

**DRINKING WATER DISTRIBUTION SYSTEM TESTING REQUIREMENTS  
FOR CALENDAR YEAR 2019**

The drinking water testing requirements for January 1 - December 31, 2019 for **AMHERST WATER COMPANY (EPA ID#-0030)** (as of December 2018) in accordance with the South Dakota Drinking Water Standards are as follows:

1. 12 Microbiological samples for total coliform @ \$15 per analysis. These are the monthly routine/repeat samples for the Total Coliform Rule (TCR).
2. \_\_\_\_\_ Fluoride samples @ \$13 per analysis for systems adding fluoride to their water.
3. \_\_\_\_\_ Stage 1-Disinfection By-Products-THMs @ \$110 and Haloacetic Acids @ \$71 per analysis. If a system is on an annual or triennial sampling schedule, these samples must be taken between August 1 and September 30.
4. \_\_\_\_\_ Lead/Copper samples @ \$30 per analysis. If your water system currently monitors for lead and copper annually or triennially, these samples must be taken in June, July, August, or September.
5. \_\_\_\_\_ Asbestos - Samples must be sent to an out-of-state lab with testing arrangements made by the system or obtain waiver to eliminate the analysis.
6. \_\_\_\_\_ Stage 2-Disinfection By-Products-THMs @ \$110 and Haloacetic Acids @ \$71 per analysis. If a system is on an annual or triennial sampling schedule, these samples must be taken between August 1 and September 30.

**Special Notes:** Raw (and treated, if necessary) TOC samples and alkalinity samples (if necessary) are also required if DBP samples are required for surface waters. TOC and alkalinity samples must be arranged for by each system.

Systems that use chlorine dioxide must take daily on-site chlorite samples and must submit three monthly chlorite samples to a certified lab.

Bromate samples are needed for systems using ozone.

Chlorine/chloramine residuals must be taken each time a system submits a microbiological sample for TCR compliance (both routine and repeats). This requirement now includes systems receiving chlorinated water from other systems. These are then reported on a quarterly basis to DENR.

**THESE ARE YOUR DISTRIBUTION SYSTEMS ANALYSES. IF YOU MAINTAIN YOUR OWN SOURCE OF WATER, INCLUDED IS ANOTHER LIST FOR THE ANALYSES REQUIRED FOR EACH OF YOUR ENTRY POINTS.**

The number indicated before each test type is the number of analyses to be performed by the lab. The prices quoted above are for the State Public Health Laboratory. Prices are subject to change without notice. You may have your testing performed by any lab that is State certified for a particular lab method.

If you desire to have the State Public Health Laboratory analyze your samples, please sign this form and return it as soon as possible to: Stacy Ellwanger, State Public Health Laboratory, 615 E Fourth, Pierre SD 57501. Fax: 605-773-6129. **Do not return this form to the Drinking Water Program.** It is not necessary to enclose any money as you will be billed on a monthly basis for testing performed. Your analyses will be scheduled and sample bottles sent to you sometime during the year; however, the water system is responsible to see that all analyses are performed and reported to DENR.

**If you do NOT desire to have the State Lab analyze your samples, please make arrangements with a certified private lab to do your testing.**

Please review this form carefully, as it is the sole responsibility of the water system to have the proper number and applicable testing performed. You are responsible for notifying your lab of any sampling frequency changes or if certain samples must be taken in a particular month or calendar quarter.

\_\_\_\_\_  
Signature Date

DARIN ROEHR PO BOX 49 BRITTON SD 57430

Complete UPS Shipping Address including Street Address, City, and Zip Code (NO PO BOXES!) (Please make corrections!)

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