



## Appendix K

### RTCR Sample Reporting and Notification (LabToState)

#### Total Coliform Routine Samples:

*This section provides guidance to upload samples to SDWIS in situations where the results of a routine sample return as absent for total coliform.*

1. Electronic compliance data **must** be submitted on either a **weekly**, or no greater than a bi-weekly basis, in the format specified by the Drinking Water Bureau (DWB), which is currently the Safe Drinking Water Information System (SDWIS). Only compliance data should be uploaded to SDWIS.
2. Submittals to SDWIS must include:
  - a. Water system name and ID#,
  - b. Date and time of sample collection,
  - c. Type of sample collected (routine, repeat, etc.),
  - d. Analysis results,
  - e. Chlorine residual measurement taken at the time of sample collection,
  - f. Facility ID#,
  - g. Sample collection point RT# and sample collection location address or sample point name
  - h. Sample collector's NM Operator/Sampler certification number as listed on the request form and name.
4. The completed Chain of Custody for each sample must be sent to the data team at [NMENV-NMMicroLabsCOC-LabResults@state.nm.us](mailto:NMENV-NMMicroLabsCOC-LabResults@state.nm.us).
5. Laboratories must provide a copy of all sample results to the submitter/client within ten (10) working days from the completion of the analyses.

#### Total Coliform Positive Samples:

*This section provides guidance to notify DWB and the water systems in situations where the results of a routine sample return as total coliform positive (total coliform present).*

1. Total coliform positive samples are uploaded into SDWIS as stated above, but also must be reported directly to DWB and the water system.
2. Laboratories must notify DWB and the water system of any positive total coliform, fecal coliform, or E-coli analysis result(s) as soon as possible, but no later than 12 hours after identifying the result.
3. When a sample is determined to be positive for total coliform the lab will send an email to DWB via email address, [nmenv.labsamples@state.nm.us](mailto:nmenv.labsamples@state.nm.us) under subject title: **Total Coliform Positive Sample**. This email will be directed to the RTCR Rule Administrator and Data Steward team, and their supervisors. The lab will attach the chain of custody or an electronic report which includes:
  - a. Water system name and ID#,
  - b. Analysis results,
  - c. Chlorine residual measurement taken at the time of sample collection,
  - d. Sample collection location name or address,
  - e. Sample point ID number (RT#)



## Appendix K

- f. Sample collection date and time, and
  - g. Sample collector's name and phone#.
4. The RTCR Rule Administrator or his/her designee will provide a response to the lab stating the email was received.
  5. The lab is also to provide notification to the submitting water system Administrative Contact (AC) by phone. If AC is unavailable or message cannot be left, attempt to contact the sampler listed on the COC should be made and noted.

### Total Coliform Repeat Samples:

*This section provides guidance in situations where the results of repeat samples return as total coliform positive following total coliform positive routine samples.*

1. Following a compliance routine positive total coliform sample result(s), water systems will be required to collect repeat samples and possibly Groundwater Source Samples (GWS). Labs will email the chain of custodies for these samples or an electronic report to DWB via email address [nmenv.labsamples@state.nm.us](mailto:nmenv.labsamples@state.nm.us) under subject title: **Total Coliform Repeat Results**. This email will be directed to the RTCR Rule Administrator and Data Steward teams, and their supervisors. The email notification will include an attached chain of custody or an electronic report which includes the following information:
  - a. Water system name and ID#,
  - b. Analysis results,
  - c. Chlorine residual measurement taken at the time of sample collection,
  - d. Sample collection point RP# and sample collection location address or sample point name,
  - e. Sample collection date and time,
  - f. Sample collector's name, phone#, and operator certification#
  - g. Original sampling point where positive sample was taken
  - h. Upstream,
  - i. Downstream, and
  - j. If required for compliance with the Ground Water Rule, a fourth sample (triggered source sample) will be taken at the source. The groundwater source sample must be identified by the DWBs designated facility identification number and location name (i.e. Well #1) and,
  - k. Original RT lab sample ID#.
2. The RTCR Rule Administrator or his/her designee will provide a response to the lab stating the email was received.

**NOTE:** *Laboratory must keep a written record of contacts made to report positive results, invalid results, or samples rejected by the laboratory. The record must contain information identifying the sample collector, who was contacted (name and affiliation), when the contact was made (date and time), and how the contact was made (in person, by phone, or by e-mail).*

**NOTE:** *These requirements are taken directly from the of New Mexico Statewide Price Agreements #20-66700-22-27672/#25-66700-22-27672 Microbiological Water Testing and the Drinking Water Laboratory Certification Program Guidance Manual. Failure to meet these requirements may lead to a downgrade of your laboratory certification or termination of the price agreement with DWB.*