

## PROCESS FOR REQUESTING AN RTCR INVALIDATION DUE TO IMPROPER LAB ANALYSIS

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## RTCR INVALIDATIONS

THE FEDERAL CITATIONS CONCERNING INVALIDATION OF RTCR TOTAL COLIFORM-POSITIVE SAMPLES ARE FOUND AT:

**40CFR141/SUBPART Y. REVISED TOTAL COLIFORM RULE**

**141.853(C)**

**141.853(C) (1) THE STATE MAY INVALIDATE A TOTAL COLIFORM-POSITIVE SAMPLE ONLY IF THE CONDITIONS OF PARAGRAPH (C)(1)(I), (II), OR (III) OF THIS SECTION ARE MET.**

- (I) THE LABORATORY ESTABLISHES THAT IMPROPER SAMPLE ANALYSIS CAUSED THE TOTAL COLIFORM-POSITIVE RESULT.
- (II) THE STATE, ON THE BASIS OF THE RESULTS OF REPEAT SAMPLES COLLECTED AS REQUIRED UNDER §141.858(A), DETERMINES THAT THE TOTAL COLIFORM-POSITIVE SAMPLE RESULTED FROM A DOMESTIC OR OTHER NON-DISTRIBUTION PLUMBING PROBLEM.
- (III) THE STATE HAS SUBSTANTIAL GROUNDS TO BELIEVE THAT A TOTAL COLIFORM-POSITIVE RESULT IS DUE TO A CIRCUMSTANCE OR CONDITION THAT DOES NOT REFLECT WATER QUALITY IN THE DISTRIBUTION SYSTEM.

## THIS PRESENTATION ADDRESSES CONDITION (I)

IN ORDER FOR THE NJDEP BUREAU OF SAFE DRINKING WATER (BSDW) TO CONSIDER AN INVALIDATION REQUEST FOR REVISED TOTAL COLIFORM RULE (RTCR) SAMPLES BASED ON IMPROPER LAB ANALYSIS, THE PROPER FORMS AND REQUIRED INFORMATION MUST BE SUBMITTED TO THE BSDW QA UNIT. LABORATORIES MUST SUBMIT FORMS A AND A1 AS PART OF AN INVALIDATION REQUEST DUE TO LABORATORY ERROR.

## TO REQUEST A RTCR INVALIDATION BASED ON IMPROPER LAB ANALYSIS:

REQUESTS FOR RTCR INVALIDATIONS SHOULD BE EMAILED TO [LINDA.BONNETTE@DEP.NJ.GOV](mailto:LINDA.BONNETTE@DEP.NJ.GOV).  
 COPY MY SECTION CHIEF, LINDA DOUGHTY & COPY ANY OTHER BWSE-WSA OR BSDW-VDU STAFF INVOLVED.  
 THE BSDW QA UNIT WILL CONTACT THE LAB WITHIN THE NEXT 2 BUSINESS DAYS TO DISCUSS THE CIRCUMSTANCES AND TO FORWARD THE FORMS A AND A1 FOR COMPLETION BY THE LAB.

- **FORM A** - INFORMATION RELATED TO THE ISSUE AND THE AFFECTED SAMPLES.
- AFFECTED SAMPLES CONSIST OF BOTH TC NEGATIVE AND TC POSITIVE SAMPLES.
- **"IT IS IMPORTANT THAT WE KNOW IF ANY OF THESE SAMPLES WERE REPEATS FOR A SAMPLE THAT WAS ORIGINALLY EC+."**
- SUBMIT THE PWSID NUMBERS ALONG WITH THE SAMPLE NUMBERS AND SYSTEM NAMES. SYSTEM NAMES ALONE ARE NOT SUFFICIENT. *EXAMPLE: THERE ARE SEVERAL QUICK CHECKS IN OUR SYSTEM*
- **FORM A1**: NOTIFICATION CHECKLIST MUST BE COMPLETED FOR EACH WATER SYSTEM AFFECTED. BSDW NEEDS TO KNOW THAT THE SYSTEM WAS NOTIFIED OF THE ISSUE AND THAT A REPLACEMENT SAMPLE MUST BE COLLECTED WITHIN 24 HOURS.

ONCE THE BSDW QA UNIT IS IN RECEIPT OF THE REQUIRED INFORMATION, THEY WILL CONTACT THE LAB.

## TO REQUEST A RTCR INVALIDATION BASED ON IMPROPER LAB ANALYSIS:

AFTER EVALUATING THE INFORMATION PROVIDED, THE BSDW QA UNIT WILL PROVIDE THE LAB WITH A DETERMINATION AND INSTRUCTIONS ON HOW TO PROCEED WITH SAMPLE REPORTING.

- IN CASES WHERE THE REPLACEMENT SAMPLES ARE TAKEN AFTER THE MONITORING PERIOD HAD ENDED AND THE NEXT HAD BEGUN, THE BSDW-VDU NEEDS TO MODIFY THE MONITORING SCHEDULE IN ORDER THAT THE SYSTEM DOES NOT INCUR A MONITORING VIOLATION.

THE BSDW QA UNIT WILL SEND A LETTER TO EACH OF THE WATER SYSTEMS THAT HAD A COMPROMISED SAMPLE THAT WAS TC-. WATER SYSTEMS WHERE THE AFFECTED SAMPLES WERE TC- AND ALL REPLACEMENT SAMPLES WERE COLLECTED, WILL NOT RECEIVE A LETTER.



**FORM A / SECTION C / SUBSECTION 3**

- 3. Chain-of-custody referencing sample locations with corresponding Lab Sample IDs and including chlorine residuals

**REQUIRES SUBMISSION OF CHAIN OF CUSTODIES WITH SAMPLE LOCATIONS LAB SAMPLE IDS AND CHLORINE RESIDUALS, IF APPLICABLE.**

**FORM A / SECTION C / SUBSECTION 4 COMPLETION OF A1 FORM**

- 4. Form A1- Notification Checklist for each water system

**NOTIFICATION FORM A1**

- COMPLETION OF A FORM A1 BY THE LAB WILL BE REQUIRED FOR EACH WATER SYSTEM AFFECTED BY THE IMPROPER SAMPLE ANALYSIS. **THE AFFECTED SAMPLES INCLUDES THOSE THAT HAD TC NEGATIVE RESULTS IN ADDITION TO THOSE THAT WERE TC+.**
- IT INDICATES TO BSDW THAT EACH WATER SYSTEM HAD BEEN NOTIFIED OF THE COMPROMISED SAMPLE(S) AND THAT A REPLACEMENT SAMPLE WILL BE REQUIRED WITHIN 24 HOURS OF THE WATER SYSTEM'S NOTIFICATION OF THE NEED TO RESAMPLE.
- **THIS IS PARTICULARLY IMPORTANT WHEN THE SAMPLE IS A REPEAT OF A EC+ SAMPLE.**
- ONCE COMPLETED BY THE LAB IT IS TO BE SENT BACK TO THE BSDW QA UNIT.

**Form A1**  
**Laboratory Notification to Water System Checklist**  
 Complete for each water system affected by the event and submit to BSDW. If non-water systems are affected, then submit non-A1 forms.

|  |  |            |
|--|--|------------|
| Laboratory Name & ID:  | Invalidation ID Code from Section B of Form A: |            |
| Notification by: <input type="checkbox"/> Phone <input type="checkbox"/> Email | Time/Date of notification:                     |            |
| Phone #:   | Email:   |            |
| PSWD of water system contacted:  | Person contacted/Title:                        |            |
| Contact Phone #:   | Contact email:                                 |            |
| Monitoring schedule for timeframe of affected samples:                         |  |            |
|  | Done   | By email   |
|  | completed                                      | if allowed |

Inform the water system of the improper sample analysis that compromised the analysis of PCR samples collected from their water system. Provide details of the improper sample analysis and if any samples were confirmed or preliminary test results available.

Inform the water system that (SDW) Bureau of State Drinking Water (BSDW) personnel have been contacted and will handle the investigation of the compromised (E.C. sample).

Provide the water system with the chain-of-custody that includes the appropriate lab sample numbers and sampling locations.

If a non-community water system, inform the water system that the lab will contact the appropriate (SDA) agency to verify time of the error as required (SDW) 3.18.4.022.

Inform the water system that according to Federal regulations (40CFR141.883(c)(2)), replacement samples must be collected within 24 hours of notification and, if the sampling is not completed as required, the water system may incur a monitoring violation.

Inform the water system that replacement samples cannot be obtained within 24 hours of this notification, the water system must call the BSDW QA Group at (503) 251-5252 and request an extension.

Inform water systems that if the replacement sample collection fails within the next monitoring period, the replacement sample will be approved for the previous monitoring period and the present monitoring period. Additional sampling must be still be conducted.

**INFORMATION NEEDED FOR FORM A1**

- INCLUDE THE INVALIDATION ID CODE ON EACH OF THE A1 FORMS
- IF THE LABORATORY USUALLY COLLECTS THE SAMPLES FOR THE WATER SYSTEM, BUT CANNOT CONTACT THE WATER SYSTEM OR ACCESS THE SYSTEM TO OBTAIN ANOTHER SAMPLE, THE LABORATORY SHOULD CALL THE **BSDW QA UNIT AS SOON AS POSSIBLE**. OTHERWISE, THE SYSTEM MAY INCUR A M&R THROUGH NO FAULT OF THEIR OWN.

**INFORMATION REQUIRED FOR FORM A1**

**IMPORTANT TO HAVE:**

1. CONTACT NAMES
2. AFFILIATIONS
3. EMAILS
4. PHONE NUMBERS.

- PLEASE INDICATE IF THE SAMPLE(S) AFFECTED WERE **MONTHLY OR QUARTERLY SAMPLES.**
- **\*IF A QUARTERLY SYSTEM HAD A TC-POSITIVE, THEIR SCHEDULE WOULD BE MODIFIED REQUIRING SAMPLES FOR THE FOLLOWING MONTH.\***

**FOR REPEAT RTRC SAMPLES THAT WERE FOLLOW UP SAMPLES TO AN EC+.....**

- IF ANY OF THE AFFECTED SAMPLES WERE **REPEAT SAMPLES** TRIGGERED AS A RESULT OF AN **EC+ SAMPLE**, PLEASE CALL **BSDW WITHIN 24 HOURS.**

**EXPLAIN THAT THE SAMPLE HAD BEEN COMPROMISED AND THE STATUS OF ACQUIRING ANOTHER SAMPLE**