

Chemical And Radiological Sampling History
PWS Number: ID5320005
PWS Name: RICHFIELD CITY OF
Total Records: 149

A PWS is only required to report the most recent detections of any contaminant at each representative sampling location. For example, if nitrate is detected in a sample collected at Well X in 2019, but is not detected at Well X in 2020, then the system is not required to report nitrate for Well X in the 2020 CCR. **Note:** If a contaminant (e.g., nitrate) is listed with a "Y" (meaning "Yes") in the "non-detect" column, this means that sampling results showed a "non-detect" - that is to say, nitrate was not detected.

Required Language. If a system reports a detection, the system must give the major sources of the contaminant. To report this information, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the *"Major Sources in Drinking Water"* column and place it in your CCR. If the system exceeds the MCL (maximum contaminant level) value of a contaminant, the system must show the potential health effects of the contaminant. To report this information, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the *"Health Effects Language"* column and place it in your CCR.

Abbreviations used below:

MG/L (mg/L) = milligrams per liter (mg/L = ppm in Appendix A)
UG/L (µg/L) = micrograms per liter (µg/L = ppb in Appendix A)
PIC/L (pCi/L) = picocuries per liter

Contaminant	Date Collected	Facility	Non Detect?	Detected Level	Units	CCR Units
1,1,1-TRICHLOROETHANE	01/16/2018	WELL #4	Y	0.000		0.000
1,1,2-TRICHLOROETHANE	01/16/2018	WELL #4	Y	0.000		0.000
1,1-DICHLOROETHYLENE	01/16/2018	WELL #4	Y	0.000		0.000
1,2,4-TRICHLOROBENZENE	01/16/2018	WELL #4	Y	0.000		0.000
1,2-DIBROMO-3-CHLOROPROPANE	01/16/2018	WELL #3	Y	0.000		0.000
1,2-DIBROMO-3-CHLOROPROPANE	02/17/2016	WELL #4	Y	0.000		0.000
1,2-DICHLOROETHANE	01/16/2018	WELL #4	Y	0.000		0.000
1,2-DICHLOROPROPANE	01/16/2018	WELL #4	Y	0.000		0.000
2,4,5-TP	01/16/2018	WELL #3	Y	0.000		0.000
2,4,5-TP	02/17/2016	WELL #4	Y	0.000		0.000
2,4-D	01/16/2018	WELL #3	Y	0.000		0.000
2,4-D	02/17/2016	WELL #4	Y	0.000		0.000
ANTIMONY, TOTAL	01/16/2018	WELL #3	Y	0.000		0.000
ANTIMONY, TOTAL	01/09/2018	WELL #1	Y	0.000		0.000
ANTIMONY, TOTAL	01/09/2018	WELL #4	Y	0.000		0.000
ANTIMONY, TOTAL	02/17/2016	WELL #4	Y	0.000		0.000
ARSENIC	01/16/2018	WELL #3	Y	0.000		0.000
ARSENIC	01/09/2018	WELL #1	N	0.002	MG/L	2.000
ARSENIC	01/09/2018	WELL #4	N	0.002	MG/L	2.000
ARSENIC	02/17/2016	WELL #4	N	0.001	MG/L	1.120
ATRAZINE	01/16/2018	WELL #3	Y	0.000		0.000
ATRAZINE	02/17/2016	WELL #4	Y	0.000		0.000
BARIUM	01/16/2018	WELL #3	Y	0.000		0.000
BARIUM	01/09/2018	WELL #1	N	0.011	MG/L	0.011
BARIUM	01/09/2018	WELL #4	N	0.110	MG/L	0.110
BARIUM	02/17/2016	WELL #4	N	0.045	MG/L	0.045
BENZENE	01/16/2018	WELL #4	Y	0.000		0.000
BENZO(A)PYRENE	01/16/2018	WELL #3	Y	0.000		0.000
BENZO(A)PYRENE	02/17/2016	WELL #4	Y	0.000		0.000
BERYLLIUM, TOTAL	01/16/2018	WELL #3	Y	0.000		0.000
BERYLLIUM, TOTAL	01/09/2018	WELL #1	Y	0.000		0.000
BERYLLIUM, TOTAL	01/09/2018	WELL #4	Y	0.000		0.000
BERYLLIUM, TOTAL	02/17/2016	WELL #4	Y	0.000		0.000
BHC-GAMMA	01/16/2018	WELL #3	Y	0.000		0.000
BHC-GAMMA	02/17/2016	WELL #4	Y	0.000		0.000
CADMIUM	01/16/2018	WELL #3	Y	0.000		0.000
CADMIUM	01/09/2018	WELL #1	Y	0.000		0.000
CADMIUM	01/09/2018	WELL #4	Y	0.000		0.000
CADMIUM	02/17/2016	WELL #4	Y	0.000		0.000
CARBOFURAN	01/16/2018	WELL #3	Y	0.000		0.000
CARBOFURAN	02/17/2016	WELL #4	Y	0.000		0.000
CARBON TETRACHLORIDE	01/16/2018	WELL #4	Y	0.000		0.000
CHLORDANE	01/16/2018	WELL #3	Y	0.000		0.000
CHLORDANE	02/17/2016	WELL #4	Y	0.000		0.000
CHLOROBENZENE	01/16/2018	WELL #4	Y	0.000		0.000

Sampling History Report
Print Date: June 28, 2021

CHROMIUM	01/16/2018	WELL #3	Y	0.000		0.000
CHROMIUM	01/09/2018	WELL #1	Y	0.000		0.000
CHROMIUM	01/09/2018	WELL #4	Y	0.000		0.000
CHROMIUM	02/17/2016	WELL #4	N	0.001	MG/L	1.430
CIS-1,2-DICHLOROETHYLENE	01/16/2018	WELL #4	Y	0.000		0.000
COMBINED URANIUM	01/16/2018	WELL #3	N	3.600	UG/L	3.600
COMBINED URANIUM	01/09/2018	WELL #1	N	3.000	UG/L	3.000
DALAPON	01/16/2018	WELL #3	Y	0.000		0.000
DALAPON	02/17/2016	WELL #4	Y	0.000		0.000
DI(2-ETHYLHEXYL) ADIPATE	01/16/2018	WELL #3	Y	0.000		0.000
DI(2-ETHYLHEXYL) ADIPATE	02/17/2016	WELL #4	Y	0.000		0.000
DI(2-ETHYLHEXYL) PHTHALATE	01/16/2018	WELL #3	Y	0.000		0.000
DI(2-ETHYLHEXYL) PHTHALATE	02/17/2016	WELL #4	Y	0.000		0.000
DICHLOROMETHANE	01/16/2018	WELL #4	Y	0.000		0.000
DINOSEB	01/16/2018	WELL #3	Y	0.000		0.000
DINOSEB	02/17/2016	WELL #4	Y	0.000		0.000
DIQUAT	01/16/2018	WELL #3	Y	0.000		0.000
DIQUAT	02/17/2016	WELL #4	Y	0.000		0.000
ENDOTHALL	01/16/2018	WELL #3	Y	0.000		0.000
ENDOTHALL	02/22/2016	WELL #4	Y	0.000		0.000
ENDOTHALL	02/17/2016	WELL #4	Y	0.000		0.000
ENDRIN	01/16/2018	WELL #3	Y	0.000		0.000
ENDRIN	02/17/2016	WELL #4	Y	0.000		0.000
ETHYLBENZENE	01/16/2018	WELL #4	Y	0.000		0.000
ETHYLENE DIBROMIDE	01/16/2018	WELL #3	Y	0.000		0.000
ETHYLENE DIBROMIDE	02/17/2016	WELL #4	Y	0.000		0.000
FLUORIDE	01/16/2018	WELL #3	Y	0.000		0.000
FLUORIDE	01/09/2018	WELL #1	Y	0.000		0.000
FLUORIDE	01/09/2018	WELL #4	Y	0.000		0.000
GLYPHOSATE	01/16/2018	WELL #3	Y	0.000		0.000
GLYPHOSATE	02/17/2016	WELL #4	Y	0.000		0.000
GROSS ALPHA, EXCL. RADON & U	01/16/2018	WELL #3		2.500	PCI/L	2.500
GROSS ALPHA, INCL. RADON & U	01/16/2018	WELL #3	N	4.900	PCI/L	4.900
GROSS ALPHA, INCL. RADON & U	01/09/2018	WELL #4	N	3.800	PCI/L	3.800
HEPTACHLOR	01/16/2018	WELL #3	Y	0.000		0.000
HEPTACHLOR	02/17/2016	WELL #4	Y	0.000		0.000
HEPTACHLOR EPOXIDE	01/16/2018	WELL #3	Y	0.000		0.000
HEPTACHLOR EPOXIDE	02/17/2016	WELL #4	Y	0.000		0.000
HEXACHLOROENZENE	01/16/2018	WELL #3	Y	0.000		0.000
HEXACHLOROENZENE	02/17/2016	WELL #4	Y	0.000		0.000
HEXACHLOROCYCLOPENTADIENE	01/16/2018	WELL #3	Y	0.000		0.000
HEXACHLOROCYCLOPENTADIENE	02/17/2016	WELL #4	Y	0.000		0.000
LASSO	01/16/2018	WELL #3	Y	0.000		0.000
LASSO	02/17/2016	WELL #4	Y	0.000		0.000
MERCURY	01/16/2018	WELL #3	Y	0.000		0.000
MERCURY	01/09/2018	WELL #1	Y	0.000		0.000
MERCURY	01/09/2018	WELL #4	Y	0.000		0.000
MERCURY	02/17/2016	WELL #4	Y	0.000		0.000
METHOXYCHLOR	01/16/2018	WELL #3	Y	0.000		0.000
METHOXYCHLOR	02/17/2016	WELL #4	Y	0.000		0.000
NICKEL	01/16/2018	WELL #3	Y	0.000		0.000
NICKEL	01/09/2018	WELL #1	Y	0.000		0.000
NICKEL	01/09/2018	WELL #4	Y	0.000		0.000
NICKEL	02/17/2016	WELL #4	Y	0.000		0.000
NITRATE	12/22/2020	WELL #2	N	1.120	MG/L	1.120
NITRATE	09/15/2020	WELL #1	N	1.020	MG/L	1.020
NITRATE	09/15/2020	WELL #3	N	1.010	MG/L	1.010
NITRATE	09/15/2020	WELL #4	N	1.020	MG/L	1.020
NITRATE	01/14/2019	WELL #1	N	0.840	MG/L	0.840
NITRATE	01/14/2019	WELL #2	Y	0.000		0.000
NITRATE	01/14/2019	WELL #3	N	1.270	MG/L	1.270
NITRATE	01/14/2019	WELL #4	N	1.040	MG/L	1.040
NITRATE	01/16/2018	WELL #3	N	1.290	MG/L	1.290
NITRATE	01/09/2018	WELL #1	N	1.040	MG/L	1.040
NITRATE	01/09/2018	WELL #2	Y	0.000		0.000
NITRATE	01/09/2018	WELL #4	N	1.040	MG/L	1.040
NITRATE	07/11/2017	WELL #1	N	0.850	MG/L	0.850
NITRATE	07/11/2017	WELL #2	Y	0.000		0.000
NITRATE	07/11/2017	WELL #3	N	1.230	MG/L	1.230
NITRATE	07/11/2017	WELL #4	N	1.110	MG/L	1.110
NITRATE	05/17/2016	WELL #2	N	1.150	MG/L	1.150
NITRATE	02/17/2016	WELL #1	N	0.820	MG/L	0.820
NITRATE	02/17/2016	WELL #3	N	1.040	MG/L	1.040
NITRATE	02/17/2016	WELL #4	N	1.050	MG/L	1.050
NITRITE	02/17/2016	WELL #4	Y	0.000		0.000
O-DICHLOROENZENE	01/16/2018	WELL #4	Y	0.000		0.000

Sampling History Report
Print Date: June 28, 2021

OXAMYL	01/16/2018	WELL #3	Y	0.000		0.000
OXAMYL	02/17/2016	WELL #4	Y	0.000		0.000
P-DICHLOROBENZENE	01/16/2018	WELL #4	Y	0.000		0.000
PENTACHLOROPHENOL	01/16/2018	WELL #3	Y	0.000		0.000
PENTACHLOROPHENOL	02/17/2016	WELL #4	Y	0.000		0.000
PICLORAM	01/16/2018	WELL #3	Y	0.000		0.000
PICLORAM	02/17/2016	WELL #4	Y	0.000		0.000
SELENIUM	01/16/2018	WELL #3	Y	0.000		0.000
SELENIUM	01/09/2018	WELL #1	Y	0.000		0.000
SELENIUM	01/09/2018	WELL #4	Y	0.000		0.000
SELENIUM	02/17/2016	WELL #4	Y	0.000		0.000
SIMAZINE	01/16/2018	WELL #3	Y	0.000		0.000
SIMAZINE	02/17/2016	WELL #4	Y	0.000		0.000
STYRENE	01/16/2018	WELL #4	Y	0.000		0.000
TETRACHLOROETHYLENE	01/16/2018	WELL #4	Y	0.000		0.000
THALLIUM, TOTAL	01/16/2018	WELL #3	Y	0.000		0.000
THALLIUM, TOTAL	01/09/2018	WELL #1	Y	0.000		0.000
THALLIUM, TOTAL	01/09/2018	WELL #4	Y	0.000		0.000
THALLIUM, TOTAL	02/17/2016	WELL #4	Y	0.000		0.000
TOLUENE	01/16/2018	WELL #4	Y	0.000		0.000
TOTAL POLYCHLORINATED BIPHENYLS (PCB)	01/16/2018	WELL #3	Y	0.000		0.000
TOTAL POLYCHLORINATED BIPHENYLS (PCB)	02/17/2016	WELL #4	Y	0.000		0.000
TOXAPHENE	01/16/2018	WELL #3	Y	0.000		0.000
TOXAPHENE	02/17/2016	WELL #4	Y	0.000		0.000
TRANS-1,2-DICHLOROETHYLENE	01/16/2018	WELL #4	Y	0.000		0.000
TRICHLOROETHYLENE	01/16/2018	WELL #4	Y	0.000		0.000
VINYL CHLORIDE	01/16/2018	WELL #4	Y	0.000		0.000
XYLENES, TOTAL	01/16/2018	WELL #4	Y	0.000		0.000

Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

Coliform Sampling History
PWS Number: ID5320005
PWS Name: RICHFIELD CITY OF
Total Records: 19

Only report coliform results in the CCR if one or more samples tested positive during the 2020 calendar year.

Required Language. If your water system's coliform history for the year included one or more samples present for coliform, you must give the major sources of the contaminant. To report this information, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the "*Major Sources in Drinking Water*" column and place it in your CCR. If the system has exceeded the MCL (maximum contaminant level) value for coliforms, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the "*Health Effects Language*" column and place it in your CCR.

Coliform Sampling History
Total Records: 19

Contaminant	Date Collected	P=Present A=Absent
COLIFORM (TCR)	12/21/2020	A
COLIFORM (TCR)	11/17/2020	A
COLIFORM (TCR)	10/22/2020	A
COLIFORM (TCR)	09/15/2020	A
COLIFORM (TCR)	08/21/2020	A
COLIFORM (TCR)	08/21/2020	A
COLIFORM (TCR)	08/21/2020	A
COLIFORM (TCR)	08/19/2020	P
E. COLI	08/19/2020	A
COLIFORM (TCR)	07/01/2020	A
COLIFORM (TCR)	05/29/2020	A
COLIFORM (TCR)	04/07/2020	A
COLIFORM (TCR)	03/24/2020	A
COLIFORM (TCR)	02/21/2020	A
COLIFORM (TCR)	02/21/2020	A
COLIFORM (TCR)	02/21/2020	A
COLIFORM (TCR)	02/20/2020	P
E. COLI	02/20/2020	A
COLIFORM (TCR)	01/09/2020	A

Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

Lead And Copper Sampling History
PWS Number: ID5320005
PWS Name: RICHFIELD CITY OF
Total Records: 4

A public water system is only required to report the most recent 90% percentile detections for lead and copper within the past five years. If a result is listed as zero, it should be assumed the result was actually a non-detect.

Other lead and copper information to be included in the CCR not listed on this page are the number of samples collected from the distribution system, and the highest level of lead or copper that was detected.

Required Language. If there are detections for lead and copper to report, the system must give the major sources of the contaminant. If a system reports a detection, the system must give the major sources of the contaminant. To report this information, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the "*Major Sources in Drinking Water*" column and place it in your CCR. If the system exceeds the MCL (maximum contaminant level) value of a contaminant, the system must show the potential health effects of the contaminant. To report this information, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the "*Health Effects Language*" column and place it in your CCR.

Abbreviations used below:

MG/L (mg/L) = milligrams per liter (mg/L = ppm in Appendix A)

UG/L (µg/L) = micrograms per liter (µg/L = ppb in Appendix A)

Contaminant	# Samples Collected	90th %ile Result	Units	Date Collected	CCR Units
LEAD SUMMARY	5	0.005	MG/L	09/16/2020	5.000
COPPER SUMMARY	5	0.040	MG/L	09/16/2020	0.040
LEAD SUMMARY	5	0.004	MG/L	07/08/2017	4.000
COPPER SUMMARY	5	0.035	MG/L	07/08/2017	0.035

Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

DBP Sampling History
PWS Number: ID5320005
PWS Name: RICHFIELD CITY OF
Total Records: 0

Sampling history is only listed for systems which are practicing chlorination on a full-time basis.

Public water systems that are required to collect one sample for disinfection byproducts once every year, or every three years, are only required to report the most recent detections for disinfection byproducts. If the most recent sampling was a non-detect for the contaminants, then it is not necessary to report any disinfection byproduct sampling. **Note:** If a contaminant is listed with a "Y" (meaning "Yes") in the "non-detect" column, this means that sampling results showed a "non-detect" - that is to say, the contaminant was not detected.

If a public water system collects more than one sample per year, the system must report the average of Total Trihalomethanes and Haloacetic Acids Group 5 over the 2020 calendar year. The highest level detected, and the range for each contaminant must also be reported.

Required Language. If a system reports a detection, the system must give the major sources of the contaminant. To report this information, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the *"Major Sources in Drinking Water"* column and place it in your CCR. If the system has exceeded the MCL (maximum contaminant level) value of a contaminant, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the *"Health Effects Language"* column and place it in your CCR.

No results were found for the DBP Sampling History Report.

Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

RTCR Sampling History
PWS Number: ID5320005
PWS Name: RICHFIELD CITY OF
Total Records: 0

Only report if your water system was required to comply with one or more Revised Total Coliform Rule (RTCR) Level 1 and/or Level 2 Assessments during the 2017 calendar year.

Required Language: If your water system was required to conduct an RTCR Level 1 or Level 2 Assessment (numbers I-III below), the associated information must be reported in the CCR in accordance with IDAPA 58.01.08.151.

- I. If your water system was required to conduct a Level 1 or 2 assessment **not** due to an *E. coli* MCL violation, go to section I below.
- II. If your water system was required to conduct a Level 2 assessment **due** to an *E. coli* MCL violation, go to section II below.
- III. If your water system detected *E. coli* and **did not** violate the *E. coli* MCL, go to section III below.

I. If your water system was required to conduct a Level 1 or 2 assessment not due to an *E. coli* MCL violation, you must include in the report adverse health affect information and additional information regarding the number of assessments required, the number of assessments completed, the number of corrective actions required and the number of corrective actions completed.

(A) Adverse Health Effects Required Text: Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially harmful, waterborne pathogens may be present or that a potential pathway exists through which contamination may enter the drinking water distribution system. We found coliforms indicating the need to look for potential problems in water treatment or distribution. When this occurs, we are required to conduct assessment(s) to identify problems and to correct any problems that were found during these assessments.

(B) Additional Information Required:

- a. During the past year we were required to conduct [INSERT NUMBER OF LEVEL 1 ASSESSMENTS] Level 1 assessment(s). [INSERT NUMBER OF LEVEL 1 ASSESSMENTS] Level 1 assessment(s) were completed. In addition, we were required to take [INSERT NUMBER OF CORRECTIVE ACTIONS] corrective actions and we completed [INSERT NUMBER OF CORRECTIVE ACTIONS] of these actions.
- b. During the past year [INSERT NUMBER OF LEVEL 2 ASSESSMENTS] Level 2 assessments were required to be completed for our water system. [INSERT NUMBER OF LEVEL 2 ASSESSMENTS] Level 2 assessments were completed. In addition, we were required to take [INSERT NUMBER OF CORRECTIVE ACTIONS] corrective actions and we completed [INSERT NUMBER OF CORRECTIVE ACTIONS] of these actions.
- c. Any system that has failed to complete all the required assessments or correct all identified sanitary defects, is in violation of the treatment technique requirement and must also include one or both of the following statements, as appropriate:
 - i. During the past year we failed to conduct all of the required assessment(s).
 - ii. During the past year we failed to correct all identified defects that were found during the assessment.

II. If your water system was required to conduct a Level 2 assessment due to an *E.coli* MCL violation, you must include in the report adverse health affect information and additional information regarding the number of assessments required, the number of assessments completed, the number of corrective actions required and the number of corrective actions completed.

(A) Adverse Health Effects Required Text: *E. coli* are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Human pathogens in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a greater health risk for infants, young children, the elderly, and people with severely compromised immune systems. We found *E. coli* bacteria, indicating the need to look for potential problems in water treatment or distribution. When this occurs, we are required to conduct assessment(s) to identify problems and to correct any problems that were found during these assessments.

(B) Additional Information Required:

a. We were required to complete a Level 2 assessment because we found *E. coli* in our water system. In addition, we were required to take [INSERT NUMBER OF CORRECTIVE ACTIONS] corrective actions and we completed [INSERT NUMBER OF CORRECTIVE ACTIONS] of these actions.

b. Any system that has failed to complete the required assessment or correct all identified sanitary defects, is in violation of the treatment technique requirement and must also include one or both of the following statements, as appropriate:

i. We failed to conduct the required assessment.

ii. We failed to correct all sanitary defects that were identified during the assessment that we conducted.

c. Any system that violated the *E. coli* MCL, the system must include, in addition to the required adverse health effects text [see II.(A) above], one or more of the following statements to describe any noncompliance, as applicable:

i. We had an *E. coli*-positive repeat sample following a total coliform-positive routine sample.

ii. We had a total coliform-positive repeat sample following an *E. coli*-positive routine sample.

iii. We failed to take all required repeat samples following an *E. coli*-positive routine sample.

iv. We failed to test for *E. coli* when any repeat sample tests positive for total coliform.

III. If your water system detected *E. coli* and did not violate the *E. coli* MCL, the system may include, in addition to the required adverse health effects text [See II.(A) above], a statement that explains that although *E. coli* water detected, your system was not in violation of the *E. coli* MCL.

No results were found for the RTCR Sampling History Report.

Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.

Chlorine Maximum Residual Disinfectant Level Sampling History

PWS Number: ID5320005
PWS Name: RICHFIELD CITY OF
Total Records: 0

Sampling history is only listed for systems which are practicing chlorination on a full-time basis.

Please include in your CCR the highest chlorine residual level detected during the previous calendar year (2020) by your system, as well as the average of all residuals collected during 2020.

Required Language. If the system exceeds the chlorine MCL (maximum contaminant level) value, the system must show the potential health effects of the contaminant. To report this information, go to **Appendix A of the CCR template**, find the contaminant, and copy the information from the "*Health Effects Language*" column and place it in your CCR.

No results were found for the Chlorine Maximum Residual Disinfectant Level Sampling History Report.

Note: Please notify your regional DEQ office if you find discrepancies in your sampling or violation histories. DEQ will correct the errors in the agency's database.