



**BACTERIOLOGICAL WATER ANALYSIS – PUBLIC WATER SYSTEMS**  
 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
 DIVISION OF MUNICIPAL FACILITIES  
 SFN 53438 (3/2023)

See Reverse for Instructions

<b>*LEFT SIDE OF FORM TO BE COMPLETED BY COLLECTOR</b>		
Last Name of Collector <b>Roth</b>		
First Name of Collector <b>Tony</b>	Telephone Number <b>701-7937546</b>	
Date Collected <b>9-9-24</b>	Time Collected <b>8:15pm</b>	
Collection Point and Address <b>D: H 88 224 Woodard Ave</b>		
Remarks <b>Amelia ND 58001</b>		
<input checked="" type="checkbox"/> <b>PUBLIC WATER SYSTEM</b> (Coliform Analysis)		
Name of Public Water System <b>City of America</b>		
Enter Your Assigned Public Water System & Sampling Site ID Numbers <b>ND0900017 RTCR001</b>		
Send Report To <b>City of America</b>		
Address <b>203 Alley St.</b>		
City <b>Amenca</b>	State <b>ND</b>	Zip Code <b>58001</b>
Type of Sample Check (Check One): <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Replacement <input type="checkbox"/> Repeat (Alt. Fixed) <input type="checkbox"/> Repeat (same tap) <input type="checkbox"/> Repeat (upstream) <input type="checkbox"/> Repeat (downstream) <input type="checkbox"/> Special Purpose (explain) _____		
Wells/Source ID's in use during routine RTCR Sample Collection <input type="checkbox"/> Ground Water <input type="checkbox"/> Surface Water <input checked="" type="checkbox"/> Purchased Ground Water <input type="checkbox"/> Purchased Surface Water		
<b>One-Site Measurements</b>		
Total Chlorine Residual <b>.11</b> mg/l		
Other (explain)		
<b>STOP! RIGHT SIDE OF FORM IS FOR LABORATORY USE ONLY.</b>		

<b>FOR LABORATORY USE ONLY</b>	
Lab Name <b>FARGO ENVIRONMENTAL LAB</b>	
Lab Number <b>644624</b>	
Date of Receipt <b>SEP 10 2024</b>	Time of Receipt <b>0955</b>
Date on Analysis <b>SEP 10 2024</b>	Time of Analysis <b>1000</b>
Date Results Reported <b>SEP 11 2024</b>	Date Results Completed <b>SEP 11 2024</b>
Analyst <b>MJ</b>	
<b>ANALYSIS METHOD</b>	
<input type="checkbox"/> Colilert <input type="checkbox"/> Membrane Filter <input checked="" type="checkbox"/> Colisure <input type="checkbox"/> Fermentation <input type="checkbox"/> Colilert 18 <input type="checkbox"/> Other _____ <input type="checkbox"/> Colitag	
<b>COLIFORM ANALYSIS</b>	
<input type="checkbox"/> SATISFACTORY – No Coliforms Present <input checked="" type="checkbox"/> UNSATISFACTORY – Coliforms Present <input checked="" type="checkbox"/> No <i>E.coli</i> Found <input type="checkbox"/> <i>E.coli</i> Present <input type="checkbox"/> SEND REPEAT SAMPLES	
<b>SAMPLE REJECTED- Resubmit Sample</b>	
<input type="checkbox"/> Sample Too Old <input type="checkbox"/> Sample Frozen <input type="checkbox"/> Sample Leaked in Transit <input type="checkbox"/> Laboratory Accident <input type="checkbox"/> Insufficient Sample Volume <input type="checkbox"/> No Date/Time <input type="checkbox"/> Other _____	
<input type="checkbox"/> <b>SAMPLE VOIDED – Send Replacement</b> Sample was invalidated according to method requirements and no coliform result reported.	



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 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
 DIVISION OF MUNICIPAL FACILITIES  
 SFN 53438 (3/2023)

See Reverse for Instructions

**\*LEFT SIDE OF FORM TO BE COMPLETED BY COLLECTOR**

Last Name of Collector  
Roth

First Name of Collector Telephone Number  
Tom 701 7437546

Date Collected Time Collected  
9/11/24 6:21 PM

Collection Point and Address  
211 Vail St. Amenia, ND 58004

Remarks

**PUBLIC WATER SYSTEM (Coliform Analysis)**

Name of Public Water System  
City of Amenia

Enter Your Assigned Public Water System & Sampling Site ID Numbers  
ND 0900017 RTCR \_ \_ \_

Send Report To  
City of Amenia

Address  
203 Alley St

City State Zip Code  
Amenia ND 58004

Type of Sample Check (Check One):  
 Routine     Replacement     Repeat (Alt.Fixed)  
 Repeat (same tap)     Repeat (upstream)     Repeat (downstream)  
 Special Purpose (explain) \_\_\_\_\_

Wells/Source ID's in use during routine RTCR Sample Collection  
 Ground Water  
 Surface Water  
 Purchased Ground Water  
 Purchased Surface Water

**One-Site Measurements**

Total Chlorine Residual  
.43 mg/l

Other (explain)

**STOP! RIGHT SIDE OF FORM IS FOR LABORATORY USE ONLY.**

**FOR LABORATORY USE ONLY**

Lab Name  
FARGO ENVIRONMENTAL LAB

Lab Number  
C6514-24

Date of Receipt Time of Receipt  
SEP 12 2024 0930

Date on Analysis Time of Analysis  
SEP 12 2024 0930

Date Results Reported Date Results Completed  
SEP 13 2024 SEP 13 2024

Analyst  
MS

**ANALYSIS METHOD**

Colilert     Membrane Filter  
 Colisure     Fermentation  
 Colilert 18     Other \_\_\_\_\_  
 Colitag

**COLIFORM ANALYSIS**

**SATISFACTORY** – No Coliforms Present  
 **UNSATISFACTORY** – Coliforms Present  
 No *E.coli* Found  
 *E.coli* Present

**SEND REPEAT SAMPLES**

**SAMPLE REJECTED- Resubmit Sample**

Sample Too Old     Sample Frozen  
 Sample Leaked in Transit     Laboratory Accident  
 Insufficient Sample Volume     No Date/Time  
 Other \_\_\_\_\_

**SAMPLE VOIDED – Send Replacement**  
 Sample was invalidated according to method requirements and no coliform result reported.



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 SFN 53438 (3/2023)

See Reverse for Instructions

<b>*LEFT SIDE OF FORM TO BE COMPLETED BY COLLECTOR</b>		
Last Name of Collector <i>Roth</i>		
First Name of Collector <i>Tony</i>	Telephone Number <i>701 793 7546</i>	
Date Collected <i>9/11/24</i>	Time Collected <i>6:30 pm</i>	
Collection Point and Address <i>301 Bridgeway Ave</i>		
Remarks <i>Amenia ND 58004</i>		
<input type="checkbox"/> <b>PUBLIC WATER SYSTEM</b> (Coliform Analysis)		
Name of Public Water System <i>City of Amenia</i>		
Enter Your Assigned Public Water System & Sampling Site ID Numbers		
<b>ND</b> <u><i>09 00017</i></u>	<b>RTCR</b> <u>---</u>	
Send Report To <i>City of Amenia</i>		
Address <i>203 Alley St.</i>		
City <i>Amenia</i>	State <i>ND</i>	Zip Code <i>58004</i>
Type of Sample Check (Check One):		
<input type="checkbox"/> Routine	<input type="checkbox"/> Replacement	<input type="checkbox"/> Repeat (Alt. Fixed)
<input type="checkbox"/> Repeat (same tap)	<input type="checkbox"/> Repeat (upstream)	<input checked="" type="checkbox"/> Repeat (downstream)
<input type="checkbox"/> Special Purpose (explain) _____		
Wells/Source ID's in use during routine RTCR Sample Collection		
<input type="checkbox"/> Ground Water <input type="checkbox"/> Surface Water <input checked="" type="checkbox"/> Purchased Ground Water <input type="checkbox"/> Purchased Surface Water		
<b>One-Site Measurements</b>		
Total Chlorine Residual <i>0.26</i>		mg/l
Other (explain)		
<b>STOP! RIGHT SIDE OF FORM IS FOR LABORATORY USE ONLY.</b>		

<b>FOR LABORATORY USE ONLY</b>	
Lab Name FARGO ENVIRONMENTAL LAB	
Lab Number <i>6515-24</i>	
Date of Receipt <i>SEP 12 2024</i>	Time of Receipt <i>0930</i>
Date on Analysis <i>SEP 12 2024</i>	Time of Analysis <i>0930</i>
Date Results Reported <i>SEP 13 2024</i>	Date Results Completed <i>SEP 13 2024</i>
Analyst <i>MS</i>	
<b>ANALYSIS METHOD</b>	
<input type="checkbox"/> Colilert <input checked="" type="checkbox"/> Colisure <input type="checkbox"/> Colilert 18 <input type="checkbox"/> Colitag	
<input type="checkbox"/> Membrane Filter <input type="checkbox"/> Fermentation <input type="checkbox"/> Other _____	
<b>COLIFORM ANALYSIS</b>	
<input checked="" type="checkbox"/> <b>SATISFACTORY</b> – No Coliforms Present	
<input type="checkbox"/> <b>UNSATISFACTORY</b> – Coliforms Present	
<input type="checkbox"/> No <i>E.coli</i> Found <input type="checkbox"/> <i>E.coli</i> Present	
<input type="checkbox"/> <b>SEND REPEAT SAMPLES</b>	
<b>SAMPLE REJECTED- Resubmit Sample</b>	
<input type="checkbox"/> Sample Too Old <input type="checkbox"/> Sample Leaked in Transit <input type="checkbox"/> Insufficient Sample Volume <input type="checkbox"/> Other _____	
<input type="checkbox"/> Sample Frozen <input type="checkbox"/> Laboratory Accident <input type="checkbox"/> No Date/Time	
<input type="checkbox"/> <b>SAMPLE VOIDED – Send Replacement</b>	
Sample was invalidated according to method requirements and no coliform result reported.	



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 SFN 53438 (3/2023)

See Reverse for Instructions

<b>*LEFT SIDE OF FORM TO BE COMPLETED BY COLLECTOR</b>		
Last Name of Collector <i>Roth</i>		
First Name of Collector <i>Tony</i>	Telephone Number <i>701 7937546</i>	
Date Collected <i>9/11/24</i>	Time Collected <i>6:38</i>	
Collection Point and Address <i>Pit 88 - 244 Woodard Ave. Amenia ND 58004</i>		
Remarks		
<input checked="" type="checkbox"/> <b>PUBLIC WATER SYSTEM</b> (Coliform Analysis)		
Name of Public Water System <i>City of Amenia</i>		
Enter Your Assigned Public Water System & Sampling Site ID Numbers		
<b>ND</b> <u>09</u> <u>00017</u>	<b>RTCR</b> <u>001</u>	
Send Report To <i>City of Amenia</i>		
Address <i>203 Alley St.</i>		
City <i>Amenia</i>	State <i>ND</i>	Zip Code <i>58004</i>
Type of Sample Check (Check One):		
<input type="checkbox"/> Routine	<input type="checkbox"/> Replacement	<input type="checkbox"/> Repeat (Alt. Fixed)
<input checked="" type="checkbox"/> Repeat (same tap)	<input type="checkbox"/> Repeat (upstream)	<input type="checkbox"/> Repeat (downstream)
<input type="checkbox"/> Special Purpose (explain) _____		
Wells/Source ID's in use during routine RTCR Sample Collection		
<input type="checkbox"/> Ground Water		
<input type="checkbox"/> Surface Water		
<input checked="" type="checkbox"/> Purchased Ground Water		
<input type="checkbox"/> Purchased Surface Water		
<b>One-Site Measurements</b>		
Total Chlorine Residual <i>.48</i>		mg/l
Other (explain)		
<b>STOP! RIGHT SIDE OF FORM IS FOR LABORATORY USE ONLY.</b>		

<b>FOR LABORATORY USE ONLY</b>	
Lab Name <b>FARGO ENVIRONMENTAL LAB</b>	
Lab Number <i>6513-24</i>	
Date of Receipt <b>SEP 12 2024</b>	Time of Receipt <i>0930</i>
Date on Analysis <b>SEP 12 2024</b>	Time of Analysis <i>0930</i>
Date Results Reported <b>SEP 13 2024</b>	Date Results Completed <b>SEP 13 2024</b>
Analyst <i>MS</i>	
<b>ANALYSIS METHOD</b>	
<input type="checkbox"/> Colilert	<input type="checkbox"/> Membrane Filter
<input checked="" type="checkbox"/> Colisure	<input type="checkbox"/> Fermentation
<input type="checkbox"/> Colilert 18	<input type="checkbox"/> Other _____
<input type="checkbox"/> Colitag	
<b>COLIFORM ANALYSIS</b>	
<input checked="" type="checkbox"/> <b>SATISFACTORY</b> – No Coliforms Present	
<input type="checkbox"/> <b>UNSATISFACTORY</b> – Coliforms Present	
<input type="checkbox"/> No <i>E.coli</i> Found	
<input type="checkbox"/> <i>E.coli</i> Present	
<input type="checkbox"/> <b>SEND REPEAT SAMPLES</b>	
<b>SAMPLE REJECTED- Resubmit Sample</b>	
<input type="checkbox"/> Sample Too Old	<input type="checkbox"/> Sample Frozen
<input type="checkbox"/> Sample Leaked in Transit	<input type="checkbox"/> Laboratory Accident
<input type="checkbox"/> Insufficient Sample Volume	<input type="checkbox"/> No Date/Time
<input type="checkbox"/> Other _____	
<input type="checkbox"/> <b>SAMPLE VOIDED – Send Replacement</b>	
Sample was invalidated according to method requirements and no coliform result reported.	

PWS ID: ND0900017

September 11, 2024

Tony Roth  
Amenia City of  
203 Alley St  
Amenia, ND 58004

RE: Revised Total Coliform Rule Routine Positive Sample Result(s) – Requirements for Further Revised Total Coliform Rule Sampling

Dear Mr. Roth,

Fargo Cass Public Health Building (Not Lab) has reported that the following water sample submitted for microbiological analysis tested positive for total coliform bacteria:

Sample Date	Sample ID	Site - Description
9/9/2024	6446-24	RTCR001 - 47.004976, - 97.219511, 58004

The presence of coliform bacteria in a water sample may indicate that your water supply is contaminated with disease-causing organisms. In response to these unsatisfactory test results, the City of Amenia is required to perform the following actions:

**Three (3) repeat samples must be collected immediately-Revised Total Coliform Rule.**

Fargo Cass Public Health Building (Not Lab) has been informed of your need for three (3) repeat sample containers. If your laboratory does not mail sample containers, please make arrangements with your laboratory to obtain these extra sample containers. PLEASE NOTE: It is your responsibility to contact the lab directly and make appropriate arrangements should you not receive the sample containers.

Revised Total Coliform Rule repeat samples should be taken as soon as sample containers are received with regard to the laboratory's schedule. Please note that the laboratory may not accept samples on Fridays or holidays and must analyze the samples within thirty (30) hours after collection. When completing your lab slip, indicate the type of sample as "repeat" on the bacteriological analysis sheet.

**All Revised Total Coliform Rule repeat samples must be collected on the same day and from the following locations:**

- One from same tap as original sample.

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4201 Normandy Street | Bismarck ND 58503-1324 | Fax 701-328-5200 | [deq.nd.gov](http://deq.nd.gov)

Director's Office  
701-328-5150

Division of  
Air Quality  
701-328-5188

Division of  
Municipal Facilities  
701-328-5211

Division of  
Waste Management  
701-328-5166

Division of  
Water Quality  
701-328-5210

Division of Chemistry  
701-328-6140  
2635 East Main Ave  
Bismarck ND 58501

- One upstream (within 5 service connections of the original site).
- One downstream (within 5 service connections of the original site).

Failure to collect these Revised Total Coliform Rule repeat samples before 9/24/2024 will require that you complete a Level 1 or Level 2 Assessment of your water system.

**NOTE:** If your system disinfects or purchases water that is disinfected, you are required to sample and record a disinfectant residual at the same time and place as every routine, repeat, or replacement Revised Total Coliform Rule sample. This information must be reported on your quarterly disinfectants/disinfection by-products summary form.

If you do not understand what is required of you as a supplier of drinking water by the Safe Drinking Water Act, require assistance, or have questions regarding the Revised Total Coliform Rule, please contact Bryce Peters at [bpeters@nd.gov](mailto:bpeters@nd.gov), (701) 328-5209 or Roxela Friesz at [rFriesz@nd.gov](mailto:rFriesz@nd.gov), (701) 328-5297.

Sincerely,



Bryce Peters  
Environmental Scientist  
Drinking Water Program  
Division of Municipal Facilities