are also enteric organisms. Some of the bacterial pathogens are part of the coliform family.

If coliform bacteria are present in the water supply, pathogens may also be present. The coliform bacteria live longer in water and are easier to detect by laboratory testing. This is the reason the coliform group has been chosen as the indicator organism for waterborne pathogens. If coliform bacteria are not present it is assumed there are no pathogens present either.

The coliform family has been divided into two groups. Results may come back as either total coliform positive (TC positive) or *E. coli* positive (EC positive). Total coliform bacteria are commonly found in the environment (e.g., soil or vegetation) and are generally harmless. If only total coliform bacteria are detected in a drinking water sample, the source is probably environmental. Fecal contamination is not likely. The presence of *E. coli* in a drinking water sample is a strong indication of recent sewage or animal waste contamination and that pathogens might be present.

The laboratory tests for coliform include the MPN method, the Membrane Filter test, the Colilert test, and the presence-absence test. Most of the certified labs in New Mexico use either the Colilert or membrane filter (MF) test. These tests require  $100 \pm 2.5$  milliliters of sample.

## **MONTHLY SAMPLING**

It is the responsibility of the system to collect samples for microbiological ("Bac-T") testing. It is very important to make sure samples are collected and tested and results reported properly. If a sample becomes contaminated due to poor sampling procedures or is not sent to the testing laboratory at the proper time, the system may technically be in violation of the drinking water regulations. This may result in the system having to notify the public of violations when the water is actually safe.

The NMED Drinking Water Regulations regarding microbiological sampling schedules set the minimum number of samples a water system must submit at one per month. As the size of the system increases so does the number of samples required each month (maximum of 480). Ground water systems serving 4900 or fewer people (5 routine samples or fewer per month) may collect all required samples on a single day if they are taken from different sites.

**DRINKING WATER DISTRIBUTION SYSTEM SAMPLING PLAN (DSSP)**

The RTCR that takes effect on April 1, 2016, requires all public water systems to update their previous sampling plans. The DWB requires that drinking water systems maintain and implement a DWB-approved distribution system sample plan (DSSP) that reflects current regulatory requirements and system conditions, and enables certified samplers or operators to collect all routine and repeat compliance distribution system samples according to sample schedules established by the DWB. Additionally, the plan needs to be specific enough that any certified sampler or operator could take the plan without any prior knowledge of the system and accurately implement it. Small systems must have at least two sample sites in the system.

At a minimum, sampling plans must contain the following:

- Name of PWS.
- Name and contact information for all contacts at the PWS (administrative, operator, sampler, and emergency contacts).
- Routine sampling locations that are representative of the entire distribution system.
- Pre-identified repeat monitoring locations.
- High quality, accurate map of the entire distribution system indicating **all** sampling sites.
- Systems are required to designate the physical address for each monthly routine and repeat sample location

Drinking Water Distribution System Sampling Plans (DSSP) must be reviewed and approved by NMED-DWB. Sampling schedules should be set up to collect routine samples at regular intervals from month to month (i.e., same week each month) and should be rotated through each major and minor portion of the distribution system every fourth month. This means that in general, a system could use the same sample locations for January/April/July/October, a second set of locations for February/May/August/November and a third set for March/June/September/December ***as long as this rotation provides representative sampling of the entire distribution system***. Sampling schedules should be set up to collect compliance samples during the first half of the month. This will allow time for repeat sample collection and testing, if necessary, before the end of the calendar month. Guidelines for creating the DSSP are found on the NMED-DWB “Revised Total Coliform Rule” webpage (<https://www.env.nm.gov/dwb/RTCR.htm>).

## THE SAMPLE BOTTLES

There are three types of sample bottles that are used by the majority of New Mexico certified microbiological testing labs. Sample bottles are provided by the lab and are sterilized prior to distribution. The three types of sample bottles are:

**Nalgene** - These are the only reusable bottles. NM SLD and several of the large municipal labs use them. They are sterilized by the lab and returned to circulation after each use. Bottles issued by SLD have “SLD” scratched into the top of the cap. SLD will only accept bottles that they issue for testing.

**IDEXX** – These bottles are clear plastic disposable containers that are supplied by the manufacturer with the colilert testing kits. Many labs that use the colilert method also issue the **IDEX** bottles.

**Snap Lid** – These bottles have a hinged cap that has a snap-on type seal and a hinged latch to secure it. A plastic “Key” is used to secure the latch once the sample is collected.



**NALGENE**



**IDEXX**



**SNAP LID**



## MICROBIOLOGICAL SAMPLE BOTTLES

### PREPARING TO COLLECT THE SAMPLE

The first consideration in collecting a "Bac-T" sample is the sample bottle. These bottles are provided by the laboratory. They are sterilized prior to being distributed. They should be stored in a cool, dry place until they are needed for a sample. Sodium thiosulphate is added to the bottle before it is sterilized. It may be in the form of a clear liquid, a white powder, or a white tablet in the bottom of the bottle. The purpose of the sodium thiosulphate is to neutralize any chlorine residual that is present in the sample.



Things to remember when preparing to collect microbiological samples:

1. Don't forget the chlorine residual test kit. If the system disinfects, a free chlorine residual needs to be present prior to sample collection. The residual must be recorded on the sample request form.
2. A cooler and blue ice packs (or regular ice) will be needed for sample preservation. If ice is used, plastic bags will be needed to keep the sample bottles and forms dry.
3. Use alcohol, soap, or latex gloves to prevent contamination due to dirty hands.
4. A pen should be used to fill out forms. Use tape and a permanent marker to label sample bottles.
5. Always take extra bottles and sample request forms. Repeat samples will also require red evidentiary seal tape.
6. Never wash out a bottle or even open it until you are ready to take the sample.
7. If a sample bottle has any dirt or junk in it or in the lid, don't use it. It's better to get a new bottle than to take a bad sample. See item 5.

## SAMPLE COLLECTION

The location of the sample should be determined by referring to the sampling plan. Once the site has been selected, the next consideration is the collection of a valid sample. The procedure for collecting the sample is given below. These instructions should be carefully followed to prevent accidental contamination of the sample.

1. **Select a sampling point.** Always keep sanitary conditions in mind when selecting a sampling point. Never use a kitchen sink faucet that swivels or an outdoor faucet that drips. Any hoses, vacuum breakers or other attachments must also be removed. The least-used faucet at the site is preferred because there is less chance of contamination of the faucet. If an indoor faucet is selected, make sure the sink and faucet are clean. Never collect a sample from a hot water faucet. Remove the aerator screen (it might be contaminated). If the sample tap is located in an open area, **clean brush and other vegetation for 3-5 feet away from the sample site.**



**Don't select hinged faucets or faucets with attachments (Top)**

**Clean faucet and sink and remove aerator screen (Left)**

Disinfect the faucet with alcohol if necessary. Avoid using bleach to clean the faucet. It doesn't evaporate as quickly and spills are a bigger problem to clean up. And finally, wash your hands or put on latex gloves before collecting the sample.

2. **Flush the line.** Open the tap and let the water run for 3-5 minutes or until the temperature changes. This will insure that the water being sampled is from the main and has not been standing in the customer's plumbing.



3. **Take a chlorine residual reading.** Once the line is properly flushed, throttle the flow down to an unaerated stream. Run a chlorine residual analysis and record the free chlorine residual. It must be included on the sample request form.
4. **Collect the sample.** Remove the cap, making sure that you do not touch the inside of the cap or the top of the sample bottle. Don't aerate the sample or allow it to splash on the outside of the bottle. Don't touch the inside of the cap or bottle. Don't blow or breathe into the sample bottle. Hold the bottle at a 45 degree angle while filling it.



Fill the bottle carefully to the 'fill line' or within about 1" of the top. This guarantees that there is at least 100ml of sample in the bottle. Do not fill it all the way. Never pour excess water out of the bottle. If you overfill it, draw another sample with one of those extra bottles you brought. An air space is needed to agitate the sample before it is tested at the lab.

Never set the cap down or leave it off longer than it takes to collect the sample. Hold the cap so that it is facing down to avoid having debris settle in it. Replace the cap and make sure it is tight

5. **Mark the bottles for identification.** Mark the disposable bottles directly and use a piece of tape or other suitable label to mark and identify the reusable Nalgene bottles. The information on the label should include the address, date and time. If records are being data based, the computer reference number should also be included.
6. **Refrigerate the sample.** The sample must be refrigerated to lower the temperature to 39° F or 4° C until tested. Always place the sample and the form in a plastic bag if ice is being used to refrigerate the sample. This is a good practice even if blue ice is being used because condensation can occur. If the samples are wet, the lab may reject them because they can't be sure the sample didn't leak.

## **REPORTING AND SHIPPING CONSIDERATIONS**

The final consideration for microbiological sampling is the proper completion of the sample form and delivery to the lab. The instructions for the SLD microbiological sample request form are included in Chapter 7. The following information must be included on the sample form:

### **Microbiological Sample Request Form Data**

1. **System name, address, and identification number**
2. **Location of sampling site**
3. **Date and time sample was taken**
4. **Type of water sampled**
  - a. **Routine Sample – Compliance**
  - b. **Repeat Sample**
  - c. **Special sample – Line break/raw water**
  - d. **NMED monitor sample – Requested by NMED**
5. **Chlorine residual**
6. **Reference number (if it's a repeat sample)**
7. **Name of operator taking sample and Operator ID # or Water Sampler Technician ID Number**

There are times when water systems need to collect microbiological samples for reasons other than monitoring compliance. New water lines and lines that have been repaired should be tested. Wells that have been disinfected should be tested. These samples must be identified as something other than a routine or compliance sample so they will not count as a violation against the system if they are found to be positive. This is done by checking “Special Sample” on the form.

There are certain requirements regarding the age of a microbiological sample. New Mexico Drinking Water Regulations state that the sample must be tested within 30 hours after it is taken. If a sample does not arrive at the lab within this time period it will not be tested. Most labs require that the sample arrive at the lab within 24 hours of collection so the testing can be done before it is 30 hours old.

Some labs, including SLD, do not accept samples on Fridays, since they are not open on Saturday to read the results. This means that it is important to take compliance samples on a Monday. If positive results are received on Wednesday, the repeats can be run on Thursday. Remember that repeat samples must be taken within 24 hours of notification. If you receive notification of a positive sample on Friday and the repeat can't be run until the following Monday a violation has occurred.

## REPEAT SAMPLES

Anytime a microbiological sample result comes back positive, indicating the presence of total coliform or E.coli, repeat samples must be taken. Three repeat (3) samples for every total coliform and/or E.coli positive result are required. Repeat samples do not have to be collected within 5 service connections upstream or downstream. The RTCR allows for alternative repeat sampling locations if a PWS believes that one of those alternative locations are representative of pathways for contamination of the distribution system. Sampling from alternative locations must be approved by NMED-DWB prior to the repeat sampling event. These repeat samples must be taken within 24 hours of notification of positive results. They must be identified as a Repeat Sample on the sample form. Repeat samples must be sealed with a red evidentiary seal tape. The tape must cover the cap and extend down the sides of the bottle. The sample forms must also include the reference number for the positive sample.



**Repeat sample  
with red seal tape**



## VIOLATIONS

When repeat samples come back total coliform or *E. coli* positive or when no repeat samples are taken, a Level 1 or 2 Assessment is triggered and the system may have an *E. coli* MCL violation. The table below outlines the instances when Level 1 and 2 Assessments are required and if there is an *E. coli* MCL violation. In all cases the NMED-DWB must be notified within 24 hours of any positive sample results. The water system is responsible for any public notification that may be required.

- **TC+** = Total coliform-positive or present; **TC-** = Total coliform-negative or absent
- **EC+** = *E. coli*-positive or present; **EC-** = *E. coli*-negative or absent; **EC?** = *E. coli* not analyzed

You must **COMPLETE AN ASSESSMENT AND SUBMIT THE FORM TO THE STATE WITHIN 30 DAYS** after you learned your PWS has triggered an assessment. See the **RTCR Factsheet: Level 1 & Level 2 Assessments and Corrective Actions**.

| If Routine Sample Is:    | And          | Any Repeat Sample Is:             | Action: What do your sample results mean?                                                                                                                                                                                                                                                                                                                                              | Violation                     |
|--------------------------|--------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>TC+</b><br><b>EC-</b> | <b>&amp;</b> | <b>TC+</b><br><b>EC-</b>          | The presence of total coliform bacteria in both your original routine sample and in your follow-up repeat sample suggests there could be a problem and your water may not be safe to use.<br><b>1. CONDUCT A LEVEL 1 OR LEVEL 2 ASSESSMENT.</b> Contact the state for help determining which type of assessment is required.                                                           | No MCL violation              |
| <b>TC+</b><br><b>EC-</b> | <b>&amp;</b> | <b>TC+</b><br><b>EC+</b>          | The presence of <i>E. coli</i> bacteria in your water is an indicator of fecal contamination and your water may not be safe to use.<br><b>1. NOTIFY THE STATE</b> within 24 hours of receiving sample results<br><b>2. CONDUCT A LEVEL 2 ASSESSMENT.</b><br><b>3. ISSUE A PUBLIC NOTICE (PN).</b>                                                                                      | <i>E. coli</i> MCL violation* |
| <b>TC+</b><br><b>EC-</b> | <b>&amp;</b> | Any or all repeat samples missing | The presence of total coliform bacteria in your original routine sample suggests there could be a problem and because repeat samples were not tested, it is unknown whether or not the water is safe to use.<br><b>1. CONDUCT A LEVEL 1 OR LEVEL 2 ASSESSMENT.</b> Contact the state for help determining which type of assessment is required<br><b>2. ISSUE A PUBLIC NOTICE (PN)</b> | No MCL violation              |
| <b>TC+</b><br><b>EC+</b> | <b>&amp;</b> | <b>TC+</b>                        | The presence of <i>E. coli</i> bacteria in your water is an indicator of fecal contamination and your water may not be safe to use.<br><b>1. NOTIFY THE STATE</b> within 24 hours of receiving sample results<br><b>2. CONDUCT A LEVEL 2 ASSESSMENT.</b><br><b>3. ISSUE A PUBLIC NOTICE (PN).</b>                                                                                      | <i>E. coli</i> MCL violation* |
| <b>TC+</b><br><b>EC+</b> | <b>&amp;</b> | Any or all repeat samples missing | The presence of <i>E. coli</i> bacteria in your water is an indicator of fecal contamination and your water may not be safe to use.<br><b>1. NOTIFY THE STATE</b> within 24 hours of receiving sample results<br><b>2. CONDUCT A LEVEL 2 ASSESSMENT.</b><br><b>3. ISSUE A PUBLIC NOTICE (PN).</b>                                                                                      | <i>E. coli</i> MCL violation* |

### NOTE

\* You are required to provide Tier 1 public notice within 24 hours in response to an *E. coli* MCL violation.

**STUDY QUESTIONS**

1. Who is responsible for the sample siting plan?
2. What is sodium thiosulphate used for?
3. What equipment is needed to collect a microbiological sample?
4. Which faucets should be avoided when selecting a sampling point?
5. Why should routine samples be collected early in the week?
6. Which samples require a red tape seal and chain of custody?
7. How are microbiological samples stored and transported?
8. How soon must repeat samples be collected after notification of positive results?

**SAMPLE TEST QUESTIONS**

1. Microbiological samples must be tested within \_\_\_\_ hours.
  - A. 12
  - B. 24
  - C. 30
  - D. 36
2. If a system takes one microbiological sample a month, how many repeat samples must be taken when positive results are reported?
  - A. 2
  - B. 3
  - C. 4
  - D. 5
3. If positive results occur, what is the minimum number of samples for next month?
  - A. 1
  - B. 3
  - C. 5
  - D. 10
4. How many milliliters of sample is required for testing?
  - A. 50
  - B. 75
  - C. 100
  - D. 125
5. A sample collected after a water line repair should be identified as a \_ on the sample request form?
  - A. Routine Sample
  - B. Repeat Sample
  - C. Special Sample
  - D. NMED Monitoring Sample





## ORGANIC SAMPLING

There are several laboratories in New Mexico that are certified to run organic analyses. The largest laboratory facility for organic testing is the NMDOH State Laboratory Division or SLD. The sample kits and bottles shown in this chapter are used by SLD. If a lab other than SLD is used the kit packaging and forms may vary, but the sampling protocols should still be the same.

### SAMPLING KITS

There are different sampling kits used to collect the various organic samples for testing. Many of the contaminants are related chemically and are grouped together for sampling and monitoring purposes. The chemicals, listed on the following page, are grouped into Volatile Organic Compounds (VOC), semi-volatile organic compounds (SVOC), and Disinfection By-Products (DBP).

Volatile organic compounds are those chemicals that evaporate quickly. The solvents like benzene, toluene, and carbon tetrachloride are included in this group. Others, like styrene and vinyl chloride, are used to manufacture petrochemical products and plastics. Semi-volatile organic compounds are the heavier chemicals that do not evaporate. Many of these chemicals, like lindane and 2,4-D, are used as pesticides and herbicides. Organic disinfection by-products sampling includes total trihalomethanes (TTHM) and haloacetic acids (HAA5). TTHMs are volatile organics and haloacetic acids are semi-volatile.

Three separate sample kits are used to collect all of the organic samples. The kit for VOCs includes two sample bottles and a storage bag. The kit for the semi-volatile organic samples consists of ten sample bottles, three bottles of chemicals for sample preservation, and a dropper.



**VOC Sample Kit (Top)**

**Semi-Volatile Organics Kit (left)**  
(Also includes VOC II sample Kit  
similar to VOC kit)

| ORGANIC CONTAMINANTS       |                 |                                                                           |            |
|----------------------------|-----------------|---------------------------------------------------------------------------|------------|
| CONTAMINANT                | MCL (mg/L)      | CONTAMINANT                                                               | MCL (mg/L) |
| Acrylamide                 | TT <sup>1</sup> | Lindane                                                                   | 0.0002     |
| Alachor                    | 0.002           | Methoxychlor                                                              | 0.04       |
| Atrazine                   | 0.003           | Oxamyl (Vydate)                                                           | 0.2        |
| Benzene                    | 0.005           | Polychlorinated                                                           |            |
| Benzo(a)pyrene             | 0.0002          | byphenyls (PCBs)                                                          | 0.0005     |
| Carbofuran                 | 0.04            | Pentechlorophenol                                                         | 0.001      |
| Carbon Tetrachloride       | 0.005           | Picloram                                                                  | 0.5        |
| Chlordane                  | 0.002           | Simazine                                                                  | 0.004      |
| Chlorobenzene              | 0.1             | Styrene                                                                   | 0.1        |
| 2,4-D                      | 0.07            | Tetrachloroethylene                                                       | 0.005      |
| Dalapon                    | 0.2             | Toluene                                                                   | 1          |
| DBCP                       | 0.0002          | Toxaphene                                                                 | 0.003      |
| o-Dichlorobenzene          | 0.6             | Trichloroethylene                                                         | 0.005      |
| p-Dichlorobenzene          | 0.075           | 2,4,5-TP (Silvex)                                                         | 0.05       |
| 1,2-Dichloroethane         | 0.005           | 1,2,4-Trichlorobenzene                                                    | 0.07       |
| 1,1-Dichloroethylene       | 0.007           | 1,1,1-Trichloroethane                                                     | 0.2        |
| cis-1,2-Dichloroethylene   | 0.07            | 1,1,2-Trichloroethane                                                     | 0.005      |
| trans-1,2-Dichloroethylene | 0.1             | Vinyl chloride                                                            | 0.002      |
| Dichlormethane             | 0.005           | Xylenes (total)                                                           | 10         |
| 1,2-Dichloropropane        | 0.005           | <sup>1</sup> – TT refers to approved Treatment Technology rather than MCL |            |
| Di(2-ethylhexyl) adipate   | 0.4             |                                                                           |            |
| Di(2-ethylhexyl) phthalate | 0.006           |                                                                           |            |
| Dinoseb                    | 0.007           |                                                                           |            |
| Dioxin                     | 0.00000003      |                                                                           |            |
| Diquat                     | 0.02            |                                                                           |            |
| Endothall                  | 0.1             |                                                                           |            |
| Endrin                     | 0.002           |                                                                           |            |
| Epichlorohydrin            | TT <sup>1</sup> |                                                                           |            |
| Ethylbenzene               | 0.7             |                                                                           |            |
| Ethylene dibromide         | 0.00005         |                                                                           |            |
| Glyphosate                 | 0.7             |                                                                           |            |
| Heptachlor                 | 0.0004          |                                                                           |            |
| Heptachlor epoxide         | 0.0002          |                                                                           |            |
| Hexachlorobenzene          | 0.001           |                                                                           |            |
| Hexachlorocyclopentadiene  | 0.050           |                                                                           |            |

The disinfection by-products kit contains four bottles. Two are for TTHMs and two are for haloacetic acids. The bottles used for TTHMs are the same as those used for VOCs. They come in a separate plastic bag.

These kits may also contain a field blank, also called a trip blank. It is filled with de-ionized water at the lab and is used to establish baseline data for the other samples. If you receive a field blank with a kit, send it back to the lab with a sample form filled out to indicate that it is the field blank.



**Disinfection By-Products Kit**

## **PREPARATION FOR SAMPLE COLLECTION**

Water is an excellent solvent for many organic compounds. When exposed to air, it has the ability to absorb volatile organic gases that may be present. There are special precautions that must be taken to avoid contamination of organic water samples. VOC I/II and THM samples are the easiest to contaminate. They must be collected with no headspace (air) in the bottle. Techniques used to correctly fill these sample bottles will be detailed with the individual collection instructions. Always observe the following precautions prior to collecting an organic water sample:

- 1) Check the sampling kit to make sure that all of the bottles and preservatives are present. Check the sample form(s) provided or download the sample form from the SLD website. A marker or pen will be needed to fill out labels and forms.
- 2) Personal hygiene issues can increase the risk of sample contamination, especially when taking VOC samples.
  - A) No smoking – Tobacco smoke contains VOCs that can be absorbed by water.
  - B) No hairspray/mousse, cologne/perfume, or breath spray/mouthwash for the same reason as tobacco smoke.
  - C) Latex gloves should be worn during sample collection - Change gloves at each new sampling site.
- 3) Sample preservation will require refrigeration. A cooler with ice and a number of sealing plastic bags, to store sample bottles and forms, should be utilized.
- 4) Make sure all vehicles or other combustion engines are off and the area is well ventilated. VOCs in engine exhaust can also contaminate the samples.
- 5) Remove any aerator screens or other attachments from the faucet. Flush the faucet for 5-10 minutes to stabilize the water temperature.

## VOC SAMPLE COLLECTION (EPA METHOD 524.2)

VOC samples are collected in duplicate. Two preservative chemicals, ascorbic acid and hydrochloric acid (HCL), are used for these samples. If the system is chlorinated, ascorbic acid will be added to each vial at the lab. Non-chlorinated systems will require the addition of hydrochloric acid. Never rinse the sample vials prior to collection.

There are two 40 ml glass vials included in the kit. Each has a Teflon septum in the screw cap. These sample vials must be filled with no air bubbles or headspace. This must be done to prevent potential contamination from airborne VOCs and the loss of very light VOCs from the sample.

The following procedure should be used to collect the samples. (Repeat for both vials):

- 1) After the sample faucet has been properly flushed, reduce the flow to a trickle.
- 2) Remove the cap, hold the vial at a 45 degree angle. Position the vial as close to the faucet as possible and make sure the stream hits the side of the vial as it fills. Slowly fill the vial until it overflows the rim slightly.
- 3) Wait 20 seconds for any entrapped air to rise to the top. Then add 2 drops of 1:1 HCl using the dropper and acid provided by the lab.
- 4) Replace the cap without getting any air in the sample vial. There are two methods that can be used to do this:
  - A) Fill the vial until you get a convex meniscus (bulging over the rim). Carefully slide the septum across the top of the vial and then screw on the cap.
  - B) Fill the vial to get a convex meniscus and fill the cap (don't remove the septum) with water. Hold the inverted cap next to the rim of the vial and carefully flip the cap over the top and screw it down.
- 5) Check to make sure there are no bubbles in the sample. If bubbles are present, remove the cap, add a little more sample water and try again.
- 6) Record site data, date, and time on the site labels and place them on each vial. Place the lab-supplied ID labels to each vial. Place vials in plastic bag and seal. Refrigerate (4°C/39°F) during storage and transport. Samples must be analyzed within 14 days of collection.



**VOC/VOC I/II Sample Vial,  
Screw Cap, and Septum**

## SEMI-VOLATILE ORGANIC COMPOUNDS SAMPLE KIT

There are seven different sets of samples associated with the semi-volatile organic compounds collection kit. Due to the short EPA holding requirements for these samples, you should contact the lab to schedule sample submission. Arrangements for sample bottle kits can be made at that time.

Some tests require duplicate samples; others only require a single sample. Most of the bottles and vials have preservative chemicals added to them by the lab. Never rinse the sample bottles prior to sample collection. Some samples require preservation with hydrochloric acid after collection. The sample bottles that require acid preservation have yellow labels.

### Semi Volatile Organic Compounds Sample Kit

| Test Requested                                                      | # of Bottles | Description                         |
|---------------------------------------------------------------------|--------------|-------------------------------------|
| VOC II (EDB, DBCP, TCP) (775) <sup>1</sup>                          | 2            | 40 ml vial w/preservative           |
| Acid Herbicides (Chlorophenoxy) (758) <sup>1</sup>                  | 2            | 250 ml amber bottle w/preservative  |
| SOC (788) <sup>1</sup>                                              | 2            | 1 liter amber bottle w/preservative |
| Carbamates (772) <sup>1</sup>                                       | 1            | 40 ml vial w/preservative           |
| Glyphosate (781) <sup>1</sup>                                       | 1            | 40 ml vial w/preservative           |
| Endothall (782) <sup>1</sup>                                        | 1            | 250 ml amber bottle w/preservative  |
| Diquat (783) <sup>1</sup>                                           | 1            | 1 liter PPE bottle w/ preservative  |
| <sup>1</sup> – SLD Method number                                    |              |                                     |
| Sodium thiosulfate (Na <sub>2</sub> S <sub>2</sub> O <sub>4</sub> ) | 2            | Mini-vials for sample preservation  |
| 1:1 Hydrochloric acid (HCl)                                         | 1            | 20 ml vial for sample preservations |

## VOC II SAMPLE COLLECTION (EPA METHOD 504.1)

Two 40 ml vials must be filled for this analysis. The samples are preserved with 3 mg of sodium thiosulfate. It is added at the lab. Do not pre-rinse the vials prior to sampling.

These samples should be from a site that is upstream of chlorination to avoid contamination with THMs, which interfere with this test. The procedures for collection are similar to VOCs, except that no HCl is added because sodium thiosulfate is used.



**VOC II Sample Vials**

The following procedure should be used to collect the VOC II samples: (Both vials)

- 1) After the sample faucet has been properly flushed, reduce the flow to a trickle.
- 2) Remove the cap, hold the vial at a 45 degree angle. Position the vial as close to the faucet as possible and make sure the stream hits the side of the vial as it fills. Slowly fill the vial until it overflows the rim slightly.
- 3) Replace the cap without getting any air in the sample vial. There are two methods that can be used to do this:
  - A) Fill the vial until you get a convex meniscus (bulging over the rim). Carefully slide the septum across the top of the vial and then screw on the cap.
  - B) Fill the vial to get a convex meniscus and fill the cap (don't remove the septum) with water. Hold the inverted cap next to the rim of the vial and carefully flip the cap over the top and screw it down.
- 4) Check to make sure there are no bubbles in the sample. If bubbles are present, remove the cap, add a little more water and try again.
- 5) Record site data, date, and time on the site labels and place them on each vial. Place the lab-supplied ID labels to each vial. Place vials in plastic bag and seal. Refrigerate (4°C/39°F) during storage and transport.

**ACID HERBICIDES SAMPLE COLLECTION (EPA METHOD 515.2)**

Two 250 ml amber glass bottles must be filled for this analysis. The samples are preserved with 15 mg of sodium sulfite as a de-chlorination agent. It is added at the lab. Do not rinse the bottle before or during sampling.

Hydrochloric acid will also be added to the bottle after the sample is collected (as indicated by the yellow labels).



**Acid Herbicides Sample Bottles  
HCl Bottle and Dropper**

The following procedure should be used to collect the acid herbicides samples:  
(Both bottles)

- 1) After the sample faucet has been properly flushed, reduce the flow to an un-aerated stream.
- 2) Slowly fill the bottle up to the curve of the shoulder.
- 3) Replace the cap and invert the bottle several times to make sure the sodium sulfite is dissolved
- 4) Wait at least two minutes for de-chlorination to take place and then add one dropper of 1:1 HCl into each of the two bottles. The pH should be less than 2.0. Additional acid may be needed if the water is very alkaline.
- 5) Make sure the appropriate labels are in place. Refrigerate (4°C/39°F) during storage and transport.



## **SOC SAMPLE COLLECTION (EPA METHOD 525.2)**

Two one liter amber glass bottles must be filled for this analysis. The samples are preserved with 50 mg of sodium sulfite as a de-chlorination agent. It is added at the lab. Do not rinse the bottle before or during sampling.

Hydrochloric acid (HCl) will also be added to the bottle after the sample is collected (as indicated by the yellow labels).

### **SOC Sample Bottles HCl Bottle and Dropper**



The following procedure should be used to collect the SOC samples: (Both bottles)

- 1) After the sample faucet has been properly flushed, reduce the flow to an un-aerated stream.
- 2) Slowly fill the bottle up to the curve of the shoulder.
- 3) Replace the cap and invert the bottle several times to make sure the sodium sulfite is dissolved
- 4) Wait at least two minutes for de-chlorination to take place and then add two droppers of 1:1 HCl into each of the two bottles. The pH should be less than 2.0. Additional acid may be needed if the water is very alkaline.
- 5) Make sure the appropriate labels are in place. Refrigerate (4°C/39°F) during storage and transport.



## CARBAMATE SAMPLE COLLECTION (EPA METHOD 531.2)

One 40 ml glass vial must be filled for this analysis. The sample is preserved with 0.375 grams of citrate buffer used to stabilize the analytes. It is added at the lab. Do not rinse the bottle before or during sampling.

Sodium thiosulfate will also be added to the bottle before the sample is collected. Use one of the two vials of sodium thiosulfate provided with the kit. No preservative is needed for non-chlorinated samples.

The following procedure should be used to collect the carbamate samples:

- 1) After the sample faucet has been properly flushed, reduce the flow to a trickle.
- 2) If the sample is chlorinated, add the contents of the sodium thiosulfate vial to the sample.
- 3) Slowly fill the bottle and cap it. Air bubbles are not an issue.
- 4) Make sure the appropriate labels are in place. Refrigerate (4°C) during storage and transport.



**Carbamate Sample Vial  
Sodium Thiosulfate Vial**

## GLYPHOSATE SAMPLE COLLECTION (EPA METHOD 547)

One 40 ml amber glass vial must be filled for this analysis. The sample is preserved with 4 mg of sodium thiosulfate. It is added at the lab. Do not rinse the bottle before or during sampling. No other preservative is needed for this sample.

The following procedure should be used to collect the glyphosate samples:

- 1) After the sample faucet has been properly flushed, reduce the flow to a trickle.
- 2) Slowly fill the bottle and cap it. Air bubbles are not an issue.
- 3) Make sure the appropriate labels are in place. Refrigerate (4°C/39°F) during storage and transport.



**Glyphosate Sample Vial**

## ENDOTHALL SAMPLE COLLECTION (EPA METHOD 548.1)

One 250 ml amber glass bottle must be filled for this analysis. If the sample is chlorinated, 20 mg of sodium thiosulfate must be added prior to the collection of the sample. Samples that are not chlorinated require no preservatives.

The following procedure should be used to collect the endothall samples:

- 1) After the sample faucet has been properly flushed, reduce the flow to an unaerated stream.
- 2) If the sample is chlorinated, add the contents of one of the sodium thiosulfate vials to the sample bottle. Skip this step if the sample is not chlorinated.
- 3) Slowly fill the bottle and cap it.
- 4) Make sure the appropriate labels are in place. Refrigerate (4°C/39°F) during storage and transport.



**Endothall Sample Bottle  
Sodium Thiosulfate Vial**

## DIQUAT SAMPLE COLLECTION (EPA METHOD 549.2)

One 1 liter polypropylene (PPE) bottle must be filled for this analysis. The sample is preserved with 100 mg of sodium thiosulfate. It is added at the lab. Do not rinse the bottle prior to or during sampling. If the sample is biologically active, like lake or river water, 1:1 sulfuric acid must be added to drop the pH below 2.0.

The following procedure should be used to collect the diquat samples:

- 1) After the sample faucet has been properly flushed, reduce the flow to an unaerated stream.
- 2) Slowly fill the bottle and cap it.
- 3) Make sure the appropriate labels are in place. Refrigerate(4°C/39°F) during storage and transport.



**Diquat Sample Bottle**

## DISINFECTION BY-PRODUCTS SAMPLE KIT

There are two different sets of samples in the associated with the disinfection by-products kit. Samples are analyzed for both total trihalomethanes (TTHMs) and the haloacetic acid group (HAA5). The total trihalomethanes are VOCs and samples are collected in VOC vials. The issue of air bubbles is also a concern in TTHM samples. Haloacetic acids are semi volatile. HAA5 samples are collected in brown vials similar to those used for glyphosate samples.



**Disinfection By-Products Kit**

## TTHM SAMPLE COLLECTION (EPA METHOD 524.2)

TTHM samples are collected in duplicate. There are two 40 ml glass vials included in the kit. Each has a Teflon septum in the screw cap. These sample vials must be filled with no air bubbles or headspace.

The sample is preserved with 3 mg of sodium thiosulfate. It is added at the lab. Never rinse the sample vials prior to collection.



**Total Trihalomethanes  
Sample Vials**

The following procedure should be used to collect the samples. (Repeat for both vials):

- 1) After the sample faucet has been properly flushed, reduce the flow to a trickle.
- 2) Remove the cap, hold the vial at a 45 degree angle. Position the vial as close to the faucet as possible and make sure the stream hits the side of the vial as it fills. Slowly fill the vial until it overflows the rim slightly.

- 3) Replace the cap without getting any air in the sample vial. There are two methods that can be used to do this:
  - A) Fill the vial until you get a convex meniscus (bulging over the rim). Carefully slide the septum across the top of the vial and then screw on the cap.
  - B) Fill the vial to get a convex meniscus and fill the cap (don't remove the septum) with water. Hold the inverted lid next to the rim of the vial and carefully flip the cap over the top and screw it down.
- 4) Check to make sure there are no bubbles in the sample. If bubbles are present, remove the cap, add a little more water and try again.
- 5) Record site data, date, and time on the site labels and place them on each vial. Place the lab-supplied ID labels to each vial. Place vials in plastic bag and seal. Refrigerate (4°C/39°F) during storage and transport. Samples must be analyzed within 14 days of collection.

### **HALOACETIC ACIDS SAMPLE COLLECTION (EPA METHOD 552.2)**

Two 60 ml amber glass vial must be filled for this analysis. The samples are preserved with 6 mg of ammonium chloride, as a dechlorination agent. It is added at the lab. Do not rinse the bottle before or during sampling. No other preservative is needed for this sample.

The following procedure should be used to collect the HAA5 samples: (Both vials)

- 1) After the sample faucet has been properly flushed, reduce the flow to a trickle.
- 2) Slowly fill the vial and cap it. Air bubbles are not an issue.
- 3) Agitate the vial for one minute to dissolve the ammonium chloride.
- 4) Make sure the appropriate labels are in place. Refrigerate (4°C/39°F) during storage and transport.



**Haloacetic Acid Sample Vials**

## PREPARING SAMPLES FOR SHIPMENT

Organic samples may have to be shipped or mailed to the lab. Here are the procedures to follow when shipping samples to SLD. Chapter 7 will cover how to properly fill out the sample request forms.

- 1) If you want the shipping cooler returned to you, mark the inside of the lid with your return address.
- 2) Check to make sure the samples are properly labeled. Each set of samples must include a request form. Place request forms in a zip lock baggie and tape it to the inside of the cooler cover.
- 3) When taking samples at multiple sites, make sure that each set of samples for a site are shipped in the same cooler. This will help the lab organize the samples. VOC I samples can be shipped with semi volatiles if a separate request form is included.
- 4) Pack the samples carefully. If not properly protected, they can be broken in shipment.
- 5) Chill samples to (4°C/39°F) at the time of collection. Samples that will not be received by the lab on the day they are collected must be shipped with sufficient ice to insure that they arrive at the lab at (4°C/39°F). Do not use too many ice packs or the samples may freeze causing the glass bottles to break.
- 6) Send samples in as soon as possible after sampling for analysis. Some samples must be analyzed within 7 days of collection. The shipping address for SLD is printed on the top of each request form:

**Shipping address:**  
**New Mexico Department of Health**  
**SLD – Organics Division**  
**700 Camino de Salud NE**  
**Albuquerque, NM 87106**

**Mailing address:**  
**New Mexico Department of Health**  
**SLD – Organics Division**  
**PO Box 4700**  
**Albuquerque, NM 87196-4700**

- 7) To schedule sampling or obtain bottles and supplies, please call the Organics section of the SLD at:

**505-841-2566 – Semi-volatiles**  
**505-841-2504 - Volatiles**  
**505-841-2571 – Main supervisor**

## STUDY QUESTIONS

- 1) What are the personal hygiene issues that could affect VOC sample results?
- 2) Organic samples should be stored at what temperature?
- 3) What are the seven sets of samples included in the SLD semi volatile organic compound sample kit?
- 4) Which samples must be preserved with HCl?
- 5) What are the two sets of samples included in the SLD disinfection by-products sample kit?
- 4) Which of these samples is preserved with citrate buffer?
  - A) VOC
  - B) Carbamates
  - C) Acid Herbicides
  - D) Glyphosate
- 5) SLD semi volatile samples that require the addition of HCl have:
  - A) Yellow labels
  - B) Blue labels
  - C) White labels
  - D) Green labels

## SAMPLE TEST QUESTIONS

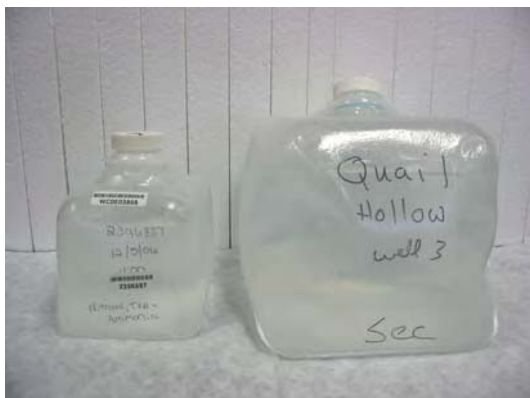
- 1) Which samples require collection without air bubbles?
  - A) VOC samples
  - B) VOC II samples
  - C) TTHM samples
  - D) All of the above
- 2) Most of the organic sample bottles have preservative chemicals added to them at the lab.
  - A) True
  - B) False
- 3) Which of the following samples requires only one sample bottle?
  - A) SOC
  - B) Halo acetic acids
  - C) Endothall
  - D) TTHM

## INORGANIC SAMPLING

Analyses of inorganic contaminants are run by two different sections of SLD. Heavy metal contaminants like lead, copper, iron, manganese, and mercury, are run by the Heavy Metals Section. The Water Chemistry Section is responsible for analyses for non-metals (fluoride, chlorite/bromate, nitrate/nitrite, chloride, sulfate), hardness (calcium and magnesium), alkalinity (carbonates, bicarbonates) and other metals like (sodium and potassium.) A complete listing of analyses run by both sections is included in Chapter 7.

### SAMPLE CONTAINERS

The samples for heavy metal analysis are collected in a 1 liter (1 quart) plastic cubitainers. Most of the other inorganic samples are either 1 liter or 100 ml samples. The 1 liter samples can be collected in the 1 liter cubitainers. The 100 ml bottles can be either plastic or glass. The Complete Secondary and Major Cation/Anion Groups are 4 liters.



**1 Liter and 4 Liter Cubitainers**



**100 Milliliter Bottle**

Things to remember when preparing to collect inorganic samples:

- 1) A pen should be used to fill out forms. Use tape and a permanent marker to label sample bottles. Containers, forms, and ID labels are available from SLD.
- 2) A cooler and blue ice packs (or ice) will be needed for sample preservation. If ice is used, plastic bags will be needed to keep the sample bottles and forms dry.
- 3) Separate forms must be filled out for samples that going to each lab.
- 4) Remove screens and fittings from the faucet and flush the line for 3-5 minutes.  
**NOTE:** The exception this rule is the collection of Lead and Copper samples. They must be taken as a “first draw” samples after water has been standing in the plumbing. This issue will be addressed in the collection steps for lead and copper samples.

## HEAVY METAL GROUP ANALYSES

There are three sets of group analyses run for heavy metals. Individual metals can also be run separately. The three sets of group analyses include:

**ICP Scan – Al, Ba, Be, B, Cd, Ca, Cr, Co, Fe, Mg, Mn, Mo, Ni, Si, Ag, Sn, V, Zn - (EPA Method 200.7)**

**SDWA Group 1 – Sb, As, Ba, Be, Cd, Cr, Hg, Ni, Se, Tl  
(EPA Methods 200.8/200.9/245.1)**

**SDWA Lead and Copper - (EPA Methods 200.8/200.9)**

## ICP SCAN OR SDWA GROUP 1 SAMPLE COLLECTION

Use the following procedure to collect samples for ICP Scan or SDWA Group 1:

- 1) Reduce the flow from the sample faucet to an unreacted stream.
- 2) Remove the lid and fill the 1 liter sample bottle to the neck.
- 3) Add enough nitric acid (HNO<sub>3</sub>) to drop the pH to below 2.0. These samples have a long holding time. As a result, it isn't really necessary to preserve the sample in the field. This acid addition can be done at the lab if preferred. Just be sure to check that the preservative must be added at the lab on the sample form.
- 4) Replace the lid and mark the bottle with the appropriate ID label.
- 5) Refrigerate the sample (4°C/39°F) during storage and transport.

## SDWA LEAD AND COPPER SAMPLE COLLECTION

The sampling protocol for inorganic samples for SDWA Lead and Copper sampling uses a slightly different protocol than the other heavy metals. Samples must be taken as a “first draw”. For a sample to be considered a “first draw”, water must have been standing in the customers plumbing for at least six hours, but not more than 18 hours. It must be drawn before any other usage takes place at the sampling site.

Because the sample must be taken early in the morning, these samples are sometimes drawn by customers. If this is the case, make sure the individual responsible for drawing the sample understands how to do it correctly. This is also a situation where it may be better to let the lab add the HNO<sub>3</sub> preservative later.



Use the following procedures to collect a lead and copper sample:

- 1) **DO NOT** flush the faucet.
- 2) Remove the lid and carefully fill the 1 liter sample bottle to the neck.
- 3) Add enough nitric acid ( $\text{HNO}_3$ ) to drop the pH to below 2.0. This acid addition can be done at the lab if preferred. Just be sure to check that the preservative must be added at the lab on the sample form.
- 4) Replace the lid and mark the bottle with the appropriate ID label.
- 5) Refrigerate the sample ( $4^\circ\text{C}/39^\circ\text{F}$ ) during storage and transport.

### **OTHER INORGANIC GROUP ANALYSES**

The Water Chemistry section of SLD runs the analyses for the rest of the inorganic contaminants. These included the primary inorganic non-metals (Cyanide, Fluoride, Nitrate/Nitrite, etc.) and the secondary contaminants (Fe, Mn, Ca, Alkalinity, Sulfates, etc.) There are three sets of group analyses that can be run on the “non-heavy metal” inorganic contaminants:

- Complete Secondary Group – Ca, Mg, K, Na, Fe, Mn, Hardness, Alkalinity, Bicarbonate, Carbonate, Chloride, Sulfate, Color, Conductivity, Odor, pH, Surfactants, TDS, and Turbidity – SLD Method 860**
- Major Anions and Cations Group – Ca, Mg, K, Na, Bicarbonate, Carbonate, Chloride, Sulfate, and TDS – SLD Method 867**
- Nutrients Group – Ammonia, Nitrate + Nitrite, Total Kjeldahl Nitrogen, Total Phosphorous – SLD Method 868**

Analysis of individual contaminants is also available. The new sampling requirements for the latest disinfection by-products rule revision include sampling for inorganic disinfection by-products like chlorite and bromate. These programs are currently being set up at the Water Chemistry section and should be on-line by 2008.

### **COMPLETE SECONDARY OR MAJOR ANIONS/CATIONS SAMPLE COLLECTION**

Use the following procedures to collect one of these group samples:

- 1) Reduce the flow from the sample faucet to an unareated stream.
- 2) Remove the lid and fill the 4 liter sample bottle. No preservative is needed.
- 3) Replace the lid and mark the bottle with the appropriate ID label.
- 4) Refrigerate the sample ( $4^\circ\text{C}/39^\circ\text{F}$ ) during storage and transport.

## **NUTRIENTS GROUP SAMPLE COLLECTION**

Use the following procedures to collect nutrients group samples:

- 1) Reduce the flow from the sample faucet to an unareated stream.
- 2) Remove the lid and fill the 1 liter sample. Preserve the sample by adding 2 ml of sulfuric acid ( $\text{H}_2\text{SO}_4$ )
- 3) Replace the lid and mark the bottle with the appropriate ID label.
- 4) Refrigerate the sample ( $4^\circ\text{C}/39^\circ\text{F}$ ) during storage and transport.

## **SINGLE CHEMICAL SAMPLE COLLECTION**

Single chemical analysis samples are collected in either 1 liter or 100ml bottles. The cations or metals require a 1 liter sample. Most of the anions or non-metals only require a 100 ml sample. The exception is the total cyanide, which is a 1 liter sample.

Use the following procedures to collect nutrients group samples:

- 1) Reduce the flow from the sample faucet to an unareated stream.
- 2) Remove the lid and fill the 1 liter sample. No preservative is needed except:
  - A) Nitrate/Nitrite –  $\text{H}_2\text{SO}_4$  to  $\text{pH} < 2$
  - B) Total cyanide –  $\text{NaOH}$  to  $\text{pH} > 12$
  - B) Free cyanide –  $\text{NaOH}$  to  $\text{pH} > 12$
- 3) Replace the lid and mark the bottle with the appropriate ID label.
- 4) Refrigerate the sample ( $4^\circ\text{C}/39^\circ\text{F}$ ) during storage and transport.

## **PREPARING SAMPLES FOR SHIPMENT**

Inorganic samples may have to be shipped or mailed to the lab. Here are the procedures to follow when shipping samples to SLD. Chapter 7 will cover how to properly fill out the sample request forms.

- 1) If you want the shipping cooler returned to you, mark the inside of the lid with your return address.
- 2) Check to make sure the samples are properly labeled. Place request forms in a zip lock baggie and tape it to the inside of the cooler cover.

- 3) Chill samples to 4°C at the time of collection and during storage. Samples that will not be received by the lab on the day they are collected must be shipped with sufficient ice to insure that they arrive at the lab at 4°C.
- 4) Although the holding time for most of these samples is at least 28 days, there are a few samples that must be run within 14 days. Try to allow the lab at least one half of the holding time to run the analysis.

The shipping address for SLD is printed on the top of each request form:

**Shipping address:**

**Chemistry Bureau - SLD  
700 Camino de Salud NE  
Albuquerque, NM 87106**

**Mailing address:**

**Chemistry Bureau - SLD  
PO Box 4700  
Albuquerque, NM 87196-4700**

- 5) To schedule testing or obtain bottles and supplies, please call the Heavy Metals section supervisor at: **505-841-2593** or Water Chemistry section supervisor at: **505-841-2555**.

## STUDY QUESTIONS

1. Which of the primary inorganic contaminants are considered to be heavy metals?
2. What is the name of the sampling group that includes nitrate and nitrite?
3. Which sampling groups do not require preservative chemical addition?

## SAMPLE TEST QUESTIONS

1. Nitric acid ( $\text{HNO}_3$ ) is not used as a preservative in:
  - A. Lead and copper samples
  - B. Heavy metal samples
  - C. Nitrate/nitrite samples
2. All inorganic samples must be refrigerated at:
  - A.  $18^\circ\text{C}$
  - B.  $10^\circ\text{C}$
  - C.  $4^\circ\text{C}$
  - D.  $0^\circ\text{C}$
3. Which inorganic sample is preserved with sodium hydroxide ( $\text{NaOH}$ )?
  - A. Fluoride
  - B. Total Cyanide
  - C. Iron
  - D. Alkalinity
4. How long must a first draw sample for lead and copper sit in the plumbing?
  - A. 30-60 minutes
  - B. 2-4 hours
  - C. 6-18 hours
  - D. 24-36 hours

## RADIOLOGICAL SAMPLING

There are several laboratories in New Mexico that are certified to run radiological analyses. The largest laboratory facility for radiological testing of water samples is the NMDOH State Laboratory Division or SLD. Although the request forms may differ, the sampling protocols and information needed should be similar.

Radiological sampling and analysis requirements were changed in 2003. The revisions are summarized below. More information regarding analyses and substitution parameters are listed in Chapter 7.

- A) There is no substitution option for Radium - 228 analyses.
- B) Uranium has been added. It has an MCL of 30 µg/L (ppb) with a substitution of Gross alpha option (141.26.a.5).
- C) The gross alpha substitution for Ra-226 has been retained.
- D) Compositing for gross alpha, U-mass, Radium – 226, and Radium – 228 has been retained
- E) The monitoring frequency has been changed to follow the 3-6-9 year Standardized Monitoring Rule.

### SAMPLE CONTAINERS

Most of the samples for radiological analysis are collected using either 1-quart or 1-gallon cubitainers, similar to those used for inorganic samples. The exception is Radon – 222 samples. They must be collected in 40 ml vials similar to those used for VOC samples.

#### 1-quart and 1-gallon Cubitainers



Things to remember when preparing to collect radiological samples:

- 1) A pen should be used to fill out forms. Use tape and a permanent marker to label sample bottles. Containers, forms, and ID labels are available from SLD.
- 2) A cooler and blue ice packs (or ice) will be needed for sample preservation. If ice is used, plastic bags will be needed to keep the sample bottles and forms dry.
- 3) Separate forms must be filled out for each set samples.
- 4) Remove screens and fittings from the faucet and flush the line for 3-5 minutes.

### **SDWA SEQUENTIAL FLOW SCHEME SAMPLE COLLECTION (EPA 900.0/903.1, ETC.)**

Samples for the SDWA Sequential Flow Scheme analyses (SLD 801/803) are collected in 1-gallon cubitainers. The sample volume depends on whether the Radium – 228 analysis is also requested. If the Radium – 228 analysis is not included (801), the sample volume is one gallon. If it is (803), two gallons of sample is required. Concentrated nitric acid ( $\text{HNO}_3$ ) is used for sample preservation. The pH must be lowered to 2.0 or less. This can usually be achieved by adding 5 ml of  $\text{HNO}_3$  per gallon.

The following procedure should be used to collect the sequential flow scheme samples:

- 1) After the sample faucet has been properly flushed, reduce the flow to an unaerated stream.
- 2) Add 5 ml of  $\text{HNO}_3$  to the 1-gallon sample container
- 2) Slowly fill the sample container and cap it. Remember: Two gallons of sample are needed if the 803 analyses are to be run (with Radium – 228).
- 3) Make sure the appropriate labels are in place.

**NOTE: These same procedures should be followed for any of the other combination group analyses. They all require one gallon of sample.**

## **GROSS ALPHA/BETA SAMPLE COLLECTION (EPA 900.0)**

Samples for the Gross Alpha/Beta analyses (SLD 811) are collected in 1-quart cubitainer. No sample preservation is needed for this sample.

The following procedure should be used to collect the sequential flow scheme samples:

- 1) After the sample faucet has been properly flushed, reduce the flow to an unaerated stream.
- 2) Slowly fill the sample container and cap it.
- 3) Make sure the appropriate labels are in place.

## **RADON - 222 SAMPLE COLLECTION (EPA 913.0)**

Samples for the Radon – 222 analysis (SLD 834) are collected in two 40 ml vials like those used to collect VOCs. Radon – 222 is a radioactive gas that is dissolved in water. Therefore, the sample must be collected with no headspace to prevent the Radon gas from coming out of solution. Sample preservation requires refrigeration to (4°C/39°F) during storage. **Do not** acidify this sample.

The following procedure should be used to collect the samples. (Repeat for both vials):

- 1) After the sample faucet has been properly flushed, reduce the flow to a trickle.
- 2) Remove the cap, hold the vial at a 45 degree angle. Slowly fill the vial until it overflows the rim slightly.
- 3) Replace the cap without getting any air in the sample vial. There are two methods that can be used to do this:
  - A) Fill the vial until you get a convex meniscus (bulging over the rim). Carefully slide the septum across the top of the vial and then screw on the cap.
  - B) Fill the vial to get a convex meniscus and fill the cap (don't remove the septum) with water. Hold the inverted cap next to the rim of the vial and carefully flip the cap over the top and screw it down.
- 4) Check to make sure there are no bubbles in the sample. If bubbles are present, remove the cap, add a little more sample water and try again.
- 5) Make sure the appropriate labels are in place. Refrigerate (4°C/39°F) during storage and transport. Due to a 4-day holding time, sample must be submitted immediately. No submissions on Fridays without special contact.

## STUDY QUESTIONS

1. What was changed in 2003 regarding the monitoring schedules for radiological contaminants?
2. Which chemical was added to the radiological contaminant group in 2003?
4. Which sample has a 4-day holding time?
  - A. Sequential Flow Scheme
  - B. Radon – 222
  - C. Gross alpha/beta
  - D. Uranium

## SAMPLE TEST QUESTIONS

1. Most radiological samples are preserved using:
  - A. Hydrochloric Acid
  - B. Sodium thiosulfate
  - C. Nitric acid
  - D. Sulfuric Acid
2. Which sample must be collected with no headspace?
  - A. Gross Alpha/Beta
  - B. Radon – 222
  - C. Radium – 228
  - D. All of the above
3. Radon is collected in a:
  - A. 1-quart container
  - B. 1-gallon container
  - C. 150 ml container
  - D. Two 40 ml vials



## FILLING OUT THE FORMS

Although there are a number of certified laboratories in New Mexico, this study guide will focus on the sample request forms used by SLD. The forms used by other labs may differ in presentation, but most of the information needed to correctly fill out the form should still be the same. The analyses will follow the same EPA methodologies, though coding for the various analyses may differ from lab to lab. SLD has recently moved to the use of two basic sample request forms. One is the microbiological sample request form and the other is a new unified chemical analysis sample request form. The unified chemical analysis form can be used with any of the inorganic, organic, or radiological samples required for regulatory monitoring.

### MICROBIOLOGICAL SAMPLE REQUEST FORM - SLD

NMDOH uses a one-page form for microbiological samples. It is printed in red to aid SLD in tracking originals separate from the copies that are made. The form is constructed in rows of blocks and is printed on the next page. Instructions for completing the form are listed below (starting from the top):

#### Row 1

**Time and Date of Receipt:** Do not fill in the left box. It is for the time and date stamp at SLD.

**User Code:** Samples taken by water systems for regulatory compliance will be 62000 (SDWA). When NMED employees, not a water system, collect samples, check 55420 (NMED Monitor). Private samples, domestic wells and systems NOT required to pay the Water Conservation Fee should check 64000 (Private). All Repeat or Special samples check 64000 (they are no paid by the Conservation Fee).

#### Row 2

**Submitter Code:** Individuals who take samples to SLD for analysis will be assigned a 3-digit submitter code.

**WSS Code:** Each PWS has a 9-digit code (NM35XXX-XX) number assigned by NMED. Federal PWS's have a 9 digit code as well, 3509XXXXX or 3506XXXXX, depending on the EPA Region they report to – This requires the submitter to mark out the “NM35” on the form and inserting the correct designation.

**WSS Name:** Print the system name.

**WATER ANALYSIS REQUEST FORM****\*REQUIRED INFORMATION****NEW MEXICO****DEPARTMENT OF****HEALTH**

Scientific Laboratory Division - Env. Micro Section

1101 Camino de Salud NE

Albuquerque, NM 87102

Phone # (505) 383-9129 voicemail/ -9144 lab no voice mail

**LAB NO:**

Lab use only

|                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>WSS CODE</b><br><input type="checkbox"/> NM 35<br><input type="checkbox"/> 06 35<br><input type="checkbox"/> 09 35<br><small>Check one</small>                                                                                                                                                                                                                                                               |  | <b>User</b><br><input type="checkbox"/> 63000 WWTP<br><b>Code:</b> <input type="checkbox"/> 64000 (Private)<br><input type="checkbox"/> 62000 (SDWA)<br><small>Check one</small>                                                                                                                   |  | <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |
| <b>WSS NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                    |  | <b>SUBMITTER CODE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
| GWR: Facility ID                                                                                                                                                                                                                                                                                                                                                                                                |  | GWR: Sample Point ID                                                                                                                                                                                                                                                                               |  | GWR: System Size<br><input type="checkbox"/> ≤ 1,000 <input type="checkbox"/> ≥1,001                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |
| <b>*Attention to:</b><br><b>*At Facility/WSS:</b><br><b>*Address:</b><br><b>*City:</b>                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                    |  | <b>SLD USE ONLY</b><br>Temp Control At SLD °C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |
| <b>*State:</b><br><b>*Zip Code:</b>                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Contact Ph#</b> <input type="checkbox"/> 505<br><b>Other:</b> <input type="checkbox"/> 575                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| <b>*DATE COLLECTED (MM/DD/YY)</b>                                                                                                                                                                                                                                                                                                                                                                               |  | <b>*TIME COLLECTED (24 Hour Clock HH:MM)</b>                                                                                                                                                                                                                                                       |  | <b>Operator Certification Number (Last 5 Digits)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |
| <b>*COLLECTED BY</b> (Last, First - please print one letter in each box)                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| <b>*SAMPLE LOCATION</b> (please print one letter in each box) :                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| <b>*Sample Matrix (check one)</b><br><input type="checkbox"/> Drinking H <sub>2</sub> O <input type="checkbox"/> Source Assessment GWR<br><input type="checkbox"/> Surface H <sub>2</sub> O<br><input type="checkbox"/> Waste H <sub>2</sub> O <input type="checkbox"/> Glycol<br><input type="checkbox"/> Solids<br><input type="checkbox"/> LT2 <i>E. coli</i> Enumeration<br><input type="checkbox"/> Other: |  | <b>*Type Of System : (check one)</b><br><input type="checkbox"/> Community<br><input type="checkbox"/> Non-Community<br><input type="checkbox"/> Private Well<br><input type="checkbox"/> Waste Water Treatment Plant<br><input type="checkbox"/> Other:                                           |  | <b>*Reason For Sampling:</b> ✓ one<br><input type="checkbox"/> Routine Sample <input type="checkbox"/> NMED Monitor<br><input type="checkbox"/> Special Sample<br><input type="checkbox"/> REPEAT SAMPLE (and ✓ one source below & Include original sample #)<br><input type="checkbox"/> Original Location <input type="checkbox"/> Up Stream <input type="checkbox"/> Source (Triggered GWR)<br><input type="checkbox"/> Other Location <input type="checkbox"/> Down Stream <input type="checkbox"/> Repeat Source (GWR)<br>Orig SLD # (ten digit #): |                          |
| <b>Disinfection (check one)</b><br><input type="checkbox"/> NO<br><input type="checkbox"/> YES Residual _____ mg/L                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| <b>*ANALYSIS REQUESTED (check one per request)</b>                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| <b>DRINKING WATER</b><br><input type="checkbox"/> Total Coliform – MMO-MUG<br><input type="checkbox"/> Ground Water Rule - MUG<br><input type="checkbox"/> Heterotrophic Plate Count                                                                                                                                                                                                                            |  | <b>WASTEWATER</b><br><input type="checkbox"/> <i>E. coli</i> count Wastewater QuantiTray<br><input type="checkbox"/> Fecal Coliform – Membrane Filter<br><input type="checkbox"/> Fecal Coliform – MPN<br><input type="checkbox"/> EC-MUG MPN<br><input type="checkbox"/> Enterococci – QuantiTray |  | <b>OTHER SOURCES</b><br><input type="checkbox"/> Iron & Sulfur Bacteria <input type="checkbox"/> Total Coliform MPN Dairy Only<br><input type="checkbox"/> Pseudomonas <input type="checkbox"/> Dairy Water SPC<br><input type="checkbox"/> Algae ID <input type="checkbox"/> Total Coliform Membrane Filter<br><input type="checkbox"/> Salmonella <input type="checkbox"/> OTHER _____<br><input type="checkbox"/> <i>E. coli</i> count water – QuantiTray                                                                                             |                          |
| <b>*Use Chain of Custody FOR ALL SAMPLES:</b>                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| The sample identified on the container and this form was collected then transferred with a tamper-proof seal:                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                    |  | Present & Intact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Not Present              |
| BY: Print Name                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| Date                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| Time                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| The sample identified on the container and this form was transferred with a tamper-proof seal:                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| IO: Print Name                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| Date                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| Time                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| The sample identified on the container and this form was transferred with a tamper-proof seal:                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| IO: Print Name                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| Date                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| Time                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| The sample identified on the container and this form was transferred with a tamper-proof seal:                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| IO: Print Name                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| Date                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| Time                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |

No Samples Taken by SLD on Friday  
SLD Bacti Water Form 5299 (Olename;waterform.xls revised 5/04)

Pick Up at SLD's Kit Preparation Unit, Rm 119, West Side Dock

## Filling Out The Forms

**Row 3**

**Collected By:** Print sampler's name.

**Date Collected:** Print six-digit date.

**Row 4**

**Sample Location:** Print location address or physical location of sample site.

**Time Collected:** Print time of collection as 24-hour military time. 4:30pm would be 16:30. The thirty-hour clock is based on this entry.

**County:** Print the county name.

**Row 5**

**Type of system:** Check the system type (Community, Non-Community, Private.)

**Reason for Sampling:**

- **Routine Samples** are those taken for monthly quarterly compliance.
- **Special Samples** are for samples like raw water or line repair samples that are not taken for compliance monitoring.
- **NMED Monitor Samples** are samples that are collected by NMED. They may be in response to violations or disease outbreak.
- **Other samples** are essentially any samples that do not fall into one of the other categories.
- **Repeat Samples** are taken when positive results occur. Check one of the boxes that indicate whether it was at the **original location, upstream, or downstream**. The **other location** option is for systems that only take one sample a month and need four repeat samples as a result. Also print the **SLD number** of the original positive sample for each repeat.

**Row 6**

**Facility/WSS Mailing Address:** Print the system's mailing address. Do not write in box marked "FOR SLD USE ONLY". The sample temperature will be entered by SLD upon receipt.

**Row 7**

**Analysis – Drinking Water:** There are four boxes in this row. Analyses of SDWA microbiological samples are either Membrane Filter or MMO-MUG, the Colilert analysis. Most labs are now using Colilert method. If you want the lab to use the MMO-MUG method, check the "Total Coliform – MMO-MUG" box. If you want the lab to use the membrane filter method, check the "Total Coliform – Membrane Filter" box.

**Analysis – Other:** Water systems may want to analyze their water for algae, iron and sulfur bacteria, or other aquatic organisms. This box is used for those tests.

**Chain of Custody requirements FOR REPEAT SAMPLES ONLY:**

Repeat Sample bottles must have Chain of Custody evidentiary seal over cap and down two sides of the bottle.

Chain of Custody information to be filled out FOR ALL REPEAT SAMPLES.

**REPEAT SAMPLES SUBMITTED WITH OUT INFORMATION BELOW  
AND USE SEALING TAPE ON REPEAT SAMPLE BOTTLES  
WILL RESULT IN SAMPLE REJECTION.**

|                                                                                                       |                                                                                                |           |                                         |      |      |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|------|------|
| Sample Identified on reverse of this form was                                                         | PRINT NAME                                                                                     | SIGNATURE | Representing: (Company or Organization) | DATE | TIME |
| Collected by:                                                                                         |                                                                                                |           |                                         |      |      |
| and                                                                                                   | For Sampler: Sample container sealed: <input type="checkbox"/> YES <input type="checkbox"/> NO |           |                                         |      |      |
| Placed in the care of:                                                                                | Print Name Of Carrier                                                                          |           |                                         |      |      |
| and                                                                                                   | For SLD Use Only : Box Seal intact: <input type="checkbox"/> YES <input type="checkbox"/> NO   |           |                                         |      |      |
| Relinquished to:                                                                                      |                                                                                                |           |                                         |      |      |
| and                                                                                                   | For Intermediary: Sample Seal Intact: <input type="checkbox"/> YES <input type="checkbox"/> NO |           |                                         |      |      |
| Relinquished to and Tested by:                                                                        |                                                                                                |           | SLD -EM                                 |      |      |
| For SLD Analyst Use ONLY: Sample Seal Intact <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                |           |                                         |      |      |

## CHAIN OF CUSTODY DOCUMENTATION

Repeat samples must be sealed with red evidentiary seal tape and include a “Chain of Custody.” This document identifies who has handled the sample. The time and date are also recorded at each step of the process. The chain of custody document shown above is used by SLD. It is printed on the backside of the microbiological sample request form. Failure to properly document the chain of custody will result in sample rejection.

## INTERACTIVE ANALYTICAL REQUEST FORM - SLD CHEMISTRY BUREAU

There are several labs that are certified to run chemical analyses for SDWA compliance. The request forms used by the individual labs may vary in design and coding for the different analyses may vary. A unified single-page interactive form has been designed by SLD to replace the old request forms used by the individual chemistry sections. The old forms are still being sent out with the individual sampling kits and can still be used. The new form can be accessed from the SLD website. The web address to access the form is: <http://www.sld.state.nm.us/lab>

SLD requires that each analytical sample have one form associated with it. It is possible to send in several sample containers with a single form and one Request ID number (like the semi-volatile kit for organics). A sample may also have several request analyses associated with it. Submitters need not send multiple forms in this case. A separate sample form must be used for analyses from different sections (one form/sample/section). Forms and samples must arrive together. The 7-digit ID numbers are normally sent out for submitters to attach to the form and sample containers.



# Filling Out The Forms

| NEW MEXICO DEPARTMENT OF HEALTH                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                    | CHEMISTRY BUREAU<br>Scientific Laboratory Division<br>700 Camino de Salud NE - PO Box 4700<br>Albuquerque, NM 87196-4700<br>Phone 505 841 2500 |                                                                 | ANALYTICAL REQUEST FORM (INTERACTIVE) |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------|----------------------|
| Request ID # Here                                                                                                                                                                                                                                                | One Form<br>Per Sample                                                                                                                                                                                                                                                                             |                                                                                                                                                | One Form<br>Per Sample                                          |                                       | SLD Accession # Here |
| SLD USE>>><br>ONLY                                                                                                                                                                                                                                               | DATE<br><<<TIME<br>STAMP                                                                                                                                                                                                                                                                           | <input type="radio"/> 55000 (DWB - SDWA - fee-for-service)                                                                                     | <input type="radio"/> 55910 (SWQB - MAS)                        |                                       |                      |
|                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                    | <input type="radio"/> 55420 (DWB - non-reg. contaminants)                                                                                      | <input type="radio"/> 55920 (SWQB - PSRS)                       |                                       |                      |
| SLD USE - SAMPLE TEMPERATURE (deg. C):                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                    | <input type="radio"/> 55321 (GWB - remediation superfund)                                                                                      | <input type="radio"/> 64000 (Individual client fee-for-service) |                                       |                      |
| SAMPLE PRIORITY: (1, 2, 3 - call SLD if 1 or 2)                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                    | <input type="radio"/> 55410 (GWB - pollution prevention)                                                                                       | <input type="radio"/> OTHER (enter 5-digit user code)           |                                       |                      |
| SUBMITTER CODE (3-digit):                                                                                                                                                                                                                                        | WSS CODE (xxxxxxxx):                                                                                                                                                                                                                                                                               | SITE ID (DWB = 4-digit, SWQB = 13-chars):                                                                                                      |                                                                 |                                       |                      |
| FACILITY / WSS NAME:                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| FACILITY LOCATION (if no WSS complete boxes): County: City: State: NM, or change to:                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| SAMPLING LOCATION:                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| DATE COLLECTED (MM-DD-YY):                                                                                                                                                                                                                                       | BY: Last Name:                                                                                                                                                                                                                                                                                     |                                                                                                                                                |                                                                 |                                       |                      |
| TIME COLLECTED (HH:MM 24-hr):                                                                                                                                                                                                                                    | First Name:                                                                                                                                                                                                                                                                                        |                                                                                                                                                |                                                                 |                                       |                      |
| SAMPLE INFO CONTACT Phone:                                                                                                                                                                                                                                       | Name if not collector:                                                                                                                                                                                                                                                                             |                                                                                                                                                |                                                                 |                                       |                      |
| <input type="checkbox"/> New / Change Address for Submitter                                                                                                                                                                                                      | Name:                                                                                                                                                                                                                                                                                              |                                                                                                                                                |                                                                 |                                       |                      |
| <input type="checkbox"/> New / Change Address for WSS / Client                                                                                                                                                                                                   | Address:                                                                                                                                                                                                                                                                                           |                                                                                                                                                |                                                                 |                                       |                      |
| <input type="checkbox"/> Send an additional report to                                                                                                                                                                                                            | City:                                                                                                                                                                                                                                                                                              |                                                                                                                                                |                                                                 |                                       |                      |
| FIELD DATA AND REMARKS                                                                                                                                                                                                                                           | <input type="radio"/> Non-chlorinated <input type="radio"/> Chlorinated Residual (mg/l): pH: Conductivity (uS/cm): Temperature (deg. C):                                                                                                                                                           |                                                                                                                                                |                                                                 |                                       |                      |
| Field remarks:                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| SAMPLING DOCUMENTATION <input type="checkbox"/> NMED monitoring <input type="checkbox"/> Compliance <input type="checkbox"/> Non-compliance <input type="checkbox"/> Split with facility <input type="checkbox"/> Grab sample <input type="checkbox"/> Composite |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| <input type="checkbox"/> Finished water <input type="checkbox"/> Raw water <input type="checkbox"/> Confirmation <input type="checkbox"/> Other Describe:                                                                                                        |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| SAMPLE TYPE                                                                                                                                                                                                                                                      | <input type="radio"/> Filtered water <input type="radio"/> Non-filtered water <input type="radio"/> Soil/Sediment <input type="radio"/> Sludge <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Tissue <input type="radio"/> Saliva <input type="radio"/> Swipe/Smear |                                                                                                                                                |                                                                 |                                       |                      |
|                                                                                                                                                                                                                                                                  | <input type="radio"/> Other air/liquid/solid Describe:                                                                                                                                                                                                                                             |                                                                                                                                                |                                                                 |                                       |                      |
| PRESERVATION                                                                                                                                                                                                                                                     | <input type="checkbox"/> None <input type="checkbox"/> Shipped at < 4 C <input type="checkbox"/> HCl added to pH < 2 <input type="checkbox"/> HNO <sub>3</sub> added to pH < 2 <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> added to pH < 2 <input type="checkbox"/> Asc. acid added    |                                                                                                                                                |                                                                 |                                       |                      |
|                                                                                                                                                                                                                                                                  | <input type="checkbox"/> SLD to acidify <input type="checkbox"/> NaOH added to pH > 12 <input type="checkbox"/> Other Describe:                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| HM ANALYSES SELECTION LIST                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| OR ANALYSES SELECTION LIST                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| RC ANALYSES SELECTION LIST                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| WC ANALYSES SELECTION LIST                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| ADDITIONAL ANALYSES                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| FOR SLD USE                                                                                                                                                                                                                                                      | <input type="checkbox"/> Field preservation confirmed <input type="checkbox"/> Preserved to pH > 12 at SLD <input type="checkbox"/> Preserved to pH < 2 at SLD Date/Initial:                                                                                                                       |                                                                                                                                                |                                                                 |                                       |                      |
| Lab Remarks:                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| Please use CHAIN OF CUSTODY FORM when requirements mandate                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____                                                                                                                           |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged                                                                                 |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| Released by: _____ & Received by: _____                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| Signature Signature                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| Additional Transfer If Applicable                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| We, the undersigned, certify that on _____ at _____ the sample identified on the container(s) and this form by Request ID number _____                                                                                                                           |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| was transferred with evidentiary seal(s) (check applicable box) <input type="radio"/> Not Present <input type="radio"/> Present & Intact <input type="radio"/> Present & Damaged                                                                                 |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| Released by: _____ & Received by: _____                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |
| Signature Signature                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                 |                                       |                      |

Print Form

Form last modified on 08/09/06 by SLD Chemistry Bureau chief

Reset Form

## INTERACTIVE FORM COMPLETION

The unified form has been designed with interactive fields and drop-down menus for completion on a computer. Those areas that are interactive have blue text and yellow boxes (gray if printed in black and white). Information can be entered in boxes and checked in circles and squares. Drop-down menus can be used for date and sample analysis selection. Once the form is completed, it can be printed using the “Print Form” button at the bottom. The form can also be printed and filled out by hand. The form cannot be saved with completed information though. Instructions for completing the form are listed below (starting from the top):

**Time and Date of Receipt:** Do not fill in the left box. It is for the time and date stamp at SLD.

**User Code:** Samples taken by water systems for regulatory compliance will be 55000 (DWB – SDWA – Fee-for-service). When samples are for non-regulated contaminants, check 55420 (DWB – nonreg. contaminants)\*. For samples from private systems and domestic wells, check 64000 (Individual client fee-for-service).

\* SLD uses the 55420 code for secondaries, radon in water, regulated contaminants that are NMED monitoring or special samples, ISDE or LT2 SWMR samples, or emergency Priority 2 samples (following a water tank break-in, for example). Emergency Priority 1 samples come in under user code 55000.

**Sample Priority:** If the sample priority is Level 1 or 2, call SLD for scheduling. Level 3 is the normal priority.

**Submitter Code:** Individuals who take samples to SLD for analysis will be assigned a 3-digit submitter code.

**WS Code:** Enter NM35 followed by the 5-digit PWS ID number (XXX-XX) assigned by NMED.

**Facility Name and Location:** Enter name, address, county, city, and state.

**Date Collected:** Drop-down calendar to enter date.

**Time Collected:** Enter time of collection as 24-hour military time.

**By:** Enter sample collector’s first and last names.

**Sample Info Contact:** Enter the phone number for system contact/collector. Also check the appropriate for address changes of system/client or collector. Check the appropriate box for an additional report. Print the new name and address.

**Field Data and Remarks:** Check whether the system is chlorinated or not and, if it is, include a chlorine residual. Include other data/remarks if appropriate.

**Sample Documentation:** Check appropriate box for – NMED/Compliance/Non-compliance, Raw/Finished Water, or Split with facility.

**Sample Type:** Check either filtered or unfiltered water.

**Preservation:** Check appropriate box(es) for preservation chemicals added and temperature. If SLD is supposed to acidify a sample, like a heavy metals sample, make sure to check the “SLD to acidify” box.

**Analyses Selection Lists:** These boxes have drop-down menus that allow you to enter the sample analysis and the correct SLD code.

**HM Analyses Selection List** – Heavy Metals – inorganic chemistry

**OR Analyses Selection List** – Organic chemistry

**RC Analyses Selection List** – Radiological chemistry

**WC Analyses Selection List** – Water chemistry – inorganic chemistry

**Additional Analyses** – Requests for additional analyses, where appropriate, can be entered here. For example, split samples for Gross alpha and/or beta in the RC section followed Uranium by ICP/MS should have the second analysis entered here.

The bottom portion of the form includes a “Chain of Custody” document. This form is not required for most samples, but must be initiated by the submitter when mandated.

## GROUP ANALYSES AND SAMPLING REQUIREMENTS

The following tables have been provided to describe some of the group analyses and sampling requirements. They are grouped according to the individual sections.

### *Heavy Metals Section Sample Collection Guidelines and Group Analyses*

Collect 1 liter of sample in an SLD-approved container. Containers, forms and request ID labels are available from SLD at no charge. Please list the desired metals or group analyses in the ‘HM ANALYSES SELECTION LIST’ field, available as drop-down menus for on-line users. The common analyses requested are:

ICP Scan (Al, Ba, Be, B, Cd, Ca, Cr, Co, Cu, Fe, Mg, Mn, Mo, Ni, Si, Ag, Sr, Sn, V, Zn, for EPA method 200.7).

SDWA Group 1 (Sb, As, Ba, Be, Cd, Cr, Hg, Ni, Se, Tl, for EPA methods 200.8/200.9/245.1).

SDWA Lead and Copper (for EPA methods 200.8/200.9 and Standard Method 3111B).

Individual Metals (Al, Sb, As, Ba, Be, B, Cd, Ca, Cr, Co, Cu, Fe, Pb, Mg, Mn, Hg, Mo, Ni, Se, Si, Ag, Sr, Sn, Ti, Tl, U, V, Zn, for EPA 200 series; 200.7/200.8/200.9 and 245.1/245.5 for Hg).

*Questions? – contact the section supervisor at 505 841 2593*





*Water Chemistry Section Sample Collection Guidelines and Group Analyses*

- 860 COMPLETE SECONDARY GROUP: Calcium, Magnesium, Potassium, Sodium, Iron, Manganese, Hardness, Alkalinity, Bicarbonate, Carbonate, Chloride, Sulfate, Color, Conductivity, Odor, pH, Surfactants, Total Dissolved Solids [TDS] and Turbidity. Minimum sample volume is 4 liters (1 gallon). No preservatives to add, but store & ship at 4°C.
- 867 MAJOR ANIONS & CATIONS GROUP: Calcium, Magnesium, Potassium, Sodium, Bicarbonate, Carbonate, Chloride, Sulfate and Total Dissolved Solids [TDS]. Minimum sample volume is 1 liter (1 quart). No preservatives to add, but store & ship at 4°C.
- 869 NUTRIENTS GROUP: Ammonia, Nitrate + Nitrite, Total Kjeldahl Nitrogen, and Total Phosphorus. Minimum sample volume is one quart (1 liter). Preserve with 2 mL of sulfuric acid (H<sub>2</sub>SO<sub>4</sub>) per the 1-liter (1 quart) sample and store & ship at 4°C.
- 859 SWQB SS GROUP: Calcium, Magnesium, Potassium, Sodium, Hardness, Alkalinity, Bicarbonate, Chloride, Sulfate, Total Dissolved Solids [TDS] and Total Suspended Solids [TSS]. Minimum sample volume is 1 liter (1 quart). No preservatives to add, but store & ship at 4°C.
- 868 SWQB NPS GROUP: Calcium, Magnesium, Potassium, Sodium, Hardness, Alkalinity, Bicarbonate, Carbonate, Chloride, Fluoride, Sulfate, Color, Conductivity, pH, Total Dissolved Solids [TDS] and Total Suspended Solids [TSS]. Minimum sample volume is 1 liter (1 quart). No preservatives to add, but store & ship at 4°C.

The following tests are available for selection as additional individual requests in the 'Additional Analytical Remarks' text box, and include, but are not limited to:

Total Kjeldahl Nitrogen [TKN], Ammonia, Biochemical Oxygen Demand [BOD], Chemical Oxygen Demand [COD], Total Dissolved Solids [TDS], Alkalinity, pH, Odor, Color, Conductivity, Turbidity, Surfactants, Bromide, Chloride, Orthophosphate, Total Phosphorus, Total Phenolics, Chlorite + Bromate, Weak Acid Dissociate (WAD) Cyanide.

**SAMPLE PRESERVATION:**

- [842, 843, 852, 854, 855, 865, 869, 875, 877, 883] = Add 2 mL of sulfuric acid (H<sub>2</sub>SO<sub>4</sub>) per 1-liter sample.
- [849, 873, 895, 896] = Add 50 % sodium hydroxide (NaOH) solution to achieve and maintain a pH > 12.
- [873, 896] = If water is chlorinated, add ascorbic acid to neutralize residual chlorine.
- [848] = Add 50 mg/L of ethylene diamine (EDA).
- [All tests] = Refrigerate at 4°C (applies to all the above tests, also).

*Contact the section supervisor regarding unlisted parameters, or other questions, phone 505 841 2555.*

*Water Chemistry Section Sample Collection Guidelines - continued*

| SLD ANALYSIS NAME                 | METHOD REFERENCE (EPA unless noted) | MDL <sub>A</sub> CONC. VALUE (mg/l) | HOLDING TIME      | SAMPLE VOLUME REQUIRED | SAMPLE VESSEL      | PRESERVATIVE                                        |
|-----------------------------------|-------------------------------------|-------------------------------------|-------------------|------------------------|--------------------|-----------------------------------------------------|
| 851 Alkalinity                    | 310.1                               | 2.5                                 | 14 days           | 100 ml                 | Plastic/glass      | Cool 4 °C                                           |
| 875 Ammonia (N)                   | 350.1 modified                      | 0.10                                | 28 days           | 100 ml                 | Plastic/glass      | H <sub>2</sub> SO <sub>4</sub> to pH < 2, cool 4 °C |
| 851 Bicarbonate                   | 310.1                               | 3.1                                 | 14 days           | 100 ml                 | Plastic/glass      | Cool 4 °C                                           |
| 889 biochemical oxygen demand BOD | 405.1                               | 2.0                                 | 48 hours          | 1 liter                | Plastic/glass      | Cool 4 °C                                           |
| 841 Bromide                       | 300.1 Part A                        | 0.01                                | 28 days           | 100 ml                 | Plastic/glass      | Cool 4 °C                                           |
| 847 Calcium                       | 200.7                               | 1.0                                 | 6 months          | 100 ml                 | Plastic/glass      | Cool 4 °C                                           |
| 842 COD (chemical oxygen demand)  | HACH                                | 5.0                                 | 28 days           | 500 ml                 | Plastic/glass      | H <sub>2</sub> SO <sub>4</sub> to pH < 2, cool 4 °C |
| 848 Chlorite/bromate              | 300.1 part B                        |                                     | 28 days           | 100 ml                 | Plastic/glass      | Cool 4 °C                                           |
| 866 Chloride                      | 300.1 Part A                        | 5.0                                 | 28 days           | 100 ml                 | Plastic/glass      | Cool 4 °C                                           |
| 881 Color                         | 110.2                               | 5 cu                                | 48 hours          | 100 ml                 | Plastic bottle     | Cool 4 °C                                           |
| 882 Conductance                   | 120.1                               | 0.1 µmhos                           | 28 days           | 100ml                  | Plastic bottle     | Cool 4 °C                                           |
| 895 Cyanide, free                 | Standard Methods 4500CN-F           | 0.10                                | 14 days           | 100ml                  | Plastic bottle     | Cool 4 °C                                           |
| 873 Cyanide, total                | 335.4                               | 0.005                               | 14 days           | 1 liter                | Plastic cubitainer | NaOH to pH > 12, cool 4 °C                          |
| 861 Fluoride                      | 340.2, SM4500-F                     | 0.10                                | 28 days           | 100ml                  | Plastic bottle     | Cool 4 °C                                           |
| 879 Hardness                      | 200.7                               | 1.0                                 | 6 months          | 1 liter                | Plastic cubitainer | Cool 4 °C                                           |
| 846 Iron                          | 200.7                               | 0.10                                | 6 months          | 1 liter                | Plastic cubitainer | Cool 4 °C                                           |
| 847 Magnesium                     | 200.7                               | 1.0                                 | 6 months          | 1 liter                | Plastic cubitainer | Cool 4 °C                                           |
| 846 Manganese                     | 200.7                               | 0.05                                | 6 months          | 1 liter                | Plastic cubitainer | Cool 4 °C                                           |
| 854 Nitrate + nitrite             | 353.2                               | 0.1                                 | 28 days           | 100 ml                 | Plastic bottle     | H <sub>2</sub> SO <sub>4</sub> to pH < 2, cool 4 °C |
| 871 Nitrite*                      | 353.2                               | 0.1                                 | 48 hours**        | 100ml                  | Plastic bottle     | Cool 4 °C                                           |
| 898 Odor                          | SLD screen                          | 1 odor unit                         | 24 hours          | 1 liter                | Plastic cubitainer | Cool 4 °C                                           |
| 883 Oil & grease                  | 413.1 modified                      | 5.0                                 | 28 days           | 1 liter                | Amber glass bottle | H <sub>2</sub> SO <sub>4</sub> to pH < 2, cool 4 °C |
| 876 Orthophosphate*               | 365.1                               | 0.03                                | 48 hours**        | 1 liter                | Plastic cubitainer | Cool 4 °C                                           |
| 878 pH                            | 150.1/310.1                         | ± 0.2 pH units                      | analyzed in field | 1 liter                | Plastic or glass   | Cool 4 °C                                           |
| 843 Phenolics, total              | 9065A                               | 0.005                               | 28 days           | 1 liter                | Amber glass bottle | H <sub>2</sub> SO <sub>4</sub> to pH < 2, cool 4 °C |
| 877 Phosphorus, total             | 365.4                               | 0.03                                | 28 days           | 1 liter                | Plastic cubitainer | H <sub>2</sub> SO <sub>4</sub> to pH < 2, cool 4 °C |
| 847 Potassium                     | 200.7                               | 5.0                                 | 6 months          | 1 liter                | Plastic cubitainer | Cool 4 °C                                           |
| 847 Sodium                        | 200.7                               | 5.0                                 | 6 months          | 1 liter                | Plastic cubitainer | Cool 4 °C                                           |
| 887 Sulfate                       | 300.1 Part B                        | 10.0                                | 28 days           | 1 liter                | Plastic cubitainer | Cool 4 °C                                           |
| 890 Surfactants (MBAS)            | 425.1                               | 0.05                                | 48 hours          | 1 liter                | Plastic cubitainer | Cool 4 °C                                           |
| 891 total dissolved solids TDS    | 160.1                               | 3.0                                 | 7 days            | 1 liter                | Plastic cubitainer | Cool 4 °C                                           |
| 872 TKN (total Kjeldahl nitrogen) | 351.2                               | 0.1                                 | 0.10              | 0.13                   | Plastic cubitainer | H <sub>2</sub> SO <sub>4</sub> to pH < 2, cool 4 °C |
| 865 TOC (total organic carbon)    | 415.1                               | 2.0                                 | 28 days           | 2.1                    | Plastic cubitainer | H <sub>2</sub> SO <sub>4</sub> to pH < 2, cool 4 °C |
| 893 total suspended solids TSS    | 160.2                               | 3.0                                 | 7 days            | 1 liter                | Plastic cubitainer | Cool 4 °C                                           |
| 884 Turbidity                     | 180.1                               | 0.1                                 | 48 hours          | 1 liter                | Plastic cubitainer | Cool 4 °C                                           |

\* Note – please allow at least 50% of the published hold time for laboratory analysis time.

\*\* These are the recommended times with no preservative. For samples with hold times less than 48 hours, 5 days advance notice is normally required.

*Organic Section Sample Collection Guidelines and Group Analyses*

| (SLD #) & Test Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Approx. No. of Analytes Reported | Maximum Holding Time (Days) | Sample Containers For Water         | General Preservation Footnotes | Preservation Comments                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------|-------------------------------------|--------------------------------|---------------------------------------------------------------------------------------|
| <b>VOLATILE ORGANIC COMPOUNDS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                             |                                     |                                |                                                                                       |
| (765 & 764) Mass Spectrometer VOCs by GC/MS (EPA SW-846 624/8260)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 63+                              | 14                          | 40 mL Glass Vial in duplicate       | A, B, C                        |                                                                                       |
| (774) SDWA Volatile Organic Compounds, VOC-1's (EPA 524.2, travel blank required from lab)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 63                               | 14                          | 40 mL Glass Vial in duplicate       | A, B, C                        | Sample should be non-chlorinated. If chlorinated, ask for Ascorbic acid preservative. |
| (766) SDWA Trihalomethanes (EPA 524.2, travel blank required from lab)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4                                | 14                          | 40 mL Glass Vial in duplicate       | B, C, D                        |                                                                                       |
| <b>SEMIVOLATILE ORGANIC COMPOUNDS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                             |                                     |                                |                                                                                       |
| (775) EDB, DBCP & TCP (EPA 504.1, travel blank required from lab)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3                                | 14                          | 40 mL Glass Vial in duplicate       | B, C, D                        | Do Not Acidify                                                                        |
| (758) Acid Herbicides (EPA 515.2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 15                               | 14                          | 250 mL Amber Glass in triplicate    | A, C, E                        | After sampling, wait one minute before adding HCl to pH of 2                          |
| (772) Carbamate Pesticides (EPA 531.1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10                               | 28                          | 40 mL Glass Vial                    | C, D                           | Sample bottles must be refrigerated before and after use.                             |
| (781) Glyphosate (EPA 547)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                | 14                          | 40 mL Amber Glass Vial              | C, E                           |                                                                                       |
| (782) Lindothall (EPA 548.1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                | 7                           | 40 mL Glass Vial in duplicate       | C, E                           |                                                                                       |
| (783) Diquat (EPA 549.2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                                | 7                           | 1 L Amber Plastic                   | C, E                           | After sampling, add H <sub>2</sub> SO <sub>4</sub> to pH of 2 if biologically active. |
| (771) Haloacetic Acids in Drinking Water (EPA 552.2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6                                | 14                          | 60 mL Amber Glass Vial in Duplicate | C, D, E                        |                                                                                       |
| (788) Synthetic Organic Compounds + Chlordane, Toxaphene, PCBs by GC/MS (EPA 525.2 and 508.1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 75                               | 14                          | 1 L Amber Glass in duplicate        | A, C, E                        | After sampling, wait one minute before adding HCl to pH of 2                          |
| (751) Hydrocarbon Fuel Screen (TPH and Hydrocarbon Range 1D, EPA SW-846 8015)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N/A                              | 14                          | DRO: 1 L Amber Glass in duplicate   | GRO: A, B, C<br>DRO: C         | Note: Also provide 40 mL duplicate Glass Vials for GRO                                |
| (755) Base/Neutral Semivolatiles Organic Compounds by GC/MS (EPA SW-846 8270C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 66                               | 7                           | 1 L Amber Glass in duplicate        | C                              |                                                                                       |
| (756) Base/Neutral /Acid Semivolatile Organic Compounds by GC/MS (EPA SW-846 8270C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 88                               | 7                           | 1 L Amber Glass in duplicate        | C                              |                                                                                       |
| (760) Organochlorine Pesticides and PCBs (EPA SW-846 608/8081)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 39                               | 7                           | 1 L Amber Glass in duplicate        | C                              |                                                                                       |
| <b>Preservation Footnotes:</b><br>A = Reduce pH to 2 with Hydrochloric Acid, HCl<br>B = Fill vials completely, i.e. No Air Bubble.<br>C = Cool samples to 4°C after collection.<br>D = As supplied by SLD, sample containers contain preservatives (check container label); Do <u>NOT</u> Rinse Container.<br>E = As supplied, kits can be used for either Chlorinated systems or Non-chlorinated systems. Since dechlorinating agents are added by the lab, do <u>not</u> rinse the bottles. After sample collection, add the acid indicated for 758, 788, and, if necessary, 783 samples. |                                  |                             |                                     |                                |                                                                                       |
| <b>Hold Times</b><br>For samples with hold times of 14 days or less, the lab should receive the samples before half the hold time has expired.                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                             |                                     |                                |                                                                                       |
| <b>Questions? - phone 505 841 2571 (main supervisor), 505 841 2504 (volatiles), 505 841 2566 (semivolatiles).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                             |                                     |                                |                                                                                       |

### RADIOLOGICAL SECTION GROUP ANALYSES

- 801 2003 SDWA sequential w/o Radium 228 (EPA 900.0/903.1 etc.)
- 803 2003 SDWA sequential with Radium 228 (EPA 900.0/903.1/904.0 etc.)
- 811 Gross alpha and/or beta (EPA 900.0)
- 812 Radium – 226 (EPA 903.1)
- 813 Radium – 228 (EPA 904.0)
- 814 Uranium – 234/238 (SM 7500U-C)
- 834 Radon - 222 in water by liquid scintillation (EPA 913.0)
- 844 Gamma Scan (EPA 901.1)
- 933 Uranium by ICP/MS (EPA 200.8)
- New Radiological Rule 4-combo –
- (Gross alpha/beta, Radium 226, Radium 228, Uranium by ICP/MS)
- 3-Combination – (Gross alpha/beta, Radium 226, Radium 228)
- 2-Combination – (Radium 226, Radium 228)

For the 801 request, the gross alpha will be measured. If the gross alpha U-nat referenced is not  $\leq 3.0$  pCi/L, or Detection Limit  $\geq 1.0$ , the Radium – 226 will be measured. If the gross alpha is  $\geq 7.5$  pCi/L, the U-mass will be measured. When U-mass\*0.67 subtracted from the gross alpha is  $\geq 7.5$ , a U – 234/8 analysis will be done unless “No U - 234/8” is entered in the “Additional Analyses” text box.

Note: Radium – 226 will no longer trigger a Radium – 228 analysis. An 803 request will include the 801 flow and a Radium – 228 analysis. If only Radium – 228 is desired, select the 813 request. This will only require a 1-gallon sample. If only a U-mass is desired, submit as an RC sample, and select the 933 Uranium by ICP/MS test.

## STUDY QUESTIONS

1. Which samples currently require chain of custody documentation?
2. What types of analyses does the water chemistry section run?
3. What additional information is required on the microbiological request form for repeat samples?
4. Which sections of the unified sample request form have drop-down menus?

## SAMPLE TEST QUESTIONS

1. Which of the following numbers might be a system identification number?
  - A. 2634-208
  - B. NM35101-07
  - C. 912-44-0932
  - D. 12-041
2. Some sample kits use one form for multiple analyses.
  - A. True
  - B. False
3. The unified sample request form cannot be used for which of these analyses?
  - A. Organic analyses
  - B. Radiological analyses
  - C. Microbiological analyses
  - D. Heavy metal analyses
4. Repeat microbiological samples must include:
  - A. Red evidentiary seal tape
  - B. Chain of custody
  - C. Positive sample reference number in request form
  - D. All of the above

# **APPENDICES**

**CHEMICAL & RADIOLOGICAL BASELINE MONITORING OF DRINKING WATER**

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# CHEMICAL & RADIOLOGICAL BASELINE MONITORING OF DRINKING WATER

## Chemical Monitoring

For inorganic chemicals, monitoring frequency is dependent upon the water source and contaminant being sampled.

ALL PWS MUST BE SAMPLED WITHIN 90 DAYS OF COMING ON LINE

## Inorganic chemicals

CONFIRMATION & AVERAGING REQUIRED TO DETERMINE COMPLIANCE FOR NITRATE

**PUBLIC NOTICE IS REQUIRED FOR FLOURIDE IF RESULT IS > 2 mg/L and ALL OTHER MCL EXCEEDANCES**

## Sample collection frequency

### Groundwater

|                |                                                                               |
|----------------|-------------------------------------------------------------------------------|
| Nitrate-----   | Annual (If 1 sample > 5 mg/L, 1/4ly at least 1 year) All systems<br>No waiver |
| Nitrite-----   | 1 time only (if result is < .5 mg/L) All systems                              |
| Asbestos ----- | Every 9 years (1 <sup>st</sup> period of cycle if no waiver) CWS & NTNCWS     |
| Others -----   | Triennial - CWS & NTNCWS                                                      |

### Surface water

|               |                                                            |
|---------------|------------------------------------------------------------|
| Nitrate-----  | Quarterly (reduced to annual if none > 5 mg/L) All systems |
| Nitrite-----  | 1 time only (if result is < .5 mg/L) All systems           |
| Asbestos----- | Every 9 years (same as groundwater system) CWS & NTNCWS    |
| Others-----   | Annual - CWS & NTNCWS                                      |

**A CONFIRMATION SAMPLE IS REQUIRED IF ANY MCL IS EXCEEDED**

## Sampling locations

Groundwater systems shall take a minimum of one sample at every entry point to the distribution system which is representative of each well after treatment **except Asbestos (distribution – both distribution and source if source is vulnerable)**

Surface water systems shall take a minimum of one sample at every entry point to the distribution system after any application of treatment or in the distribution system at a point representative of each source after treatment

**1 SULFATE SAMPLE FROM THE SOURCE FOR A NEW SYSTEM OR SOURCE - CWS & NTNCWS**

## Organic Chemicals

Monitoring frequency varies depending on system size and whether contaminants are detected during initial monitoring

### Monitoring frequencies:

- SOCs: 4 consecutive quarterly samples during the first compliance period (Systems >3300 with no detect can reduce to 2 quarterly samples (2 consecutive 6 month periods) in 1 year, per compliance period) (Systems <3300 with no detect can reduce to 1 sample per compliance period) CWS & NTNCWS
- VOCs: 4 consecutive quarterly samples during the first compliance period (**Groundwater** systems can reduce to 1 annual if no detects in initial round, then 1 X 3 years after 3 consecutive years of no detects)

## Confirmation sample required if a DETECT of any VOC

Detect =  $\geq 0.5$  ug/L (1/4ly sampling required if compliance & confirmation are  $\geq 0.5$  ug/L)

## **Sampling locations**

Groundwater systems shall take a minimum of one sample at every entry point to the distribution system which is representative of each well after treatment

Surface water systems shall take a minimum of one sample

- At every entry point to the distribution system after any application of treatment, OR
- In the distribution system at a point representative of each source after treatment

## **TTHM/HAA5s: Systems that disinfect**

- Groundwater systems < 10,000 population and Surface and Ground water under the influence of surface water <500 population—One sample per plant per year taken at a point in the distribution system reflecting maximum residence time during the warmest water temperature months (May thru September)
- Groundwater  $\geq$  10,000 population and Surface and Ground water under the influence of surface water 500-9,999 population—One sample per plant per year taken at a point in the distribution system reflecting maximum residence time during the warmest water temperature months (May thru September) Remaining samples taken at representative locations within the distribution system
- Additionally, groundwater sources should have one sample analyzed for maximum TTHM Potential

## **Chlorine/Chloramines**

- All systems—Same location and frequency as TCR sampling

## **DBP Precursors**

- Conventional filtration—Monthly for total organic carbon and alkalinity

## **Radiological Monitoring**

### **Monitoring frequency**

- Initial sampling consists of the analysis of an annual "Field Composite Sample" (4 consecutive quarterly samples)
- Thereafter, sampling according to standard monitoring framework of once every 3 years or greater depending on detection of contaminants.

Groundwater systems shall take samples at the entry point to the distribution system which representative of each well after treatment

Surface water systems shall take a minimum of one sample at every entry point to the distribution system after any application a treatment or, in the distribution system at a point which is representative of each source after treatment

## **Turbidity Monitoring**

Monitoring for turbidity must be accomplished on a daily basis for surface water sources and groundwater under the influence of surface water

- Sampling shall be done at representative entry points to the distribution system and according to Section 500 of the Drinking Water Regulations

## **Field Log Book Record**

Written record used to trace possession and handling of samples from the moment of collection until shipment or delivery to the laboratory for analysis. All records should be done legibly in ink; Field records should be signed & dated

## STANDARDIZED MONITORING FRAMEWORK

| IOCs, SOCs, VOCs                                          |                                                             |      | Second Cycle           |      |      |                        |      |      |                        |      |      | Third Cycle            |      |      |                        |      |      |                        |      |      |
|-----------------------------------------------------------|-------------------------------------------------------------|------|------------------------|------|------|------------------------|------|------|------------------------|------|------|------------------------|------|------|------------------------|------|------|------------------------|------|------|
|                                                           |                                                             |      | 1 <sup>st</sup> Period |      |      | 2 <sup>nd</sup> Period |      |      | 3 <sup>rd</sup> Period |      |      | 1 <sup>st</sup> Period |      |      | 2 <sup>nd</sup> Period |      |      | 3 <sup>rd</sup> Period |      |      |
| Inorganic Contaminants (IOCs) <sup>1</sup>                |                                                             |      | 2002                   | 2003 | 2004 | 2005                   | 2006 | 2007 | 2008                   | 2009 | 2010 | 2011                   | 2012 | 2013 | 2014                   | 2015 | 2016 | 2017                   | 2018 | 2019 |
|                                                           | Groundwater (Below MCL)                                     |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                                                           | Waiver <sup>2</sup>                                         |      | X                      |      |      |                        |      |      |                        |      |      | X                      |      |      |                        |      |      |                        |      |      |
|                                                           | No Waiver                                                   |      | X                      |      |      | X                      |      |      | X                      |      |      | X                      |      |      | X                      |      |      | X                      |      |      |
|                                                           | Surface Water (Below MCL)                                   |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                                                           | Waiver <sup>2</sup>                                         |      | X                      |      |      |                        |      |      |                        |      |      | X                      |      |      |                        |      |      |                        |      |      |
|                                                           | No Waiver                                                   |      | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    |
|                                                           | Groundwater and Surface Water (Above MCL) <sup>3</sup>      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
| Reliably and Consistently ≤ MCL for Groundwater Systems   |                                                             | X    |                        |      | X    |                        |      | X    |                        |      | X    |                        |      | X    |                        |      | X    |                        |      |      |
| Reliably and Consistently ≤ MCL for Surface Water Systems |                                                             | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    |
| > MCL or Not Reliably and Consistently ≤ MCL              |                                                             | XXXX | XXXX                   | XXXX | XXXX | XXXX                   | XXXX | XXXX | XXXX                   | XXXX | XXXX | XXXX                   | XXXX | XXXX | XXXX                   | XXXX | XXXX | XXXX                   | XXXX | XXXX |
| Synthetic Organic Contaminants (SOCs)                     | Population >3,300 (Below Detection Limit)                   |      | 02                     | 03   | 04   | 05                     | 06   | 07   | 08                     | 09   | 10   | 11                     | 12   | 13   | 14                     | 15   | 16   | 17                     | 18   | 19   |
|                                                           | Waiver                                                      |      | X                      |      |      | X                      |      |      | X                      |      |      | X                      |      |      | X                      |      |      | X                      |      |      |
|                                                           | < Detect and No Waiver                                      |      | XX                     |      |      | XX                     |      |      | XX                     |      |      | XX                     |      |      | XX                     |      |      | XX                     |      |      |
|                                                           | Population ≤ 3,300 (Below Detection Limit)                  |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                                                           | Waiver                                                      |      | X                      |      |      | X                      |      |      | X                      |      |      | X                      |      |      | X                      |      |      | X                      |      |      |
| < Detect and No Waiver                                    |                                                             | X    |                        |      | X    |                        |      | X    |                        |      | X    |                        |      | X    |                        |      | X    |                        |      |      |
| Volatile Organic Contaminants (VOCs)                      | Above Detection Limit                                       |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                                                           | Reliably and Consistently < MCL <sup>4</sup>                |      | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    |
|                                                           | > Detect or Not Reliably and Consistently ≤ MCL             |      | XXXX                   | XXXX | XXXX | XXXX                   | XXXX | XXXX | XXXX                   | XXXX | XXXX | XXXX                   | XXXX | XXXX | XXXX                   | XXXX | XXXX | XXXX                   | XXXX | XXXX |
|                                                           |                                                             |      | 02                     | 03   | 04   | 05                     | 06   | 07   | 08                     | 09   | 10   | 11                     | 12   | 13   | 14                     | 15   | 16   | 17                     | 18   | 19   |
| Inorganic Contaminants (IOCs) <sup>1</sup>                | Groundwater (Below Detection Limit)                         |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                                                           | < Detect, Vulnerability Assessment, and Waiver <sup>5</sup> |      | X                      |      |      |                        |      |      |                        |      |      | X                      |      |      |                        |      |      |                        |      |      |
|                                                           | No Waiver <sup>6</sup>                                      |      | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    |
|                                                           | Surface Water (Below Detection Limit)                       |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                                                           | < Detect, Vulnerability Assessment, and Waiver <sup>7</sup> |      | X                      |      |      | X                      |      |      | X                      |      |      | X                      |      |      | X                      |      |      | X                      |      |      |
|                                                           | No Waiver <sup>8</sup>                                      |      | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    |
|                                                           | Above Detection Limit                                       |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                                                           | Reliably and Consistently < MCL <sup>4</sup>                |      | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    | X                      | X    | X    |
| > Detect or Not Reliably and Consistently ≤ MCL           |                                                             | XXXX | XXXX                   | XXXX | XXXX | XXXX                   | XXXX | XXXX | XXXX                   | XXXX | XXXX | XXXX                   | XXXX | XXXX | XXXX                   | XXXX | XXXX | XXXX                   | XXXX |      |

## STANDARDIZED MONITORING FRAMEWORK

| EXCEPTIONS     |                                                                                                   |  | Second Cycle           |      |      |                        |      |      |                        |      |      | Third Cycle            |      |      |                        |      |      |                        |      |      |
|----------------|---------------------------------------------------------------------------------------------------|--|------------------------|------|------|------------------------|------|------|------------------------|------|------|------------------------|------|------|------------------------|------|------|------------------------|------|------|
|                |                                                                                                   |  | 1 <sup>st</sup> Period |      |      | 2 <sup>nd</sup> Period |      |      | 3 <sup>rd</sup> Period |      |      | 1 <sup>st</sup> Period |      |      | 2 <sup>nd</sup> Period |      |      | 3 <sup>rd</sup> Period |      |      |
| Nitrate        |                                                                                                   |  | 2002                   | 2003 | 2004 | 2005                   | 2006 | 2007 | 2008                   | 2009 | 2010 | 2011                   | 2012 | 2013 | 2014                   | 2015 | 2016 | 2017                   | 2018 | 2019 |
|                | CWSs & NTNCWSs                                                                                    |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                | Surface Water with 4 Quarters of Results < 1/2 MCL <sup>9</sup>                                   |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                | Groundwater Reliably and Consistently < MCL <sup>9</sup>                                          |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
| Nitrite        | > 1/2 MCL                                                                                         |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                | TNCWSs                                                                                            |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                | Standard Monitoring                                                                               |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                |                                                                                                   |  | 02                     | 03   | 04   | 05                     | 06   | 07   | 08                     | 09   | 10   | 11                     | 12   | 13   | 14                     | 15   | 16   | 17                     | 18   | 19   |
| Radio-nuclides | < 1/2 MCL                                                                                         |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                | Reliably and Consistently < MCL <sup>9</sup>                                                      |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                | > 1/2 MCL or not Reliably and Consistently < MCL                                                  |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                |                                                                                                   |  | 02                     | 03   | 04   | 05                     | 06   | 07   | 08                     | 09   | 10   | 11                     | 12   | 13   | 14                     | 15   | 16   | 17                     | 18   | 19   |
| Asbestos       | < Detection Limit                                                                                 |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                | > Detection Limit but < 1/2 MCL                                                                   |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                | > 1/2 MCL but < MCL                                                                               |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                | > MCL                                                                                             |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
| Asbestos       | Waiver                                                                                            |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                | No Waiver, Reliably and Consistently < MCL, or vulnerable to asbestos contamination <sup>10</sup> |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                | > MCL                                                                                             |  |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |                        |      |      |
|                |                                                                                                   |  | 02                     | 03   | 04   | 05                     | 06   | 07   | 08                     | 09   | 10   | 11                     | 12   | 13   | 14                     | 15   | 16   | 17                     | 18   | 19   |

### Legend

- <sup>1</sup> = 1 sample at each entry point to distribution system (EPTDS).
- <sup>2</sup> = 2 quarterly samples at each EPTDS. Samples must be taken during 1 calendar year during each 3-year compliance period.
- <sup>3</sup> = 4 quarterly samples at each EPTDS within time frame designated by the primary agency.
- X = No sampling required unless required by the primary agency.
- # = Systems must monitor at a frequency specified by the primary agency.
- ! = When allowed by the primary agency, data collected between June 2000 and December 8, 2003 may be grandfathered to satisfy the initial monitoring requirements due in 2004 for gross alpha, radium 226/228, and uranium.

- <sup>4</sup> Until January 22, 2006 the maximum contaminant level (MCL) for arsenic is 50 µg/L; on January 23, 2006 the MCL for arsenic becomes 10 µg/L.
- <sup>5</sup> Based on 3 rounds of monitoring at each EPTDS with all analytical results below the MCL. Waivers are not permitted under the current arsenic requirements, however systems are eligible for arsenic waivers after January 23, 2006.
- <sup>6</sup> A system with a sampling point result above the MCL must collect quarterly samples, at that sampling point, until the system is determined by the primary agency to be reliably and consistently below the MCL.
- <sup>7</sup> Samples must be taken during the quarter which previously resulted in the highest analytical result. Systems can apply for a waiver after 3 consecutive annual sampling results are below the detection limit.
- <sup>8</sup> Groundwater systems must update their vulnerability assessments during the time the waiver is effective. Primary agencies must re-confirm that the system is non-vulnerable within 3 years of the initial determination or the system must return to annual sampling.
- <sup>9</sup> If all monitoring results during initial quarterly monitoring are less than the detection limit, the system can take annual samples. If after a minimum of 3 years of annual sampling with all analytical results less than the detection limit, the primary agency can allow a system to take 1 sample during each compliance period. Systems are also eligible for a waiver.
- <sup>10</sup> Primary agencies must determine that a surface water system is non-vulnerable based on a vulnerability assessment during each compliance period or the system must return to annual sampling.
- <sup>11</sup> If all monitoring results during initial quarterly monitoring are less than the detection limit, the system can take annual samples. Systems are also eligible for a waiver.
- <sup>12</sup> Samples must be taken during the quarter which previously resulted in the highest analytical result.
- <sup>13</sup> Systems are required to monitor for asbestos during the first 3-year compliance period of each 9-year compliance cycle. A system vulnerable to asbestos contamination due solely to corrosion of asbestos-cement pipe must take 1 sample at a tap served by that pipe. A system vulnerable to asbestos contamination at the source must sample at each EPTDS.

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