IOWA ADMINISTRATIVE BULLETIN

Published Biweekly VOLUME XLVIII NUMBER 1
July 9, 2025 Pages 1 to 466

CONTENTS IN THIS ISSUE

Pages 142 to 466 include **ARC 9383C** to **ARC 9384C** and **ARC 9386C** to **ARC 9410C** and **ARC 9412C** to **ARC 9413C**

ALL AGENCIES
Agency identification numbers 12
Citation of administrative rules 4
Schedule 11

CHIEF INFORMATION OFFICER, OFFICE OF THE[129]
Regulatory Analysis, Office organization, rescind ch 1 14
Regulatory Analysis, Public records and fair information practices, rescind ch 2 16
Regulatory Analysis, Petitions for rule making, rescind ch 3 18
Regulatory Analysis, Declaratory orders, rescind ch 4 20
Regulatory Analysis, Office procedure for rule making, rescind ch 5 22
Regulatory Analysis, Waivers, rescind ch 7 24

CITY FINANCE COMMITTEE[545]
Regulatory Analysis, Operations of city finance committee, ch 1 26
Regulatory Analysis, Budget amendments and fund transfers, ch 2 30
Regulatory Analysis, Budget forms, ch 3 34
Regulatory Analysis, Employee benefits, ch 4 36
Regulatory Analysis, Petitions for rule making, rescind ch 5 40
Regulatory Analysis, Law enforcement officer training reimbursement, adopt ch 5; rescind ch 9 42
Regulatory Analysis, Declaratory orders, rescind ch 6 46
Regulatory Analysis, Tax rate suspension appeal, adopt ch 6; rescind ch 10 . . . 48
Regulatory Analysis, Uniform rules on agency procedure, ch 7 51
Regulatory Analysis, Public information and fair information practices, rescind ch 8 57

COLLEGE STUDENT AID COMMISSION[283]
EDUCATION DEPARTMENT[281]"umbrella"
Notice, Future ready Iowa skilled workforce last-dollar scholarship program, ch 15 **ARC 9387C** 142
Notice, Iowa work-study program, ch 18 **ARC 9388C** 146
Notice, Iowa national guard benefits programs, adopt ch 20; rescind ch 29 **ARC 9389C** 149
Notice, Teach Iowa scholar program, ch 28 **ARC 9390C** 153
Notice, Iowa national guard student loan repayment program, rescind ch 30 **ARC 9391C** 156
Notice, Debt collection, ch 37 **ARC 9392C** 157

COUNTY FINANCE COMMITTEE[547]
Regulatory Analysis, Definitions; general provisions, ch 1 59
Regulatory Analysis, Organization and administration, rescind ch 2 63

Regulatory Analysis, Uniform rules on agency procedure, adopt ch 2; rescind ch 6 66
Regulatory Analysis, Studies and reports, rescind ch 3 72
Regulatory Analysis, County budgets, rescind ch 4 75
Regulatory Analysis, Annual financial reports, rescind ch 5 78
Regulatory Analysis, Declaratory orders, rescind ch 7 81
Regulatory Analysis, Agency procedure for rule making, rescind ch 8. 83
Regulatory Analysis, Public records and fair information practices, rescind ch 9. 85

ECONOMIC DEVELOPMENT AUTHORITY[261]
Regulatory Analysis, Broadband forward and telecommuter forward certifications, ch 24 87
Regulatory Analysis, Employee stock ownership plan (ESOP) formation assistance, ch 56 91

EDUCATION DEPARTMENT[281]
Filed, Charter schools—performance framework, 19.9 **ARC 9413C**. 177
Filed, Secondary career and technical education funds, 46.10(6) **ARC 9412C** 178

ENVIRONMENTAL PROTECTION COMMISSION[567]
NATURAL RESOURCES DEPARTMENT[561]"umbrella"
Filed, Scope of division, definitions, forms, public notice and education, consumer confidence reports, reporting, and record maintenance, adopt ch 40; rescind ch 42 **ARC 9395C** 179
Filed, Water supplies, ch 41 **ARC 9396C**. 231
Filed, Water supplies—design and operation, ch 43 **ARC 9397C** 301

HOMELAND SECURITY AND EMERGENCY MANAGEMENT DEPARTMENT[605]
Regulatory Analysis, Local emergency management commission, 7.3(4)"d". 95

HUMAN SERVICES DEPARTMENT[441]
Regulatory Analysis, Medical and remedial services—terminology, 77.3(3), 78.1(4)"b"(2), 78.10(3)"c"(2) 98

INSPECTIONS AND APPEALS DEPARTMENT[481]
Notice, Occupational therapists—occupational therapy licensure compact, 804.2, 804.4 to 804.410 **ARC 9393C** 159
Filed, Physical therapists and physical therapist assistants—continuing education, 803.2(3) **ARC 9398C** 380
Filed, Occupational therapists and occupational therapy assistants—continuing education, 805.2(3) **ARC 9399C** . . 382
Filed, Athletic trainers—continuing education, 862.2(4) **ARC 9400C** 383
Filed, Behavioral health professionals licensing; licensure of psychologists; licensure of marital and family therapists, mental health counselors, behavior analysts, and assistant behavior analysts; licensure of social workers, adopt ch 880; rescind chs 885, 891, 895 **ARC 9401C**. 385
Filed, Continuing education for marital and family therapists, mental health counselors, social workers, and psychologists; continuing education for psychologists; continuing education for marital and family therapists and mental health counselors; continuing education for social workers, adopt ch 881; rescind chs 886, 892, 896 **ARC 9404C**. 402
Filed, Discipline for marital and family therapists, mental health counselors, behavior analysts, psychologists, and social workers; discipline for psychologists; discipline for marital and family therapists, mental health counselors, behavior analysts, and assistant behavior analysts; discipline for social workers, adopt ch 882; rescind chs 887, 893, 898 **ARC 9402C** 409
Filed, Prescribing psychologists, adopt ch 883; rescind ch 889 **ARC 9403C**. 411

Filed, Practice of social workers, psychologists, marriage and family therapists, and mental health counselors; licensure of psychologists; adoption of uniform and model rules; practice of psychology; practice of social workers, adopt chs 884, 885; rescind chs 888, 890, 894, 897, 899 **ARC 9410C** 423

IOWA FINANCE AUTHORITY[265]
Filed, Contested cases, ch 7 **ARC 9405C** 436
Filed, Purchasing, ch 15 **ARC 9406C** 449
Filed, Shelter assistance fund, ch 41 **ARC 9407C** 452
Filed, Emergency solutions grant program, ch 42 **ARC 9408C** 458

NATURAL RESOURCE COMMISSION[571]
NATURAL RESOURCES DEPARTMENT[561]"umbrella"
Filed, Resource enhancement and protection program: county, city, private open spaces and conservation education grant programs, 33.4(3), 33.19 to 33.30 **ARC 9409C** 463

PUBLIC HEALTH DEPARTMENT[641]
Regulatory Analysis, Early hearing detection and intervention (EHDI) program, ch 3 101
Regulatory Analysis, Terminology—conforming changes, amendments to chs 7, 37, 95, 97, 99, 142, 154 109
Regulatory Analysis, Concussion or other brain injury return-to-play protocol, ch 54 112

PUBLIC HEARINGS
Summarized list 5

PUBLIC SAFETY DEPARTMENT[661]
Notice, Regulations applicable to carriers, ch 22 **ARC 9386C** 162
Notice, Safety requirements for movement of implements of husbandry on roadways, ch 24 **ARC 9384C** . . 166

PUBLIC SAFETY DEPARTMENT[661]
Regulatory Analysis, Fire marshal administration, ch 200 115

REAL ESTATE APPRAISER EXAMINING BOARD[193F]
Regulatory Analysis, Appraiser qualifications board criteria—adoption by reference, 1.10 119
Regulatory Analysis, Appraiser qualifications board criteria—adoption by reference, 2.1 121

SECRETARY OF STATE[721]
Amended Notice, Mechanics' notice and lien registry—posting of notices regarding commencement of work, 45.4, 45.5 **ARC 9394C** 168

TRANSPORTATION DEPARTMENT[761]
Notice, Interstate registration and operation of vehicles, ch 500 **ARC 9383C** 169

WORKFORCE DEVELOPMENT DEPARTMENT[871]
Regulatory Analysis, Mission and structure, rescind ch 50 124
Regulatory Analysis, Coordinating service provider, rescind ch 51 126
Regulatory Analysis, Regional advisory boards, rescind ch 52 128
Regulatory Analysis, Labor-management cooperation program, rescind ch 55 130
Regulatory Analysis, Iowa welfare-to-work program, rescind ch 60 132
Regulatory Analysis, Voter registration, rescind ch 70 134
Regulatory Analysis, Public records and fair information practices, rescind ch 71 136
Regulatory Analysis, Petitions, rescind ch 72 138
Regulatory Analysis, Forms and informational materials, rescind ch 73 140

PREFACE

The Iowa Administrative Bulletin is published biweekly pursuant to Iowa Code chapters 2B and 17A and contains Notices of Intended Action and rules adopted by state agencies.

It also contains Proclamations and Executive Orders of the Governor which are general and permanent in nature; Regulatory Analyses; effective date delays and objections filed by the Administrative Rules Review Committee; Agenda for monthly Administrative Rules Review Committee meetings; and other materials deemed fitting and proper by the Administrative Rules Review Committee.

The Bulletin may also contain public funds interest rates [12C.6]; usury rates [535.2(3)"a"]; agricultural credit corporation maximum loan rates [535.12]; and other items required by statute to be published in the Bulletin.

PLEASE NOTE: Underscore indicates new material added to existing rules; ~~strike through~~ indicates deleted material.

JACK EWING, Administrative Code Editor Telephone: 515.281.6048 Email: Jack.Ewing@legis.iowa.gov
Publications Editing Office (Administrative Code) Telephone: 515.281.3355 Email: AdminCode@legis.iowa.gov

CITATION of Administrative Rules

The Iowa Administrative Code shall be cited as (agency identification number) IAC (chapter, rule, subrule, paragraph, subparagraph, or numbered paragraph).

This citation format applies only to external citations to the Iowa Administrative Code or Iowa Administrative Bulletin and does not apply to citations within the Iowa Administrative Code or Iowa Administrative Bulletin.

441 IAC 79	(Chapter)
441 IAC 79.1	(Rule)
441 IAC 79.1(1)	(Subrule)
441 IAC 79.1(1)"a"	(Paragraph)
441 IAC 79.1(1)"a"(1)	(Subparagraph)
441 IAC 79.1(1)"a"(1)"1"	(Numbered paragraph)

The Iowa Administrative Bulletin shall be cited as IAB (volume), (number), (publication date), (page number), (ARC number).

IAB Vol. XII, No. 23 (5/16/90) p. 2050, ARC 872A

Note: In accordance with Iowa Code section 2B.5A, a rule number within the Iowa Administrative Code includes a reference to the statute which the rule is intended to implement: 441—79.1(249A).

NOTICE: The Administrative Code Editor is evaluating the value of publishing this list of public hearings in the Iowa Administrative Bulletin. Public hearing information can also be found in each individual document as required by Iowa Code chapter 17A.

If publication of this list is useful to you, please email your feedback to: jack.ewing@legis.iowa.gov.

AGING, DEPARTMENT ON[17]

Agency reorganization, rescind chs 1, 2, 4 to 8, 14, 15, 19, 21, 22 IAB 6/25/25 **ARC 9371C**	Microsoft Teams Meeting ID: 281 777 413 166 0 Passcode: mg9we9VJ	July 16, 2025 10 to 10:30 a.m.
	Microsoft Teams Meeting ID: 214 765 418 271 7 Passcode: wq9Dc7cr	July 16, 2025 1:30 to 2 p.m.

CHIEF INFORMATION OFFICER, OFFICE OF THE[129]

Red Tape Review, rescind chs 1 to 5, 7 IAB 7/9/25 **Regulatory Analyses**	Room G14 Iowa State Capitol Des Moines, Iowa	August 1, 2025 11 a.m.

CITY FINANCE COMMITTEE[545]

Red Tape Review, adopt chs 1 to 7, rescind chs 8 to 10 IAB 7/9/25 **Regulatory Analyses**	Room G14 Iowa State Capitol Des Moines, Iowa	August 1, 2025 11 a.m.

COLLEGE STUDENT AID COMMISSION[283]

Future ready Iowa skilled workforce last-dollar scholarship program, ch 15; Iowa work-study program, ch 18; teach Iowa scholar program, ch 28; Iowa national guard benefits programs, adopt ch 20, rescind ch 29; Iowa national guard student loan repayment program, rescind ch 30; debt collection, ch 37 IAB 7/9/25 **ARCs 9387C** to **9392C**	Room B50 Grimes State Office Building Des Moines, Iowa	July 29, 2025 4 to 4:30 p.m. July 30, 2025 9 to 9:30 a.m.

COUNTY FINANCE COMMITTEE[547]

Red Tape Review, adopt chs 1, 2; rescind chs 3 to 9 IAB 7/9/25 **Regulatory Analyses**	Room G14 Iowa State Capitol Des Moines, Iowa	August 1, 2025 11 a.m.

ECONOMIC DEVELOPMENT AUTHORITY[261]

Registration information for online participation may be found at:
opportunityiowa.gov/about/iowa-economic-development-authority/ieda-red-tape-review

Organization, ch 1 IAB 6/25/25 **Regulatory Analysis**	1963 Bell Avenue Des Moines, Iowa	July 15, 2025 2 to 2:15 p.m.
Iowa community development block grant program, ch 23 IAB 6/25/25 **Regulatory Analysis**	1963 Bell Avenue Des Moines, Iowa	July 15, 2025 2:15 to 2:30 p.m.

ECONOMIC DEVELOPMENT AUTHORITY[261](cont'd)

Registration information for online participation may be found at:
opportunityiowa.gov/about/iowa-economic-development-authority/ieda-red-tape-review

Broadband forward and telecommuter forward certifications, ch 24 IAB 7/9/25 **Regulatory Analysis**	1963 Bell Avenue Des Moines, Iowa	August 5, 2025 2 to 2:15 p.m.
Employee stock ownership plan (ESOP) formation assistance, ch 56 IAB 7/9/25 **Regulatory Analysis**	1963 Bell Avenue Des Moines, Iowa	August 5, 2025 2:15 to 2:30 p.m.

HOMELAND SECURITY AND EMERGENCY MANAGEMENT DEPARTMENT[605]

Local emergency management commission, 7.3(4)"d" IAB 7/9/25 **Regulatory Analysis**	Geode Room 7900 Hickman Road, Suite 500 Windsor Heights, Iowa meet.google.com/oqm-wujn-dif	August 4, 2025 12:30 p.m.
Homeland security and emergency response teams, ch 12 IAB 6/25/25 **Regulatory Analysis**	Geode Room 7900 Hickman Road, Suite 500 Windsor Heights, Iowa	July 15, 2025 8:30 a.m.
Flood mitigation program, ch 14 IAB 6/25/25 **Regulatory Analysis**	Geode Room 7900 Hickman Road, Suite 500 Windsor Heights, Iowa	July 15, 2025 9 a.m.
Emergency planning and reporting, chs 102 to 104 IAB 6/25/25 **Regulatory Analysis**	Geode Room 7900 Hickman Road, Suite 500 Windsor Heights, Iowa	July 15, 2025 9:30 a.m.

HUMAN SERVICES DEPARTMENT[441]

Medical and remedial services—terminology, 77.3(3), 78.1(4)"b"(2), 78.10(3)"c"(2) IAB 7/9/25 **Regulatory Analysis**	Microsoft Teams Meeting ID: 242 459 066 176 7 Passcode: Wu3Kc9DH	July 29, 2025 10 to 10:30 a.m.
Orthodontic procedures, 78.4(8) IAB 6/25/25 **ARC 9372C**	Microsoft Teams Meeting ID: 295 977 061 745 9 Passcode: XL28if9J Microsoft Teams Meeting ID: 266 930 675 699 6 Passcode: Ka39av7A	July 15, 2025 10 to 10:30 a.m. July 15, 2025 1:30 to 2 p.m.
Aging services, chs 225 to 228; long-term care ombudsman, ch 230; office of public guardian, ch 231 IAB 6/25/25 **ARCs 9375C**, **9380C**, **9385C**	Microsoft Teams Meeting ID: 281 777 413 166 0 Passcode: mg9we9VJ Microsoft Teams Meeting ID: 214 765 418 271 7 Passcode: wq9Dc7cr	July 16, 2025 10 to 10:30 a.m. July 16, 2025 1:30 to 2 p.m.

INSPECTIONS AND APPEALS DEPARTMENT[481]

Respiratory care practitioners and polysomnographic technologists—continuing education, 721.2(4) IAB 6/25/25 **ARC 9374C**	6200 Park Avenue Des Moines, Iowa	July 15, 2025 9 to 9:30 a.m.
Occupational therapists—occupational therapy licensure compact, 804.2, 804.4 to 804.410 IAB 7/9/25 **ARC 9393C**	6200 Park Avenue Des Moines, Iowa Via Google Meet: meet.google.com/mjt-afhh-drh Or dial: (US) +1 513.373.4084 PIN: 733 482 841# More phone numbers: tel.meet/mjt-afhh-drh?pin=2594041957103	August 11, 2025 11 to 11:30 a.m.

IOWA FINANCE AUTHORITY[265]

Private activity bond allocation, ch 8 IAB 6/25/25 **Regulatory Analysis**	1963 Bell Avenue, Suite 200 Des Moines, Iowa Registration information for online participation may be found at opportunityiowa.gov/about/iowa-finance-authority/ifa-red-tape-review	July 15, 2025 2:30 to 2:45 p.m.

IOWA PUBLIC INFORMATION BOARD[497]

Open meetings, ch 8 IAB 6/25/25 **Regulatory Analysis**	Via virtual meeting /videoconference meet.google.com/quc-bvrw-cnh Or dial: 304.769.9126 Passcode: 822 138 940#	July 15, 2025 9 to 9:30 a.m.

MEDICINE BOARD[653]

Physician supervision of a physician assistant, ch 21 IAB 6/25/25 **ARC 9379C**	6200 Park Avenue Des Moines, Iowa	July 15, 2025 8 to 8:30 a.m. July 16, 2025 8 to 8:30 a.m.

PUBLIC HEALTH DEPARTMENT[641]

Early hearing detection and intervention (EHDI) program, ch 3; terminology—conforming changes, amendments to chs 7, 37, 95, 97, 99, 142, 154; concussion or other brain injury return-to-play protocol, ch 54 IAB 7/9/25 **Regulatory Analyses**	Microsoft Teams Meeting ID: 242 459 066 176 7 Passcode: Wu3Kc9DH	July 29, 2025 10 a.m.
Licensure standards for substance use disorder and problem gambling treatment programs, ch 155 IAB 6/25/25 **ARC 9376C**	Microsoft Teams Meeting ID: 295 977 061 745 9 Passcode: XL28if9J Microsoft Teams Meeting ID: 266 930 675 699 6 Passcode: Ka39av7A	July 15, 2025 10 to 10:30 a.m. July 15, 2025 1:30 to 2 p.m.

PUBLIC SAFETY DEPARTMENT[661]

Fire marshal administration, ch 200 IAB 7/9/25 **Regulatory Analysis**	Conference Room 125 Oran Pape State Office Building Des Moines, Iowa	July 29, 2025 1:30 to 2 p.m.
Safety requirements for movement of implements of husbandry on roadways, ch 24 IAB 7/9/25 **ARC 9384C**	Conference Room 125 Oran Pape State Office Building Des Moines, Iowa	July 29, 2025 1 to 1:30 p.m. July 30, 2025 8 to 8:30 a.m.
Regulations applicable to carriers, ch 22 IAB 7/9/25 **ARC 9386C**	Conference Room 125 Oran Pape State Office Building Des Moines, Iowa	July 29, 2025 2 to 2:30 p.m. July 30, 2025 8:30 to 9 a.m.

REAL ESTATE APPRAISER EXAMINING BOARD[193F]

Appraiser qualifications board criteria, 1.10, 2.1 IAB 7/9/25 **Regulatory Analyses**	6200 Park Avenue Des Moines, Iowa	August 1, 2025 8:30 to 9 a.m.

REVENUE DEPARTMENT[701]

Public safety officer moving expense tax credit, 800.56 IAB 6/25/25 **Regulatory Analysis**	Via videoconference call meet.google.com/ucv-djpu-ovb	July 15, 2025 2:30 to 3 p.m.

SECRETARY OF STATE[721]

Mechanics' notice and lien registry—posting of notices regarding commencement of work, 45.4, 45.5 IAB 7/9/25 **ARC 9394C**	Via videoconference meet.google.com/yhq-vxtg-tvw	July 30, 2025 1 to 2 p.m.

STATE PUBLIC DEFENDER[493]

Red Tape Review, chs 1 to 7, 10 to 14 IAB 6/25/25 **ARC 9359C** to **ARC 9370C**	Ledges Conference Room 6200 Park Avenue Des Moines, Iowa meet.google.com/oek-jxwy-exy Or dial: (US) +1 260.577.6930 PIN: 692 149 470#	July 16, 2025 10 a.m.
	Ledges Conference Room 6200 Park Avenue Des Moines, Iowa meet.google.com/dis-pwfv-jtq Or dial: (US) +1 515.318.5268 PIN: 541 049 907#	July 23, 2025 10 a.m.

TRANSPORTATION DEPARTMENT[761]

Interstate registration and operation of vehicles, ch 500 IAB 7/9/25 **ARC 9383C**	Microsoft Teams link Or dial: 515.817.6093 Conference ID: 846 440 470#	July 29, 2025 9 to 9:30 a.m.
	Microsoft Teams link Or dial: 515.817.6093 Conference ID: 104 643 657#	July 29, 2025 1 to 1:30 p.m.

WORKFORCE DEVELOPMENT BOARD, STATE[877]

Workforce development board, ch 1 IAB 6/25/25 **ARC 9378C**	Microsoft Teams link Meeting ID: 215 346 331 460 2 Passcode: Zx9Yf25G Dial in by phone: 1.469.998.6043 Find a local number Phone conference ID: 678 750 156#	July 15, 2025 9:30 a.m.
	Microsoft Teams link Meeting ID: 269 225 131 692 9 Passcode: bD9GX357 Dial in by phone: 1.469.998.6043 Find a local number Phone conference ID: 260 395 76#	July 15, 2025 1 p.m.

WORKFORCE DEVELOPMENT DEPARTMENT[871]

Mission and structure, rescind ch 50 IAB 7/9/25	Microsoft Teams link Meeting ID: 279 810 060 873 2 Passcode: dZ7oQ6Q3 Dial in by phone: +1 469.998.6043 Phone conference ID: 434 412 280#	July 29, 2025 9 a.m.
Coordinating service provider, rescind ch 51 IAB 7/9/25 **Regulatory Analysis**	Microsoft Teams link Meeting ID: 259 924 063 466 9 Passcode: DG7bD9VD Dial in by phone: +1 469.998.6043 Phone conference ID: 177 087 840#	July 29, 2025 9:30 a.m.
Regional advisory boards, rescind ch 52 IAB 7/9/25 **Regulatory Analysis**	Microsoft Teams link Meeting ID: 290 107 343 516 Passcode: dq6Jp3jj Dial in by phone: +1 469.998.6043 Phone conference ID: 925 374 321#	July 29, 2025 10 a.m.
Labor-management cooperation program, rescind ch 55 IAB 7/9/25 **Regulatory Analysis**	Microsoft Teams link Meeting ID: 284 516 314 915 1 Passcode: 6ji7qk7U Dial in by phone: +1 469.998.6043 Phone conference ID: 357 715 687#	July 29, 2025 1 p.m.
Iowa welfare-to-work program, rescind ch 60 IAB 7/9/25 **Regulatory Analysis**	Microsoft Teams link Meeting ID: 264 952 478 178 1 Passcode: To3G9Zm7 Dial in by phone: +1 469.998.6043 Phone conference ID: 672 086 015#	July 29, 2025 1:30 p.m.
Voter registration, rescind ch 70 IAB 7/9/25 **Regulatory Analysis**	Microsoft Teams link Meeting ID: 278 225 769 534 7 Passcode: Cs2VA2rG Dial in by phone: +1 469.998.6043 Phone conference ID: 237 849 181#	July 29, 2025 2 p.m.
Public records and fair information practices, rescind ch 71 IAB 7/9/25 **Regulatory Analysis**	Microsoft Teams link Meeting ID: 285 464 093 832 Passcode: 96uy3849 Dial in by phone: +1 469.998.6043 Phone conference ID: 227 405 595#	July 29, 2025 10:30 a.m.

WORKFORCE DEVELOPMENT DEPARTMENT[871](cont'd)

Petitions, rescind ch 72 IAB 7/9/25 **Regulatory Analysis**	Microsoft Teams link Meeting ID: 213 035 237 670 9 Passcode: Vv6SV7Co Dial in by phone: +1 469.998.6043 Phone conference ID: 551 178 525#	July 29, 2025 11 a.m.
Forms and informational materials, rescind ch 73 IAB 7/9/25 **Regulatory Analysis**	Microsoft Teams link Meeting ID: 289 713 957 436 6 Passcode: 9xV3qr9c Dial in by phone: +1 469.998.6043 Phone conference ID: 291 921 699#	July 29, 2025 2:30 p.m.

Schedule for Rulemaking—2025

REGULATORY ANALYSIS SUBMISSION DEADLINE	REGULATORY ANALYSIS PUB. DATE	HEARING AND COMMENTS 20 DAYS	FIRST † POSSIBLE NOTICE SUBMISSION DEADLINE	NOTICE PUB. DATE	HEARING OR COMMENTS 20 DAYS	FIRST POSSIBLE ADOPTION DATE 35 DAYS	ADOPTED FILING DEADLINE	ADOPTED PUB. DATE	FIRST POSSIBLE EFFECTIVE DATE 35 DAYS	FIRST POSSIBLE EXPIRATION OF NOTICE 180 DAYS
Dec. 18 '24	Jan. 8	Jan. 28	Jan. 31	Feb. 19	Mar. 11	Mar. 26	Mar. 28	Apr. 16	May 21	Aug. 18
Jan. 2	Jan. 22	Feb. 11	Feb. 14	Mar. 5	Mar. 25	Apr. 9	Apr. 11	Apr. 30	June 4	Sep. 1
Jan. 17	Feb. 5	Feb. 25	Feb. 28	Mar. 19	Apr. 8	Apr. 23	Apr. 25	May 14	June 18	Sep. 15
Jan. 31	Feb. 19	Mar. 11	Mar. 14	Apr. 2	Apr. 22	May 7	**May 7**	May 28	July 2	Sep. 29
Feb. 14	Mar. 5	Mar. 25	Mar. 28	Apr. 16	May 6	May 21	May 23	June 11	July 16	Oct. 13
Feb. 28	Mar. 19	Apr. 8	Apr. 11	Apr. 30	May 20	June 4	June 6	June 25	July 30	Oct. 27
Mar. 14	Apr. 2	Apr. 22	Apr. 25	May 14	June 3	June 18	**June 18**	July 9	Aug. 13	Nov. 10
Mar. 28	Apr. 16	May 6	**May 7**	May 28	June 17	July 2	**July 2**	July 23	Aug. 27	Nov. 24
Apr. 11	Apr. 30	May 20	May 23	June 11	July 1	July 16	July 18	Aug. 6	Sep. 10	Dec. 8
Apr. 25	May 14	June 3	June 6	June 25	July 15	July 30	Aug. 1	Aug. 20	Sep. 24	Dec. 22
May 7	May 28	June 17	**June 18**	July 9	July 29	Aug. 13	**Aug. 13**	Sep. 3	Oct. 8	Jan. 5 '26
May 23	June 11	July 1	**July 2**	July 23	Aug. 12	Aug. 27	Aug. 29	Sep. 17	Oct. 22	Jan. 19 '26
June 6	June 25	July 15	July 18	Aug. 6	Aug. 26	Sep. 10	Sep. 12	Oct. 1	Nov. 5	Feb. 2 '26
June 18	July 9	July 29	Aug. 1	Aug. 20	Sep. 9	Sep. 24	Sep. 26	Oct. 15	Nov. 19	Feb. 16 '26
July 2	July 23	Aug. 12	**Aug. 13**	Sep. 3	Sep. 23	Oct. 8	Oct. 10	Oct. 29	Dec. 3	Mar. 2 '26
July 18	Aug. 6	Aug. 26	Aug. 29	Sep. 17	Oct. 7	Oct. 22	**Oct. 22**	Nov. 12	Dec. 17	Mar. 16 '26
Aug. 1	Aug. 20	Sep. 9	Sep. 12	Oct. 1	Oct. 21	Nov. 5	**Nov. 5**	Nov. 26	Dec. 31	Mar. 30 '26
Aug. 13	Sep. 3	Sep. 23	Sep. 26	Oct. 15	Nov. 4	Nov. 19	**Nov. 19**	Dec. 10	Jan. 14 '26	Apr. 13 '26
Aug. 29	Sep. 17	Oct. 7	Oct. 10	Oct. 29	Nov. 18	Dec. 3	**Dec. 3**	Dec. 24	Jan. 28 '26	Apr. 27 '26
Sep. 12	Oct. 1	Oct. 21	**Oct. 22**	Nov. 12	Dec. 2	Dec. 17	**Dec. 17**	Jan. 7 '26	Feb. 11 '26	May 11 '26
Sep. 26	Oct. 15	Nov. 4	**Nov. 5**	Nov. 26	Dec. 16	Dec. 31	**Dec. 31**	Jan. 21 '26	Feb. 25 '26	May 25 '26
Oct. 10	Oct. 29	Nov. 18	**Nov. 19**	Dec. 10	Dec. 30	Jan. 14 '26	Jan. 16 '26	Feb. 4 '26	Mar. 11 '26	June 8 '26
Oct. 22	Nov. 12	Dec. 2	**Dec. 3**	Dec. 24	Jan. 13 '26	Jan. 28 '26	Jan. 30 '26	Feb. 18 '26	Mar. 25 '26	June 22 '26
Nov. 5	Nov. 26	Dec. 16	**Dec. 17**	Jan. 7 '26	Jan. 27 '26	Feb. 11 '26	Feb. 13 '26	Mar. 4 '26	Apr. 8 '26	July 6 '26
Nov. 19	Dec. 10	Dec. 30	**Dec. 31**	Jan. 21 '26	Feb. 10 '26	Feb. 25 '26	Feb. 27 '26	Mar. 18 '26	Apr. 22 '26	July 20 '26
Dec. 3	Dec. 24	Jan. 13 '26	Jan. 16 '26	Feb. 4 '26	Feb. 24 '26	Mar. 11 '26	Mar. 13 '26	Apr. 1 '26	May 6 '26	Aug. 3 '26
Dec. 17	Jan. 7 '26	Jan. 27 '26	Jan. 30 '26	Feb. 18 '26	Mar. 10 '26	Mar. 25 '26	Mar. 27 '26	Apr. 15 '26	May 20 '26	Aug. 17 '26
Dec. 31	Jan. 21 '26	Feb. 10 '26	Feb. 13 '26	Mar. 4 '26	Mar. 24 '26	Apr. 8 '26	Apr. 10 '26	Apr. 29 '26	June 3 '26	Aug. 31 '26

PLEASE NOTE:

Rules will not be accepted by the Publications Editing Office after **12 o'clock noon** on the filing deadline unless prior approval has been received from the Administrative Rules Coordinator and the Administrative Code Editor.

If the filing deadline falls on a legal holiday, submissions made on the following business day will be accepted.

†To allow time for review by the Administrative Rules Coordinator prior to the Notice submission deadline, Notices should generally be submitted in RMS four or more business days in advance of the deadline. The first possible notice submission deadline noted above may not allow sufficient time for this. **Agencies should plan accordingly.**

****Note change of filing deadline****

The following list will be updated as changes occur.

"Umbrella" agencies and elected officials are set out below at the left-hand margin in CAPITAL letters.

Divisions (boards, commissions, etc.) are indented and set out in lowercase type under their statutory "umbrellas."

Other autonomous agencies are included alphabetically in SMALL CAPITALS at the left-hand margin.

ADMINISTRATIVE SERVICES DEPARTMENT[11]
AGING, DEPARTMENT ON[17]
AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]
  Soil Conservation and Water Quality Division[27]
ATTORNEY GENERAL[61]
AUDITOR OF STATE[81]
BEEF CATTLE PRODUCERS ASSOCIATION, IOWA[101]
BLIND, DEPARTMENT FOR THE[111]
CHIEF INFORMATION OFFICER, OFFICE OF THE[129]
OMBUDSMAN[141]
CIVIL RIGHTS COMMISSION[161]
INSURANCE AND FINANCIAL SERVICES DEPARTMENT[181]
  Banking Division[187]
  Credit Union Division[189]
  Insurance Division[191]
  Professional Licensing and Regulation Bureau[193]
    Accountancy Examining Board[193A]
    Architectural Examining Board[193B]
    Engineering and Land Surveying Examining Board[193C]
    Landscape Architectural Examining Board[193D]
    Real Estate Commission[193E]
    Real Estate Appraiser Examining Board[193F]
    Interior Design Examining Board[193G]
UTILITIES COMMISSION[199]
CORRECTIONS DEPARTMENT[201]
  Parole Board[205]
CULTURAL AFFAIRS DEPARTMENT[221]
  Historical Division[223]
ECONOMIC DEVELOPMENT AUTHORITY[261]
  City Development Board[263]
IOWA FINANCE AUTHORITY[265]
EDUCATION DEPARTMENT[281]
  Educational Examiners Board[282]
  College Student Aid Commission[283]
  Higher Education Loan Authority[284]
  Public Broadcasting Division[288]
  School Budget Review Committee[289]
EGG COUNCIL, IOWA[301]
ETHICS AND CAMPAIGN DISCLOSURE BOARD, IOWA[351]
EXECUTIVE COUNCIL[361]
FAIR BOARD[371]
HUMAN RIGHTS DEPARTMENT[421]
HUMAN SERVICES DEPARTMENT[441]
INSPECTIONS AND APPEALS DEPARTMENT[481]
  Employment Appeal Board[486]
  Child Advocacy Board[489]
  Racing and Gaming Commission[491]
  State Public Defender[493]
IOWA PUBLIC EMPLOYEES' RETIREMENT SYSTEM[495]
IOWA PUBLIC INFORMATION BOARD[497]
LAW ENFORCEMENT ACADEMY[501]

LIVESTOCK HEALTH ADVISORY COUNCIL[521]
MANAGEMENT DEPARTMENT[541]
  Appeal Board, State[543]
  City Finance Committee[545]
  County Finance Committee[547]
NATURAL RESOURCES DEPARTMENT[561]
  Environmental Protection Commission[567]
  Natural Resource Commission[571]
  Preserves, State Advisory Board for[575]
PETROLEUM UNDERGROUND STORAGE TANK FUND BOARD, IOWA COMPREHENSIVE[591]
PROPANE EDUCATION AND RESEARCH COUNCIL, IOWA[599]
PUBLIC DEFENSE DEPARTMENT[601]
HOMELAND SECURITY AND EMERGENCY MANAGEMENT DEPARTMENT[605]
PUBLIC EMPLOYMENT RELATIONS BOARD[621]
PUBLIC HEALTH DEPARTMENT[641]
  Medicine Board[653]
PUBLIC SAFETY DEPARTMENT[661]
RECORDS COMMISSION[671]
REGENTS BOARD[681]
  Archaeologist[685]
REVENUE DEPARTMENT[701]
SECRETARY OF STATE[721]
SHEEP AND WOOL PROMOTION BOARD, IOWA[741]
TELECOMMUNICATIONS AND TECHNOLOGY COMMISSION, IOWA[751]
TRANSPORTATION DEPARTMENT[761]
TREASURER OF STATE[781]
TURKEY MARKETING COUNCIL, IOWA[787]
VETERANS AFFAIRS, IOWA DEPARTMENT OF[801]
VETERINARY MEDICINE BOARD[811]
VOLUNTEER SERVICE, IOWA COMMISSION ON[817]
VOTER REGISTRATION COMMISSION[821]
WORKFORCE DEVELOPMENT DEPARTMENT[871]
  Labor Services Division[875]
  Workers' Compensation Division[876]
  Workforce Development Board, State[877]

CHIEF INFORMATION OFFICER, OFFICE OF THE[129]

Regulatory Analysis

Notice of Intended Action to be published: 129—Chapter 1
"Office Organization"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 8 and 17A
State or federal law(s) implemented by the rulemaking: Iowa Code chapters 8 and 17A

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management (DOM) no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Iowa Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The Office of the Chief Information Officer (OCIO) is now consolidated into DOM. Chapter 1 concerning the organization of OCIO is no longer necessary and is proposed to be rescinded.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. Chapter 1 is being rescinded in its entirety.

- **Classes of persons that will benefit from the proposed rulemaking:**

The rescission of Chapter 1 simplifies the rules and reduces guidance to only what is necessary.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Not applicable. This rulemaking solely rescinds Chapter 1 now that OCIO is consolidated under DOM.

- **Qualitative description of impact:**

The rescission of Chapter 1 simplifies the existing rules and removes all included restrictive words and phrases from the rules, which should provide those who access the rules a better qualitative experience.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There will be no implementation or enforcement costs since Chapter 1 is being rescinded.

- **Anticipated effect on State revenues:**

To the extent consolidation of OCIO into DOM increases efficiency and reduces redundancies, State revenues will be positively affected by the rescission of Chapter 1.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible since Chapter 1 is defunct and should be rescinded now that OCIO is consolidated within DOM. Rescinding the chapter is a necessary step in maintaining current and easily accessible rules.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

No less costly methods exist than rescinding this defunct chapter and eliminating outdated, unnecessary text from the rules.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable. Chapter 1 is defunct and should be rescinded.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

No alternative methods are available.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The rescission of Chapter 1 has no substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **129—Chapter 1**.

Regulatory Analysis

Notice of Intended Action to be published: 129—Chapter 2
"Public Records and Fair Information Practices"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 8, 17A, and 22
State or federal law(s) implemented by the rulemaking: Iowa Code chapters 8, 17A, and 22

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management (DOM) no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Iowa Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The Office of the Chief Information Officer (OCIO) is now consolidated into DOM. Chapter 2 concerning public records and fair information practices of OCIO is no longer necessary and is proposed to be rescinded.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. Chapter 2 is being rescinded in its entirety.

- **Classes of persons that will benefit from the proposed rulemaking:**

The rescission of Chapter 2 simplifies the rules and reduces unnecessary text.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Not applicable. This rulemaking rescinds Chapter 2 now that OCIO is consolidated under DOM.

- **Qualitative description of impact:**

The rescission of Chapter 2 simplifies the existing rules and removes all included restrictive words and phrases from the rules, which should provide those who access the rules a better qualitative experience when reading about the role of Chief Information Officer within DOM.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There will be no implementation or enforcement costs since Chapter 2 is being rescinded.

- **Anticipated effect on State revenues:**

To the extent consolidation of OCIO into DOM increases efficiency and reduces redundancies, State revenues will be positively affected by the rescission of Chapter 2.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible since Chapter 2 is defunct and should be rescinded now that OCIO is consolidated within DOM. Rescinding the chapter is a necessary step in maintaining current and easily accessible rules.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

No methods exist that are less costly than the rescission of this defunct chapter and the elimination of outdated and unnecessary text from the rules.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable. Chapter 2 is defunct and should be rescinded.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

No alternative methods are available.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The rescission of Chapter 2 has no substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **129—Chapter 2**.

CHIEF INFORMATION OFFICER, OFFICE OF THE[129]

Regulatory Analysis

Notice of Intended Action to be published: 129—Chapter 3
"Petitions for Rulemaking"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 8 and 17A
State or federal law(s) implemented by the rulemaking: Iowa Code chapters 8 and 17A

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management (DOM) no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Iowa Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The Office of the Chief Information Officer (OCIO) is now consolidated into DOM. Chapter 3 concerning filing petitions for rulemaking is no longer necessary and is proposed to be rescinded.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. Chapter 3 is being rescinded in its entirety.

- **Classes of persons that will benefit from the proposed rulemaking:**

The rescission of Chapter 3 simplifies the rules and reduces guidance to only that which is necessary to define the role and responsibilities of the Chief Information Officer within DOM in service to the State.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Not applicable. The rescission of Chapter 3 is appropriate now that OCIO is consolidated under DOM.

- **Qualitative description of impact:**

The rescission of Chapter 3 improves the quality of the Iowa Administrative Code by reducing surplusage.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There will be no implementation or enforcement costs since Chapter 3 is being rescinded.

- **Anticipated effect on State revenues:**

To the extent consolidation of OCIO into DOM increases efficiency and reduces redundancies, State revenues will be positively affected by the rescission of Chapter 3.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible since Chapter 3 is defunct and should be rescinded now that the OCIO is consolidated within DOM. The rescission of the chapter is a necessary step in maintaining current and easily accessible rules.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

No methods exist that are less costly than rescinding this defunct chapter and eliminating outdated, unnecessary text from the rules.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable. Chapter 3 is defunct and should be rescinded.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

No alternative methods are available.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The rescission of Chapter 3 has no substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **129—Chapter 3**.

CHIEF INFORMATION OFFICER, OFFICE OF THE[129]

Regulatory Analysis

Notice of Intended Action to be published: 129—Chapter 4
"Declaratory Orders"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 8 and 17A
State or federal law(s) implemented by the rulemaking: Iowa Code chapters 8 and 17A

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management (DOM) no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Iowa Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The Office of the Chief Information Officer (OCIO) is now consolidated into DOM. Chapter 4 concerning declaratory orders is no longer necessary and is proposed to be rescinded.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. Chapter 4 is being rescinded in its entirety.

- **Classes of persons that will benefit from the proposed rulemaking:**

The rescission of Chapter 4 simplifies the rules and avoids surplusage.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Not applicable. This rulemaking rescinds Chapter 4 now that OCIO is consolidated under DOM.

- **Qualitative description of impact:**

The rescission of Chapter 4 simplifies the existing rules, which provides users a better qualitative experience.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There will be no implementation or enforcement costs since Chapter 4 is proposed to be rescinded.

- **Anticipated effect on State revenues:**

To the extent consolidation of OCIO into DOM increases efficiency and reduces redundancies, State revenues will be positively affected by the rescission of Chapter 4.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible since Chapter 4 is defunct and should be rescinded now that OCIO is consolidated within DOM. Rescinding the chapter is a necessary step in maintaining current and easily accessible rules.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

No methods exist that are less costly than rescinding this defunct chapter and eliminating outdated, unnecessary text from the rules.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable. Chapter 4 is defunct and should be rescinded.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

No alternative methods are available.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The rescission of Chapter 4 has no substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **129—Chapter 4**.

CHIEF INFORMATION OFFICER, OFFICE OF THE[129]

Regulatory Analysis

Notice of Intended Action to be published: 129—Chapter 5
"Office Procedure for Rulemaking"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 8 and 17A
State or federal law(s) implemented by the rulemaking: Iowa Code chapters 8 and 17A

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management (DOM) no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Iowa Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The Office of the Chief Information Officer (OCIO) is now consolidated into DOM. Chapter 5 concerning the OCIO procedure for rulemaking is no longer necessary and is proposed to be rescinded.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. Chapter 5 is being rescinded in its entirety.

- **Classes of persons that will benefit from the proposed rulemaking:**

The rescission of Chapter 5 simplifies the rules and reduces surplusage.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Not applicable. This rulemaking simply rescinds Chapter 5 now that OCIO is consolidated under DOM.

- **Qualitative description of impact:**

The rescission of Chapter 5 simplifies the existing rules and removes all included restrictive words and phrases from the rules, which improves the quality of the Iowa Administrative Code.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There will be no implementation or enforcement costs since Chapter 5 is being rescinded.

- **Anticipated effect on State revenues:**

To the extent consolidation of OCIO into DOM increases efficiency and reduces redundancies, State revenues will be positively affected by the rescission of Chapter 5.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible since Chapter 5 is defunct and should be rescinded now that OCIO is consolidated within DOM. Rescinding the chapter is a necessary step in maintaining current and easily accessible rules.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

No methods exist that are less costly than rescinding this defunct chapter and eliminating outdated, unnecessary text from the rules.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable. Chapter 5 is defunct and should be rescinded.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

No alternative methods are available.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The rescission of Chapter 5 has no substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **129—Chapter 5**.

CHIEF INFORMATION OFFICER, OFFICE OF THE[129]

Regulatory Analysis

Notice of Intended Action to be published: 129—Chapter 7
"Waivers"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 8 and 17A
State or federal law(s) implemented by the rulemaking: Iowa Code chapters 8 and 17A

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management (DOM) no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Iowa Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The Office of the Chief Information Officer (OCIO) is now consolidated into DOM. Chapter 7 concerning waivers from rules adopted by OCIO is no longer necessary and is proposed to be rescinded.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. Chapter 7 is being rescinded in its entirety.

- **Classes of persons that will benefit from the proposed rulemaking:**

The rescission of Chapter 7 simplifies the rules and reduces guidance to only that which is necessary concerning the role and responsibilities of the Chief Information Officer within DOM.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Not applicable. This rulemaking rescinds Chapter 7 since it is no longer relevant.

- **Qualitative description of impact:**

The rescission of Chapter 7 simplifies the existing rules so that the comparable DOM rules apply going forward.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There will be no implementation or enforcement costs since Chapter 7 is being rescinded.

- **Anticipated effect on State revenues:**

To the extent consolidation of OCIO into DOM increases efficiency and reduces redundancies, State revenues will be positively affected by the rescission of Chapter 7.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible since Chapter 7 is defunct and should be rescinded now that OCIO is consolidated within DOM. Rescission of the chapter is a necessary step in maintaining current and easily accessible rules.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

No methods exist that are less costly than rescinding this defunct chapter and eliminating outdated, unnecessary text from the rules.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable. Chapter 7 is defunct and should be rescinded.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

No alternative methods are available.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The rescission of Chapter 7 has no substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **129—Chapter 7**.

Regulatory Analysis

Notice of Intended Action to be published: 545—Chapter 1
"Operations of City Finance Committee"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 384.13 through 384.15, 384.16 through 384.22, and 17A

State or federal law(s) implemented by the rulemaking: Iowa Code sections 384.13 through 384.15 and 384.16 through 384.22

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The City Finance Committee is proposing to rescind Chapter 1 of its rules and repromulgate the rules with substantial edits. Chapter 1 of the Committee's rules provides basic information about the Committee and its composition and outlines procedural functions.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Only individuals who interact with the Committee bear any costs associated with the proposed rules. The rules provide minimally necessary guidance for those seeking to interact with the Committee.

- **Classes of persons that will benefit from the proposed rulemaking:**

City officials benefit, as well as taxpayers within cities, by understanding the basic procedures of the Committee and its composition.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

The rulemaking would not have a quantitative impact on citizens or any other entity.

- **Qualitative description of impact:**

The proposed rulemaking simplifies the existing rules and removes all restrictive words and phrases from the rules, which should provide those who access the rules a better qualitative experience when interacting with the Committee.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

This proposed rulemaking removes any unnecessary statements in the rules and simplifies the text where possible. There are no additional implementation or enforcement costs borne by any agency because of the updates to the rules.

- **Anticipated effect on State revenues:**

State revenues, as well as implementation and operations costs, do not change based on this cleanup of the Committee's rules. It is not anticipated that there will need to be any system changes or other changes in policy of any kind.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible because the rules must be addressed pursuant to Executive Order 10. The benefits of this proposed rulemaking should be that taxpayers accessing the Committee should have an easier time because the rules will be easier to follow. The rulemaking also removes some unnecessary burdens from the rules, which provides a benefit to anyone interacting with the Committee.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

All rules were evaluated with the goal of reduction, elimination and simplification of the existing rules. No less intrusive methods have been identified along the way. No less costly alternatives were identified in the process.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

No alternatives are available.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable. The rules are necessary to provide basic information about the Committee.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The rulemaking does not have any substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind 545—Chapter 1 and adopt the following **new** chapter in lieu thereof:

CHAPTER 1
OPERATIONS OF CITY FINANCE COMMITTEE

545—1.1(384) Purpose. To ensure that the proceedings of the city finance committee are conducted in an orderly manner and also to provide that the public is kept informed of actions taken by the city finance committee, the committee adopts the following rules.

545—1.2(384) Definitions. The following definitions apply to the rules of the city finance committee.

"Committee's mailing address" is Department of Management, 1007 East Grand Avenue, G13, Des Moines, Iowa 50319.

"Department" means the department of management.

"Director" means the director of the department.

"Fund" means a fiscal and accounting entity with a self-balancing set of accounts recording cash and other financial resources, together with all related liabilities and residual equities or balances, and changes therein that are segregated for the purpose of carrying on specific activities or attaining certain objectives in accordance with special regulations, obligations, or limitations.

"Fund transfer resolution" means a resolution of the city council that is to be passed to allow for transfers between funds. A fund transfer resolution is to be completed for all transfers between funds and will include a clear statement of reason or purpose for the transfer, the name of the fund from which the transfer is originating, the name of the fund into which the transfer is to be received, and the dollar amount to be transferred. For transfers of utility surpluses outlined in 545—subrule 2.4(5), the calculation proving the surplus will also be shown in the resolution. Intrafund transfers do not need a fund transfer resolution. Multiple transfers between funds may be approved in one resolution, so long as each transfer's purpose, originating fund or subfund, and receiving fund or subfund, and the amount of transferred dollars are separately identified. Fund transfer resolutions may also be included in budget or budget amendment adoption resolutions, so long as each transfer's purpose, originating fund or subfund and receiving fund or subfund, and the amount of transferred dollars are separately identified.

"Intrafund transfer" means a transfer between accounts or subfunds within a fund.

"Program" means any one of the following nine major functions of public service that the city finance committee directs a city to use in defining the city's program structure:

1. Public safety;
2. Public works;
3. Health and social services;
4. Culture and recreation;
5. Community and economic development;
6. General government;
7. Debt service;
8. Capital projects;
9. Business-type activities.

"Transfers between funds" means the transfer of amounts from one fund to another fund.

545—1.3(384) Membership. The selection, appointment and approval of members to the city finance committee are made as provided for in Iowa Code section 384.13. Names of designees will be given to the committee chairperson in writing by July 1 of each year, or promptly, if changed.

545—1.4(384) Organization and administration. The officers of the city finance committee will consist of a chairperson, a vice chairperson and a secretary.

1.4(1) *Chairperson.* The chairperson will be elected yearly to preside over the proceedings of the city finance committee. Upon a vacancy on the city finance committee, the chairperson will notify the director that a vacancy exists.

1.4(2) *Vice chairperson.* The vice chairperson serves in absence of the chairperson and can be assigned such other duties as the committee determines. The vice chairperson is elected yearly.

1.4(3) *Secretary.* The department will designate a secretary to serve as the support staff for the committee. The secretary is responsible for providing timely notice of meetings, publishing a meeting agenda in accordance with the Iowa Code, and keeping minutes of meetings.

545—1.5(384) Compensation. Committee members are to be compensated as provided by law.

545—1.6(384) Meeting. A meeting of the committee is to be held at the call of the director, the request of a majority of committee members, or upon an appeal of the director's decision. All meetings will be open to the public with the exception of any closed sessions of such meetings conducted in accordance with Iowa Code chapter 21.

545—1.7(384) Office location. All submissions to or requests of the committee should be made to the committee at the committee's mailing address during normal working hours.

545—1.8(384) Quorum and majority vote. A quorum consists of five members of the committee. All actions of the committee for promulgating rules as provided for by law need a minimum of five votes. All other actions of the committee can be approved by a simple majority vote of the members present at a meeting.

545—1.9(384) Order of business. The meetings of the city finance committee are to be presided over by the chairperson or the vice chairperson. Unless otherwise stipulated in these rules, Robert's Rules of Order are to be followed in conducting the business of the committee.

These rules are intended to implement Iowa Code sections 384.13 through 384.15 and 384.16 through 384.22.

Regulatory Analysis

Notice of Intended Action to be published: 545—Chapter 2
"Budget Amendments and Fund Transfers"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 384 and 388

State or federal law(s) implemented by the rulemaking: Iowa Code sections 384.13 through 384.15 and 384.16 through 384.22

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025	Room G14
11 a.m.	1007 East Grand Avenue
	Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The City Finance Committee is proposing to rescind Chapter 2 of its rules and repromulgate the rules with substantial edits. Chapter 2 of the Committee's rules provides basic legal frameworks concerning budgetary transfers.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Only individuals who interact with the City Finance Committee bear any costs associated with these proposed rules. The rules provide minimally necessary guidance for those seeking to alter city budgets, as well as basic information about the required process to properly transfer funds consistent with the Iowa Code.

- **Classes of persons that will benefit from the proposed rulemaking:**

City officials benefit, as well as taxpayers within cities, by understanding the basic procedures required.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

This proposed rulemaking would not have a quantitative impact on citizens or any other entity.

- **Qualitative description of impact:**

This proposed rulemaking simplifies the existing rules and removes all restrictive words and phrases from the rules, which should provide those who access the rules a better qualitative experience when interacting with the Committee.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

This proposed rulemaking removes any unnecessary statements in the rules and simplifies the text where possible. There are no additional implementation or enforcement costs borne by any agency because of the updates to the rules.

- **Anticipated effect on State revenues:**

State revenues, as well as implementation and operations costs, do not change based on this cleanup of the Committee's rules. It is not anticipated that there will need to be any system changes or other changes in policy of any kind.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible because the rules must be addressed pursuant to Executive Order 10. The benefits of this proposed rulemaking should be that taxpayers accessing the Committee should have an easier time because the rules will be easier to follow. The rulemaking also removes some unnecessary burdens from the rules, which provides a benefit to anyone interacting with the Committee.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

All rules were evaluated with the goal of reduction, elimination and simplification of the existing rules. No less intrusive methods have been identified along the way. No less costly alternatives were identified in the process.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

No alternatives are available.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable. The rules are necessary to provide basic information about the budgeting amendments and funds transfer obligations.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking does not have any substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind 545—Chapter 2 and adopt the following **new** chapter in lieu thereof:

CHAPTER 2
BUDGET AMENDMENTS AND FUND TRANSFERS

PREAMBLE

Consistent with home rule legislation, the city finance committee encourages as much flexibility as possible in the municipal budget administration. At the same time, it is the responsibility of the city finance committee to impose those procedures and processes necessary to ensure adequate notice to citizens of proposed and adopted changes in the local budget and to provide an opportunity for citizen involvement in the reallocation process.

545—2.1(384,388) Appropriation of unanticipated amount. Budget amendments to the adopted city budget to permit the appropriation and expenditure of unencumbered and unanticipated balances or amounts anticipated to be available from sources other than property taxes but which have not been appropriated in the adopted budget will be prepared as provided in Iowa Code section 384.16 and are subject to protest as provided in Iowa Code section 384.19.

All adopted budget amendments to appropriate and expend unanticipated amounts are to be certified to the auditor of the county or counties where the city is located and to the director.

545—2.2(384,388) Transfers between programs. Except as specifically provided elsewhere in these rules, all appropriation transfers between programs are budget amendments and will be prepared as provided in Iowa Code section 384.16 and subject to protest as provided in Iowa Code section 384.19.

All adopted budget amendments to permit the transfer of adopted budget appropriations between programs are to be certified to the auditor of the county or counties where the city is located and to the director.

545—2.3(384,388) Transfers within programs. Transfers within programs are not budget amendments within the meaning of Iowa Code section 384.18. It is the responsibility of the governing body of each city to provide its own written rules for transfers within programs.

545—2.4(384,388) Fund transfers.

2.4(1) *General provisions.* All transfers of moneys between funds found in the city budget forms will be approved by a fund transfer resolution. Transfers between funds in one program are types of amendments that are not subject to preparation and adoption as provided in Iowa Code section 384.16 and are not subject to protest as provided in Iowa Code section 384.19, but such transfers will comply with the state laws regarding the funds and the following subrules.

2.4(2) *Debt service fund.* Except where specifically not allowed under state law, moneys may be transferred from any other city fund to the debt service fund to meet outstanding principal and interest. Such transfers are to be authorized by the original budget or a budget amendment that has been adopted as provided in Iowa Code section 384.16 and subject to protest as provided in Iowa Code section 384.19.

2.4(3) *Capital improvements reserve fund.* Except where specifically not allowed under state law, moneys may be transferred from any city fund to the capital improvements reserve fund for purposes specified in Iowa Code section 384.7. Such transfers are to be authorized by the original budget or a budget amendment adopted as provided in Iowa Code section 384.16 and subject to protest as provided in Iowa Code section 384.19.

2.4(4) *City utility fund and city enterprise fund.* Any governing body of a city utility, combined utility system, city enterprise, or combined city enterprise that has a surplus in its fund may transfer such surpluses to any other city fund, except the emergency fund, by resolution of the appropriate governing body. For the purposes of this subrule:

a. A surplus may exist only after all required transfers have been made to any restricted accounts in accordance with the terms and provisions of any revenue bonds of loan agreements relating to the utility or enterprise fund.

b. A "surplus" is defined as the cash balance in the operating account or the unrestricted net position calculated in accordance with GAAP, after adding back the net pension and other post-employment benefits liabilities and the related deferred inflows of resources and deducting the related deferred outflows of resources, in excess of:

(1) The amount of the expenses of disbursements for operating and maintaining the utility or enterprise for the preceding three months, and

(2) The amount necessary to make all required transfers to restricted accounts for the succeeding three months.

These rules are intended to implement Iowa Code chapters 384 and 388.

Regulatory Analysis

Notice of Intended Action to be published: 545—Chapter 3
"Budget Forms"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 384 and 388

State or federal law(s) implemented by the rulemaking: Iowa Code sections 384.13 through 384.15 and 384.16 through 384.22

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

This proposed chapter complies with the Iowa Code mandate of Iowa Code section 384.16 to have rules in place to prescribe forms used for city budgets.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no classes of person who bear costs of this proposed rulemaking. This rulemaking provides clarity on who authorizes and creates forms used for city budgeting.

- **Classes of persons that will benefit from the proposed rulemaking:**

Taxpayers broadly benefit from this proposed rulemaking. Forms simplify basic tasks and assist in normalization of data through use of forms.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

The Department does not envision a quantitative change as a result of this proposed update to the chapter.

- **Qualitative description of impact:**

The chapter is only proposed to be updated to avoid unnecessary verbiage in the rule in conformance with Executive Order 10.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There are no implementation or enforcements costs.

- **Anticipated effect on State revenues:**

There is no impact on State revenues caused by this proposed chapter.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible because Executive Order 10 mandates that agencies readdress existing rules. This proposed chapter is required by statute, and the proposed chapter has no cost to implement.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

No less costly methods or less intrusive methods exist to achieve this purpose. This proposed chapter is required by statute, and it is the least restrictive chapter available to meet the statutory need.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

No alternative methods are available.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

No alternative methods are available.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The proposed repromulgation of this chapter should have no impact on small business other than the benefit of the efficiencies of standardized forms.

Text of Proposed Rulemaking

ITEM 1. Rescind 545—Chapter 3 and adopt the following **new** chapter in lieu thereof:

CHAPTER 3
BUDGET FORMS

545—3.1(384) Budget forms. The city finance committee may propose to the director forms to be used for public notice of estimates and for certifying the original budget or budget amendments.

This rule is intended to implement Iowa Code sections 384.13 through 384.15 and 384.16 through 384.22.

Regulatory Analysis

Notice of Intended Action to be published: 545—Chapter 4
"Employee Benefits"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 384
State or federal law(s) implemented by the rulemaking: Iowa Code chapter 384

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025	Room G14
11 a.m.	1007 East Grand Avenue
	Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The City Finance Committee proposes to rescind and repromulgate Chapter 4 of its rules addressing employee benefits. The existing rules are being updated in accordance with Executive Order 10. The rules address basic obligations concerning allowable employee benefits and establish the requirement that employee benefits be in the city budget.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

This proposed chapter simply establishes the obligation on cities to have city employee benefits in the city budget, which provides greater visibility to the taxpayer of such things. As such, there are no additional costs associated with the proposed chapter.

- **Classes of persons that will benefit from the proposed rulemaking:**

Citizens benefit from the greater availability of information concerning the employee benefits paid to city employees.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

The only costs of complying with the proposed chapter are the same that would apply under the existing chapter—the costs to the city of compliance, which is essentially calculation and reporting and which would need to be done in other contexts in the absence of this proposed chapter.

- **Qualitative description of impact:**

As it does today, the proposed chapter has a qualitative impact on city residents by giving citizens greater access to data, thus ensuring transparency.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There are no anticipated additional costs to be borne by an agency or the State government in general.

- **Anticipated effect on State revenues:**

Ensuring compliance with this obligation does not impact State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is impermissible because the Committee must comply with Executive Order 10. Not defining employee benefits would be problematic because cities would define the term themselves, resulting in different interpretations and varying levels of reporting within city budgets.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

The only other method available of defining the employee benefits concept and imposing on cities the duty of reporting employee benefits within the cities' budgets would be a statutory change, which would be up to the General Assembly.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

No other alternative approaches were considered because no other alternatives are viable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

The only other viable alternative would be a statutory change, which would need to be addressed by the General Assembly.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking has no impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind 545—Chapter 4 and adopt the following **new** chapter in lieu thereof:

CHAPTER 4
EMPLOYEE BENEFITS

545—4.1(384) Definition. Employee benefits are defined as and limited to the following:

1. Employer's share of Federal Insurance Contribution Act (FICA).
2. Employer's share of Iowa Public Employees' Retirement System (IPERS).
3. Employer's share of police and fire retirement systems.
4. Employer's share of medical payments under Iowa Code chapters 410 and 411.
5. Retiree hospital/medical/prescription benefits pursuant to Iowa Code section 364.25.
6. Workers' compensation costs or insurance premiums.
7. Unemployment benefits.
8. Employer's share of employee benefit plan costs for employees and their dependents, which would include only:

- Hospital/medical/prescription benefits;
- Dental benefits;
- Disability insurance benefits;
- Life insurance benefits;
- Long-term insurance benefits;
- Vision benefits.

9. Deferred compensation programs for city managers, fire chiefs, and police chiefs who do not participate in either IPERS or the Municipal Fire and Police Retirement System of Iowa (MFPRSI).
10. Employee wellness programs that are a part of, or are included with, a hospital/medical/prescription benefit program or a health and fitness program for employees that is adopted by city council motion, resolution, ordinance or included in a document approved by the city council.
11. Employee assistance program providing free counseling for employees and their dependents.
12. Occupational Safety and Health Administration (OSHA)-required tests (e.g., pulmonary and heart tests).
13. Regularly scheduled, city-required, postemployment physicals for employees, police reserves and volunteer firefighters.

545—4.2(384) Mandatory procedures. These employee benefits will be budgeted in the city general fund up to the tax rate limit of that fund with the excess being budgeted in the trust and agency fund for those employees being paid from the city general fund:

1. Employer's share of FICA under Iowa Code section 97C.10.
2. Employer's share of IPERS under Iowa Code section 97B.9.

545—4.3(384) Optional procedures. These employee benefits may be budgeted in either the city general or city trust and agency fund for those employees being paid from the city general fund.

1. Employer's share of police and fire pension and retirement systems under Iowa Code chapters 410 and 411.
2. Employer's share of medical payments under Iowa Code sections 410.18 and 411.15.
3. Retiree hospital/medical/prescription benefits pursuant to Iowa Code section 364.25.
4. Workers' compensation costs or insurance premiums.
5. Unemployment benefits.
6. Employer's share of employee benefit plan costs for employees and their dependents, which would include only:

- Hospital/medical/prescription benefits;
- Dental benefits;
- Disability insurance benefits;
- Life insurance benefits;
- Long-term care insurance benefits;
- Vision benefits.

7. Deferred compensation programs for city managers, fire chiefs, and police chiefs who do not participate in either IPERS or MFPRSI.

8. Employee wellness programs that are a part of, or are included with, a hospital/medical/prescription benefit program or a health and fitness program for employees that is adopted by city council motion, resolution, ordinance or included in a document approved by the city council.

9. Employee assistance program providing free counseling for employees and their dependents.

10. OSHA-required tests (e.g., pulmonary and heart tests).

11. Regularly scheduled, city-required postemployment physicals for employees, police reserves and volunteer firefighters.

545—4.4(384) Budgeting—other than general fund and road use tax fund. The revenues and appropriations for employee benefits for those employees being paid from any fund other than the city general fund and the road use tax fund are to be budgeted in and paid from the fund from which the employee is being paid.

These rules are intended to implement Iowa Code section 384.15.

Regulatory Analysis

Notice of Intended Action to be published: 545—Chapter 5
"Petitions for Rulemaking"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A.7
State or federal law(s) implemented by the rulemaking: Iowa Code section 17A.7

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The City Finance Committee is proposing to restructure the Committee's rules to adopt the Uniform Rules on Agency Procedure with any necessary changes. As such, the existing rules regarding petitions for rulemaking will be obsolete. The existing rules in Chapter 5 are proposed to be rescinded, and 545—Chapter 9, which addresses law enforcement officer training reimbursement, is proposed to be rescinded with the content from that chapter being moved to the proposed new Chapter 5. The renumbering is addressed in the proposed repromulgation of Chapter 5 herein (545 RA chs 5, 9, IAB 7/9/25).

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

- **Classes of persons that will benefit from the proposed rulemaking:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

- **Qualitative description of impact:**

Qualitatively, use of the Uniform Rules on Agency Procedure should benefit the quality of interactions that citizens have with State agencies because the procedural rules will be more uniform across agencies.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

- **Anticipated effect on State revenues:**

There are no anticipated effects on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The Petition for Rulemaking chapter does not have a substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **545—Chapter 5**.

Regulatory Analysis

Notice of Intended Action to be published: 545—Chapters 5 and 9
"Law Enforcement Officer Training Reimbursement"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 384.15
State or federal law(s) implemented by the rulemaking: Iowa Code section 384.15

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025	Room G14
11 a.m.	1007 East Grand Avenue
	Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The City Finance Committee is proposing to restructure the Committee's rules and move the rules regarding law enforcement officer training reimbursement from Chapter 9 to Chapter 5.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. The proposed rules are required by Iowa Code section 384.15 and the simplest way of meeting the legal obligation. The General Assembly has never funded the program, but the rules are mandated by the Iowa Code.

- **Classes of persons that will benefit from the proposed rulemaking:**

Not applicable. The proposed rules are required by Iowa Code section 384.15 and the simplest way of meeting the legal obligation. The General Assembly has never funded the program, but the rules are mandated by the Iowa Code.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Not applicable. The proposed rules are required by Iowa Code section 384.15 and the simplest way of meeting the legal obligation. The General Assembly has never funded the program, but the rules are mandated by the Iowa Code.

- **Qualitative description of impact:**

Not applicable. The proposed rules are required by Iowa Code section 384.15 and the simplest way of meeting the legal obligation. The General Assembly has never funded the program, but the rules are mandated by the Iowa Code.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

None. The proposed rules are required by Iowa Code section 384.15 and the simplest way of meeting the legal obligation. The General Assembly has never funded the program, but the rules are mandated by the Iowa Code.

- **Anticipated effect on State revenues:**

None. The proposed rules are required by Iowa Code section 384.15 and the simplest way of meeting the legal obligation. The General Assembly has never funded the program, but the rules are mandated by the Iowa Code.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable. The only alternative would be to remove the obligation from the Iowa Code.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable. The only alternative would be to remove the obligation from the Iowa Code.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The rescinded rules do not have a substantial impact on small business. The proposed rules are mandated by the Iowa Code, and the program has never been funded by the General Assembly.

Text of Proposed Rulemaking

ITEM 1. Adopt the following **new** 545—Chapter 5:

CHAPTER 5
LAW ENFORCEMENT OFFICER TRAINING REIMBURSEMENT

545—5.1(384) Eligible reimbursement. Cities and counties are eligible for reimbursement of law enforcement officer training costs for law enforcement officers who have resigned. Training costs for officers fired, retired, or disabled will not be eligible for reimbursement.

545—5.2(384) Reimbursable costs. Costs eligible for reimbursement include all necessary and actual training costs not otherwise recovered to comply with Iowa Code chapter 80B. To the extent funding is available, costs incurred for approved advanced law enforcement training are also eligible for reimbursement. Advanced law enforcement training costs are to be approved by the local governing body and deemed legitimate, necessary, and proper by the director.

Reimbursable training costs include mileage, food, lodging, tuition, compensation of the officer in training, and the compensation of a replacement officer while the officer is in training. Mileage, food, and lodging costs are reimbursable at the rates normally reimbursed by the claimant to other employees for work-related travel. Compensation of the officer in training and the replacement officer(s) includes wages and employer-paid payroll taxes, insurance, and pension contributions. However, the reimbursable compensation of the replacement officer(s) will not exceed the reimbursable compensation of the officer in training.

Other costs eligible for reimbursement include those necessitated by the training facility, such as training uniforms, supplies, or equipment that was paid for by the claimant and not returned to or used by the claimant after training.

545—5.3(384) Filing of claims. Claims for reimbursement are to be filed on forms prescribed by the director and obtainable from the department.

Claims for payment are to be filed with the department at the committee's mailing address. Claims need to be filed within 90 days after the officer has resigned. If a reasonable cause can be shown, the due date may be waived. Claims filed after May 15 of any fiscal year will be considered for reimbursement in the following fiscal year. No more than one claim may be submitted for each reimbursable expense.

Claims are to be signed by the mayor or chairperson of the board of supervisors and attested by the city clerk or county auditor.

545—5.4(384) Documentation. Claims for reimbursement of law enforcement officer training costs are to be accompanied by proper documentation. Such documentation may include copies of invoices, canceled checks, salary and benefits schedules and any other supporting documents deemed necessary by the city finance committee.

545—5.5(384) Reimbursement percentage. The amount of reimbursement is to be based on the length of service of the resigned officer after completion of law enforcement training as provided by statute.

545—5.6(384) Payment. Funds available for reimbursement will first be applied to approved claims for minimum law enforcement officer training as set forth in Iowa Code chapter 80B. If the proceeds of the fund are insufficient to reimburse the total amount of the approved claims made during the year, the reimbursements will be prorated. Any remaining funds will be applied to approved claims for advanced law enforcement training on a pro rata basis.

545—5.7(384) Officer rehired. In the event a resigned officer is rehired by the city or county within one year from the date of resignation, the total costs reimbursed to the city or county for law enforcement training of that officer will be refunded to the law enforcement officer training reimbursement funds. The reimbursement for training costs will be refunded within 90 days of the date of rehire and will be accompanied by a letter of explanation.

545—5.8(384) Decision appealed. A city or county may appeal a reimbursement decision by the director to the city finance committee. The appeal is to be submitted in writing within 60 days from the date of notification of a decision from the director. Appeals are to be filed with the committee at the committee's mailing address.

These rules are intended to implement Iowa Code section 384.15.

ITEM 2. Rescind and reserve **545—Chapter 9**.

Regulatory Analysis

Notice of Intended Action to be published: 545—Chapter 6
"Declaratory Orders"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A.9
State or federal law(s) implemented by the rulemaking: Iowa Code section 17A.9

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The City Finance Committee is proposing to restructure the Committee's rules to adopt the Uniform Rules on Agency Procedure with any necessary changes. As such, the existing rules regarding declaratory orders will be obsolete. The existing rules in Chapter 6 are proposed to be rescinded, and 545—Chapter 10, which addresses tax rate suspension appeals, is proposed to be rescinded with the content from that chapter being moved to the proposed new Chapter 6. The renumbering is addressed in the proposed repromulgation of Chapter 6 herein (545 RA chs 6, 10, IAB 7/9/25).

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

- **Classes of persons that will benefit from the proposed rulemaking:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

- **Qualitative description of impact:**

Qualitatively, use of the Uniform Rules on Agency Procedure should benefit the quality of interactions that citizens have with State agencies because the procedural rules will be more uniform across agencies.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

- **Anticipated effect on State revenues:**

There are no anticipated effects on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The Declaratory Orders chapter does not have a substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **545—Chapter 6**.

Regulatory Analysis

Notice of Intended Action to be published: 545—Chapters 6 and 10
"Tax Rate Suspension Appeal"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 24.30
State or federal law(s) implemented by the rulemaking: Iowa Code section 24.48

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025	Room G14
11 a.m.	1007 East Grand Avenue
	Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

This proposed rulemaking seeks to rescind Chapter 10 and repromulgate a revised version of the chapter as Chapter 6. The rulemaking simplifies the chapter and relies on defined terms used throughout the City Finance Committee's proposed rulemakings published herein (IAB 7/9/25) for consistency and ease of reading. The revisions also comply with Executive Order 10 by removing all restrictive words and phrases.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

This proposed rulemaking does not create any additional costs to either the agency or taxpayers in general. It only provides guidance on how to seek an appeal.

- **Classes of persons that will benefit from the proposed rulemaking:**

This proposed rulemaking benefits all taxpayers by providing the procedure used in this type of tax appeal.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

All Committee rules are proposed to be redrafted and published herein (IAB 7/9/25) to simplify the text wherever possible and to remove restrictive words and phrases. This decreases the size and complexity of the rules.

- **Qualitative description of impact:**

Readers of the proposed Committee rules should find the rules qualitatively better in the sense that the rules will be easier to follow and less burdensome.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There are no changes in costs associated with this proposed rulemaking. This rulemaking only provides guidance on how to file an appeal, so there is no added burden on the agency or taxpayer through promulgation of Chapter 6.

- **Anticipated effect on State revenues:**

There are no changes in costs associated with this proposed rulemaking. This rulemaking only provides guidance on how to file an appeal, so there is no added burden on the agency or taxpayer through promulgation of Chapter 6.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible because the chapter must be addressed under Executive Order 10. This proposed rulemaking does not impact costs to the taxpayers or the agency in any way. The rulemaking simply provides guidance on how to seek an appeal.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

There are no less costly means of meeting this need.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

The only alternative method of meeting this need would be to put the text in statute, which is a decision for the General Assembly.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

The existing rule must be addressed under Executive Order 10. Beyond that, these are decisions to be left to the General Assembly.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking has no impact on small business.

Text of Proposed Rulemaking

ITEM 1. Adopt the following **new** 545—Chapter 6:

CHAPTER 6
TAX RATE SUSPENSION APPEAL

545—6.1(24) Decision appealed. A city may appeal a tax rate suspension decision by the director of the department to the city finance committee. The appeal is to be submitted in writing no later than February 1 to the committee at the committee's mailing address.

This rule is intended to implement Iowa Code section 24.48.

ITEM 2. Rescind and reserve **545—Chapter 10**.

Regulatory Analysis

Notice of Intended Action to be published: 545—Chapter 7
"Uniform Rules on Agency Procedure"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A and 17A.4
State or federal law(s) implemented by the rulemaking: Iowa Code section 17A.4

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025	Room G14
11 a.m.	1007 East Grand Avenue
	Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The City Finance Committee is proposing to restructure the Committee's rules to adopt the Uniform Rules on Agency Procedure with any necessary changes. As such, the existing rules regarding agency procedure for rulemaking will be obsolete. The existing rules in Chapter 7 are proposed to be rescinded, and the Committee's implementation of the Uniform Rules on Agency Procedure are proposed to be promulgated in a new Chapter 7.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

- **Classes of persons that will benefit from the proposed rulemaking:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

- **Qualitative description of impact:**

Qualitatively, use of the Uniform Rules on Agency Procedure should benefit the quality of interactions that citizens have with State agencies because the procedural rules will be more uniform across agencies.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

- **Anticipated effect on State revenues:**

There are no anticipated effects on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The proposed promulgation of the Uniform Rules on Agency Procedure does not have a substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind 545—Chapter 7 and adopt the following **new** chapter in lieu thereof:

CHAPTER 7
UNIFORM RULES ON AGENCY PROCEDURE

The committee hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure, which are published at www.legis.iowa.gov/DOCS/Rules/Current/UniformRules.pdf on the general assembly's website.

545—7.1(17A,22) Fair information practices. The committee hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure relating to fair information practices, which are published at www.legis.iowa.gov/DOCS/Rules/Current/UniformRules.pdf on the general assembly's website. For purposes of this rule, the following designations are made:

7.1(1) In lieu of the words "(official or body issuing these rules)", insert "committee".

7.1(2) In lieu of the word "agency", insert "committee", unless further specified in this rule.

7.1(3) In lieu of the words "(insert agency head)", insert "chairperson of the committee".

7.1(4) In lieu of the words "(insert agency name and address)", insert "the committee at the committee's mailing address".

7.1(5) In lieu of the words "(insert customary office hours and, if agency does not have customary office hours of at least thirty hours per week, insert hours specified in Iowa Code section 22.4)", insert "8 a.m. to 4:30 p.m. daily, excluding Saturdays, Sundays, and legal holidays".

7.1(6) In lieu of the words "(specify time period)", insert "30 minutes".

7.1(7) Delete the sentence "(An agency wishing to deal with search fees authorized by law should do so here.)".

7.1(8) In lieu of the words "(designate office)", insert "the committee's secretary".

7.1(9) In lieu of the words "(and, where applicable, the time period during which the record may be disclosed)", insert "and, where applicable, the time period during which the record may be disclosed".

7.1(10) In lieu of the sentence "(Additional requirements may be necessary for special classes of records.)", insert "Additional obligations may be necessary for special classes of records.".

7.1(11) Delete the sentence "(Each agency should revise its forms to provide this information.)".

545—7.2(17A,22) Additional fair information practices—uses and disclosures of information.

7.2(1) *General.* Committee records are open for public inspection and copying unless otherwise provided by applicable law.

7.2(2) *Uses and disclosures of individually identifiable information.* To the extent allowed by law, uses or disclosures of confidential records may occur with or without the consent of the subject. Types of uses or disclosures that occur without the subject's consent include but are not necessarily limited to the following:

a. Use or disclosure for a routine use in relation to the work of the committee as long as such use or disclosure is made subject to the same confidentiality obligations imposed on the committee.

b. Use or disclosure for statistical research purposes or reporting as long as the information is deidentified in advance.

c. Use or disclosure for civil or criminal law enforcement activities to the extent authorized by law.

d. Disclosure to an individual pursuant to a showing of compelling circumstances affecting the health or safety of any individual.

e. Disclosure to the legislative services agency under Iowa Code section 2A.3.

f. Use or disclosure in the course of employee disciplinary proceedings.

g. Use or disclosure in response to a court order or subpoena.

7.2(3) *Complaints to public officials.* A letter from a subject of a confidential record held by the committee to a public official that seeks the official's intervention on behalf of the subject in a matter that involves the committee will, to the extent permitted by law, be treated as an authorization to release sufficient information about the subject to the official to resolve the matter.

7.2(4) *Release to subject.* The subject of a confidential record may submit a request to review confidential records about that person. However, the committee need not release the record to the

subject to the extent that the record is confidential under applicable law. Records that may be declared confidential include but are not necessarily limited to records that are predecisional draft documents, peace officers' investigative reports, records that are subject to the attorney-client privilege, and records that are subject to the attorney work product doctrine. When a record has multiple identifiable subjects with interest in the confidentiality of the record, the committee may take reasonable steps to protect confidential information relating to another subject.

545—7.3(17A) Petitions for rulemaking. The committee hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure relating to petitions for rulemaking, which are published at www.legis.iowa.gov/DOCS/Rules/Current/UniformRules.pdf on the general assembly's website. For purposes of this rule, the following designations are made:

7.3(1) In lieu of the word "agency", insert "committee".

7.3(2) In lieu of the words "(designate office)", insert "committee's mailing address".

7.3(3) In lieu of the words "designate official by full title and address", insert "chairperson of the committee at the committee's mailing address".

545—7.4(17A) Declaratory orders. The committee hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure relating to declaratory orders, which are published at www.legis.iowa.gov/DOCS/Rules/Current/UniformRules.pdf on the general assembly's website. For purposes of this rule, the following designations are made:

7.4(1) In lieu of the words "designate agency", insert "committee", unless further specified in this rule.

7.4(2) In lieu of the words "designate office", insert "the committee's mailing address".

7.4(3) Delete the sentence "(An agency may wish to describe here a simplified alternative petition form that would be more appropriate for some members of its clientele in light of their particular circumstances.)".

7.4(4) In lieu of the words "Within ____ days (15 or less)" found in rule X.2, insert "Within 15 days".

7.4(5) In lieu of the words "within ____ days of the filing of a petition" in rule X.3(1), insert "within 15 days of the filing of a petition".

7.4(6) In lieu of the words "(after time for notice under X.2(17A))", insert "15 days following receipt of notice from the committee that a petition has been filed".

7.4(7) In lieu of the words "(agency name)", insert "committee".

7.4(8) In lieu of the words "(specify office and address)", insert "the committee at the committee's mailing address".

7.4(9) In lieu of the words "(designate agency head)", insert "the chairperson of the committee".

7.4(10) In lieu of the words "(uniform rule on contested cases X.12(17A))" and "(contested case uniform rule X.2(17A))", insert "the committee's contested case rule".

7.4(11) Delete the sentence "(The agency may specify any provisions of Iowa Code sections 17A.10 through 17A.18 on contested case proceedings to apply to proceedings for declaratory orders.)".

7.4(12) Delete the sentence "(Where the agency's experience enables it to define in advance other specific reasons for refusing to issue a declaratory order, it should include them here.)".

7.4(13) In lieu of the words "(who consent to be bound)", insert "who consent to be bound".

7.4(14) At the end of rule X.12, add the following: "The final ruling of the committee is subject to review pursuant to the committee's contested case rules.".

545—7.5(17A) Committee procedure for rulemaking. The committee hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure relating to agency procedure for rulemaking, which are published at www.legis.iowa.gov/DOCS/Rules/Current/

UniformRules.pdf on the general assembly's website. For purposes of this rule, the following designations are made:

7.5(1) In lieu of the words "(commission, board, council, director)", insert "committee".

7.5(2) In lieu of the word "agency", insert "committee", unless further specified in this rule.

7.5(3) In lieu of the words "(specify time period)", insert "one calendar year".

7.5(4) In lieu of the words "(identify office and address)", insert "the secretary at the committee's mailing address".

7.5(5) In lieu of the words "(designate office and telephone number)", insert "the secretary at 515.281.3705".

7.5(6) In lieu of the words "(designate office)", insert "the committee's mailing address", unless further specified in this rule.

7.5(7) Delete rule X.10(17A).

7.5(8) In lieu of the words "(specify the office and address)", insert "the committee's mailing address".

7.5(9) In lieu of the words "(agency head)", insert "chairperson of the committee".

7.5(10) Delete the sentences "(Alternatively, the agency can maintain the file indefinitely.)" and "(*NOTE: Alternatively to X.13(2)*"j"* and the amendment of X.13(4), an agency could keep a separate file of significant written criticisms to rules and maintain those for five years.)".

7.5(11) In lieu of the words "(at actual cost)", insert "at actual cost".

545—7.6(17A) Contested cases. The committee hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure relating to contested cases, which are published at www.legis.iowa.gov/DOCS/Rules/Current/UniformRules.pdf on the general assembly's website. For purposes of this rule, the following designations are made:

7.6(1) In lieu of the words "(agency name)" or "agency", insert "committee".

7.6(2) In lieu of the words "(designate official)", insert "chairperson".

7.6(3) In lieu of the words "(specify rule number)", insert "rule".

7.6(4) Delete paragraph X.5(1)*"e"*.

7.6(5) Delete the words "(e.g., agency head, members of multimembered agency head, administrative law judge from the department of inspections and appeals)".

7.6(6) Delete the words "(or such other time period the agency designates)".

7.6(7) In lieu of the words "(or its designee)", insert "or its designee".

7.6(8) Delete the sentence "(The agency may specify other good cause by rule.)".

7.6(9) Delete subrule X.6(4).

7.6(10) In lieu of the words "(specify office and address)", insert "the committee's secretary at the committee's mailing address".

7.6(11) In lieu of the words "(designate office)", insert "committee's secretary".

7.6(12) Delete the words "(or other time period designated by the agency)".

7.6(13) In lieu of the words "Iowa Rule of Civil Procedure 237", insert "Iowa Rules of Civil Procedure, Division IX, Subdivision D".

7.6(14) In lieu of the words "(45 days)", insert "45 days".

7.6(15) In lieu of the words "(15 days)", insert "15 days".

7.6(16) In lieu of the words "(20 days)", insert "20 days".

7.6(17) Delete the words "(or other period of time specified by statute or rule)".

7.6(18) Delete the words "(or other time specified by the agency)".

7.6(19) In lieu of the words "(but, unless the defaulting party has appeared, it cannot exceed the relief demanded)", insert "but, unless the defaulting party has appeared, it cannot exceed the relief demanded".

7.6(20) In lieu of the words "(or disclosed)", insert "or disclosed".

7.6(21) In lieu of the words "(agency to designate person to whom violations should be reported)", insert "the chairperson of the committee".

7.6(22) In lieu of the words "(board, commission, director)", insert "committee", unless further specified in this rule.

7.6(23) In lieu of the words "(of the presiding officer)", insert "of the presiding officer".

7.6(24) In lieu of the words "(the agency) (or a quorum of the agency)", insert "the committee".

7.6(25) In lieu of the words "(board, commission, director, as appropriate)", insert "committee".

These rules are intended to implement Iowa Code chapter 17A.

Regulatory Analysis

Notice of Intended Action to be published: 545—Chapter 8
"Public Information and Fair Information Practices"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A.7 and 22.11
State or federal law(s) implemented by the rulemaking: Iowa Code sections 17A.7 and 22.11

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The City Finance Committee is proposing to restructure the Committee's rules to adopt the Uniform Rules on Agency Procedure with any necessary changes. As such, the existing rules regarding public information and fair information practices will be obsolete. The existing rules in Chapter 8 are proposed to be rescinded.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

- **Classes of persons that will benefit from the proposed rulemaking:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

- **Qualitative description of impact:**

Qualitatively, use of the Uniform Rules on Agency Procedure should benefit the quality of interactions that citizens have with State agencies because the procedural rules will be more uniform across agencies.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

- **Anticipated effect on State revenues:**

There are no anticipated effects on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable. The existing rules are required by Iowa Code chapter 17A, and the simplest way of meeting the legal obligation is to use the Uniform Rules on Agency Procedure.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The rules are proposed to be rescinded in favor of the Committee's adoption of the Uniform Rules on Agency Procedure. This will not have any impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **545—Chapter 8**.

Regulatory Analysis

Notice of Intended Action to be published: 547—Chapter 1
"Definitions"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 333A.4(6)
State or federal law(s) implemented by the rulemaking: Iowa Code section 333A.2

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

A reduction and restructuring of the rules concerning the County Finance Committee is proposed to make the rules more efficient and accessible. The rules will be updated by removing language restated from the Iowa Code, removing restrictive words and phrases, and relocating rules currently located across five chapters into a single chapter. Chapter 1 will be rescinded, and essential rules from 547—Chapters 2 through 5 will be moved to Chapter 1. This change aims to consolidate and simplify the rules to improve efficiency and clarity.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable.

- **Classes of persons that will benefit from the proposed rulemaking:**

Rescinding and adopting a new Chapter 1 with the essential rules from 547—Chapters 2 through 5 simplifies the rules and removes unnecessary verbiage resulting in the simplest, most minimal set of rules that could be used to convey basic information about the Committee to the taxpayer.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Rescinding and adopting a new Chapter 1 with the essential rules from 547—Chapters 2 through 5 as part of the initiative to streamline 547—Chapters 1 through 5 will have a nominal quantitative impact.

- **Qualitative description of impact:**

Rescinding and adopting a new Chapter 1 with the essential rules from 547—Chapters 2 through 5 simplifies the rules and removes all included restrictive words and phrases from the rules, which should provide those who access the rules a better qualitative experience when reading about the Committee.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Not applicable. This proposed rulemaking rescinds Chapter 1, which currently consists of definitions sufficiently defined in the Iowa Code. Essential rules from 547—Chapters 2 through 5 will then be relocated to Chapter 1. Implementation and enforcement of the remaining existing rules will not be affected.

- **Anticipated effect on State revenues:**

State revenues, as well as implementation and enforcement costs, do not change based on this cleanup of administrative rules. It is not anticipated that there will need to be any system changes or other changes in policy of any kind.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible because the rules must be addressed pursuant to Executive Order 10. The benefit of this proposed rulemaking is that taxpayers are expected to have an easier time because the rules will be easier to follow.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

All rules were evaluated with the goal of reduction, elimination and simplification of the existing rules. No less intrusive methods have been identified along the way. No less costly alternatives were identified in the process.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

There are no alternative methods. These changes comply with Executive Order 10. Rescinding and adopting a new Chapter 1 with the essential rules from 547—Chapters 2 through 5 simplifies the rules and removes unnecessary verbiage resulting in the simplest, most minimal set of rules that could be used to convey basic information about the Committee to the taxpayer.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

There are no alternative methods because compliance with Executive Order 10 is required.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.

- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking does not have any substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind 547—Chapter 1 and adopt the following **new** chapter in lieu thereof:

CHAPTER 1
GENERAL PROVISIONS

547—1.1(333A) Definitions.

"Committee" means the county finance committee established in Iowa Code section 333A.2.

"Committee's mailing address" is Iowa Department of Management, State Capitol, Des Moines, Iowa 50319.

"County budget" means the budget adopted by the board of supervisors pursuant to Iowa Code chapter 331.

"County official" means members of the committee referred to as "county official," which may be either a county officer designated in Iowa Code section 39.17 or a member of the board of supervisors as designated in Iowa Code section 39.18.

547—1.2(333A) Organization and administration.

1.2(1) *Purpose.* The purpose of the county finance committee is to administer the provisions of Iowa Code section 333A.2 and to make recommendations to the governor, the general assembly, and county officials concerning county budgets and finance.

1.2(2) *Membership.* The selection, appointment, and approval of the county finance committee members are made as provided in Iowa Code section 333A.2.

1.2(3) *Officers.* The officers of the committee consist of chairperson and vice chairperson.

1.2(4) *Subcommittees.* The committee may establish temporary subcommittees to research and investigate items of business for the committee.

1.2(5) *Office location.* The director of the department of management provides office space, staff assistance, and necessary supplies and equipment as provided by law.

547—1.3(333A) Meetings.

1.3(1) *Organizational meeting.* The organizational meeting of the committee will be held at the call of and at a place designated by the chairperson. The officers serve until their successors are appointed.

1.3(2) *Other meetings.* Meetings may be called by the chairperson of the committee or a majority of its members.

1.3(3) *Conduct of meetings.* Meetings of the committee will be conducted in accordance with Robert's Rules of Order insofar as not incompatible with the laws of the state of Iowa governing this committee or its own resolutions as to its conduct.

547—1.4(333A) Secretary's duties.

1.4(1) *Notice of meeting.* Notice will be given of the time and place of each meeting by the committee's secretary.

1.4(2) *Meeting minutes.* Minutes will be kept of all proceedings of each meeting by the committee's secretary, and the minutes will constitute the official record of all committee actions.

1.4(3) *Mailing list.* A current list of committee members, including the members' addresses, telephone numbers and terms of office, will be maintained by the secretary.

547—1.5(333A) Compensation. Committee members are to be compensated as provided in Iowa Code section 333A.3.

547—1.6(333A) Studies and reports. At least five members of the committee are needed to approve any guidelines, comments, recommendations and proposed legislation.

547—1.7(333A) County budgets. County budgets will be prepared in accordance with the provisions of Iowa Code section 331.424.

547—1.8(333A) Annual financial reports. County annual financial reports will be prepared in accordance with the provisions of Iowa Code section 331.403.

These rules are intended to implement Iowa Code section 333A.2.

Regulatory Analysis

Notice of Intended Action to be published: 547—Chapter 2
"Organization and Administration"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 333A.4(6)
State or federal law(s) implemented by the rulemaking: Iowa Code section 333A.2

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The County Finance Committee is proposing to restructure 547—Chapters 2 through 5 and move the rules into 547—Chapter 1, remove unnecessary language that merely restates the Iowa Code, and remove restrictive words identified in Executive Order 10 in order to improve accessibility and clarity of the rules. As part of this restructure, Chapter 2 needs to be rescinded.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. Rescinding Chapter 2 will not impose any costs on any persons.

- **Classes of persons that will benefit from the proposed rulemaking:**

Rescinding Chapter 2 simplifies the rules and removes unnecessary verbiage resulting in the simplest, most minimal set of rules that could be used to convey basic information about the Committee to the taxpayer.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Rescinding Chapter 2 as part of the initiative to streamline 547—Chapters 1 through 5 will have a nominal quantitative impact.

- **Qualitative description of impact:**

Rescinding Chapter 2 simplifies the rules, which should provide those who access the rules a better qualitative experience when reading about the Committee.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Not applicable. This proposed rulemaking rescinds Chapter 2. Essential rules from 547—Chapters 2 through 5 will then be relocated to 547—Chapter 1. Implementation and enforcement of the remaining existing rules will not be affected.

- **Anticipated effect on State revenues:**

State revenues, as well as implementation and enforcement costs, do not change based on this cleanup of administrative rules. It is not anticipated that there will need to be any system changes or other changes in policy of any kind.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible because the rules must be addressed pursuant to Executive Order 10. The benefit of this proposed rulemaking is that taxpayers are expected to have an easier time because the rules will be easier to follow.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

All rules were evaluated with the goal of reduction, elimination and simplification of the existing rules. No less intrusive methods have been identified along the way. No less costly alternatives were identified in the process.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

There are no alternative methods. These changes comply with Executive Order 10. Rescinding Chapter 2 simplifies the rules and removes unnecessary verbiage resulting in the simplest, most minimal set of rules that could be used to convey basic information about the Committee to the taxpayer.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

There are no alternative methods because compliance with Executive Order 10 is required.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking does not have any substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **547—Chapter 2**.

Regulatory Analysis

Notice of Intended Action to be published: 547—Chapters 2 and 6
"Uniform Rules on Agency Procedure"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A
State or federal law(s) implemented by the rulemaking: Iowa Code chapter 17A

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

As part of the Department's review of administrative rules pursuant to Executive Order 10, the Department proposes to rescind all rules addressing the standard Administrative Procedure Act obligations under Iowa Code chapter 17A and adopt the Uniform Rules on Agency Procedure published by the Legislative Services Agency on the General Assembly's website. This greatly simplifies the County Finance Committee's administrative rules and is expected to result in more consistent treatment of such issues across the Department's administrative rules. This proposed Regulatory Analysis rescinds Chapter 6 and then repromulgates the Uniform Rules on Agency Procedure as new Chapter 2.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

The proposed rules do not add costs or burden on taxpayers or the Department. The proposal likely lowers compliance costs on the Department and the taxpayers because of more consistent treatment of such issues across the Department's body of administrative rules.

- **Classes of persons that will benefit from the proposed rulemaking:**

The taxpayers and the Department will benefit from the proposed rules because of the consistency of the rules across the Department in this regard.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

The rules as proposed would greatly simplify Chapter 2 by significantly lowering the word count and making it easier for taxpayers to comply with the common rules.

- **Qualitative description of impact:**

Taxpayers as well as Department staff should benefit qualitatively by having a consistent body of administrative rules used to address the Administrative Procedure Act obligations of Iowa Code chapter 17A.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There are no implementation or enforcement costs borne by anyone related to this change in rules.

- **Anticipated effect on State revenues:**

There should be no impact on State revenues. In theory, simplification of the rules could have a positive impact on Department compliance obligation costs, but it should be expected that the potential savings would be quite small in this regard.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction would not be permissible because this chapter must be addressed pursuant to Executive Order 10. Department rules are necessary to implement Iowa Code chapter 17A, so no alternatives are readily available.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

No less costly methods or less intrusive methods are readily available. This adoption of the Uniform Rules on Agency Procedure is the least intrusive method of proceeding.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

As noted, no alternatives are available.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

No alternative methods of compliance are available.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The rules as proposed would have no impact on small business other than possibly making compliance costs slightly less.

Text of Proposed Rulemaking

ITEM 1. Adopt the following **new** 547—Chapter 2:

CHAPTER 2
UNIFORM RULES ON AGENCY PROCEDURE

The committee hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure, which are published at www.legis.iowa.gov/DOCS/Rules/Current/UniformRules.pdf on the general assembly's website.

547—2.1(17A,22) Fair information practices. The committee hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure relating to fair information practices, which are published at www.legis.iowa.gov/DOCS/Rules/Current/UniformRules.pdf on the general assembly's website. For purposes of this rule, the following designations are made:

2.1(1) In lieu of the words "(official or body issuing these rules)", insert "committee".

2.1(2) In lieu of the word "agency", insert "committee", unless further specified in this rule.

2.1(3) In lieu of the words "(insert agency head)", insert "chairperson of the committee".

2.1(4) In lieu of the words "(insert agency name and address)", insert "the committee at the committee's mailing address".

2.1(5) In lieu of the words "(insert customary office hours and, if agency does not have customary office hours of at least thirty hours per week, insert hours specified in Iowa Code section 22.4)", insert "8 a.m. to 4:30 p.m. daily, excluding Saturdays, Sundays, and legal holidays".

2.1(6) In lieu of the words "(specify time period)", insert "30 minutes".

2.1(7) Delete the sentence "(An agency wishing to deal with search fees authorized by law should do so here.)".

2.1(8) In lieu of the words "(designate office)", insert "the committee's secretary".

2.1(9) In lieu of the words "(and, where applicable, the time period during which the record may be disclosed)", insert "and, where applicable, the time period during which the record may be disclosed".

2.1(10) In lieu of the sentence "(Additional requirements may be necessary for special classes of records.)", insert "Additional obligations may be necessary for special classes of records.".

2.1(11) Delete the sentence "(Each agency should revise its forms to provide this information.)".

547—2.2(17A,22) Additional fair information practices—uses and disclosures of information.

2.2(1) *General.* Committee records are open for public inspection and copying unless otherwise provided by applicable law.

2.2(2) *Uses and disclosures of individually identifiable information.* To the extent allowed by law, uses or disclosures of confidential records may occur with or without the consent of the subject. Types of uses or disclosures that occur without the subject's consent include but are not necessarily limited to the following:

a. Use or disclosure for a routine use in relation to the work of the committee as long as such use or disclosure is made subject to the same confidentiality obligations imposed on the committee.

b. Use or disclosure for statistical research purposes or reporting as long as the information is deidentified in advance.

c. Use or disclosure for civil or criminal law enforcement activities to the extent authorized by law.

d. Disclosure to an individual pursuant to a showing of compelling circumstances affecting the health or safety of any individual.

e. Disclosure to the legislative services agency under Iowa Code section 2A.3.

f. Use or disclosure in the course of employee disciplinary proceedings.

g. Use or disclosure in response to a court order or subpoena.

2.2(3) *Complaints to public officials.* A letter from a subject of a confidential record held by the committee to a public official that seeks the official's intervention on behalf of the subject in a matter

that involves the committee will, to the extent permitted by law, be treated as an authorization to release sufficient information about the subject to the official to resolve the matter.

2.2(4) *Release to subject.* The subject of a confidential record may submit a request to review confidential records about that person. However, the committee need not release the record to the subject to the extent that the record is confidential under applicable law. Records that may be declared confidential include but are not necessarily limited to records that are predecisional draft documents, peace officers' investigative reports, records that are subject to the attorney-client privilege, and records that are subject to the attorney work product doctrine. When a record has multiple identifiable subjects with interest in the confidentiality of the record, the committee may take reasonable steps to protect confidential information relating to another subject.

547—2.3(17A) Petitions for rulemaking. The committee hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure relating to petitions for rulemaking, which are published at www.legis.iowa.gov/DOCS/Rules/Current/UniformRules.pdf on the general assembly's website. For purposes of this rule, the following designations are made:

2.3(1) In lieu of the word "agency", insert "committee".

2.3(2) In lieu of the words "(designate office)", insert "committee's mailing address".

2.3(3) In lieu of the words "designate official by full title and address", insert "chairperson of the committee at the committee's mailing address".

547—2.4(17A) Declaratory orders. The committee hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure relating to declaratory orders, which are published at www.legis.iowa.gov/DOCS/Rules/Current/UniformRules.pdf on the general assembly's website. For purposes of this rule, the following designations are made:

2.4(1) In lieu of the words "designate agency", insert "committee", unless further specified in this rule.

2.4(2) In lieu of the words "designate office", insert "the committee's mailing address".

2.4(3) Delete the sentence "(An agency may wish to describe here a simplified alternative petition form that would be more appropriate for some members of its clientele in light of their particular circumstances.)".

2.4(4) In lieu of the words "Within ____ days (15 or less)" found in rule X.2, insert "Within 15 days".

2.4(5) In lieu of the words "within ____ days of the filing of a petition" in rule X.3(1), insert "within 15 days of the filing of a petition".

2.4(6) In lieu of the words "(after time for notice under X.2(17A))", insert "15 days following receipt of notice from the committee that a petition has been filed".

2.4(7) In lieu of the words "(agency name)", insert "committee".

2.4(8) In lieu of the words "(specify office and address)", insert "the committee at the committee's mailing address".

2.4(9) In lieu of the words "(designate agency head)", insert "the chairperson of the committee".

2.4(10) In lieu of the words "(uniform rule on contested cases X.12(17A))" and "(contested case uniform rule X.2(17A))", insert "the committee's contested case rule".

2.4(11) Delete the sentence "(The agency may specify any provisions of Iowa Code sections 17A.10 through 17A.18 on contested case proceedings to apply to proceedings for declaratory orders.)".

2.4(12) Delete the sentence "(Where the agency's experience enables it to define in advance other specific reasons for refusing to issue a declaratory order, it should include them here.)".

2.4(13) In lieu of the words "(who consent to be bound)", insert "who consent to be bound".

2.4(14) At the end of rule X.12, add the following: "The final ruling of the committee is subject to review pursuant to the committee's contested case rules.".

547—2.5(17A) Committee procedure for rulemaking. The committee hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure relating to agency procedure for rulemaking, which are published at www.legis.iowa.gov/DOCS/Rules/Current/UniformRules.pdf on the general assembly's website. For purposes of this rule, the following designations are made:

2.5(1) In lieu of the words "(commission, board, council, director)", insert "committee".

2.5(2) In lieu of the word "agency", insert "committee", unless further specified in this rule.

2.5(3) In lieu of the words "(specify time period)", insert "one calendar year".

2.5(4) In lieu of the words "(identify office and address)", insert "the secretary at the committee's mailing address".

2.5(5) In lieu of the words "(designate office and telephone number)", insert "the secretary at 515.281.3322".

2.5(6) In lieu of the words "(designate office)", insert "the committee's mailing address", unless further specified in this rule.

2.5(7) Delete rule X.10(17A).

2.5(8) In lieu of the words "(specify the office and address)", insert "the committee's mailing address".

2.5(9) In lieu of the words "(agency head)", insert "chairperson of the committee".

2.5(10) Delete the sentences "(Alternatively, the agency can maintain the file indefinitely.)" and "(*NOTE: Alternatively to X.13(2)*"j"* and the amendment of X.13(4), an agency could keep a separate file of significant written criticisms to rules and maintain those for five years.)".

2.5(11) In lieu of the words "(at actual cost)", insert "at actual cost".

547—2.6(17A) Contested cases. The committee hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure relating to contested cases, which are published at www.legis.iowa.gov/DOCS/Rules/Current/UniformRules.pdf on the general assembly's website. For purposes of this rule, the following designations are made:

2.6(1) In lieu of the words "(agency name)" or "agency", insert "committee".

2.6(2) In lieu of the words "(designate official)", insert "chairperson".

2.6(3) In lieu of the words "(specify rule number)", insert "rule".

2.6(4) Delete paragraph X.5(1)*"e"*.

2.6(5) Delete the words "(e.g., agency head, members of multimembered agency head, administrative law judge from the department of inspections and appeals)".

2.6(6) Delete the words "(or such other time period the agency designates)".

2.6(7) In lieu of the words "(or its designee)", insert "or its designee".

2.6(8) Delete the sentence "(The agency may specify other good cause by rule.)".

2.6(9) Delete subrule X.6(4).

2.6(10) In lieu of the words "(specify office and address)", insert "the committee's secretary at the committee's mailing address".

2.6(11) In lieu of the words "(designate office)", insert "committee's secretary".

2.6(12) Delete the words "(or other time period designated by the agency)".

2.6(13) In lieu of the words "Iowa Rule of Civil Procedure 237", insert "Iowa Rules of Civil Procedure, Division IX, Subdivision D".

2.6(14) In lieu of the words "(45 days)", insert "45 days".

2.6(15) In lieu of the words "(15 days)", insert "15 days".

2.6(16) In lieu of the words "(20 days)", insert "20 days".

2.6(17) Delete the words "(or other period of time specified by statute or rule)".

2.6(18) Delete the words "(or other time specified by the agency)".

2.6(19) In lieu of the words "(but, unless the defaulting party has appeared, it cannot exceed the relief demanded)", insert "but, unless the defaulting party has appeared, it cannot exceed the relief demanded".

2.6(20) In lieu of the words "(or disclosed)", insert "or disclosed".

2.6(21) In lieu of the words "(agency to designate person to whom violations should be reported)", insert "the chairperson of the committee".

2.6(22) In lieu of the words "(board, commission, director)", insert "committee", unless further specified in this rule.

2.6(23) In lieu of the words "(of the presiding officer)", insert "of the presiding officer".

2.6(24) In lieu of the words "(the agency) (or a quorum of the agency)", insert "the committee".

2.6(25) In lieu of the words "(board, commission, director, as appropriate)", insert "committee".

These rules are intended to implement Iowa Code chapter 17A.

ITEM 2. Rescind and reserve **547—Chapter 6**.

Regulatory Analysis

Notice of Intended Action to be published: 547—Chapter 3
"Studies and Reports"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 333A.4(6)
State or federal law(s) implemented by the rulemaking: Iowa Code section 333A.2

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025	Room G14
11 a.m.	1007 East Grand Avenue
	Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The County Finance Committee is proposing to restructure 547—Chapters 2 through 5 and move the rules into 547—Chapter 1, remove unnecessary language that merely restates the Iowa Code, and remove restrictive words identified in Executive Order 10 in order to improve accessibility and clarity of the rules. As part of this restructure, Chapter 3 needs to be rescinded.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. Rescinding Chapter 3 will not impose any costs on any persons.

- **Classes of persons that will benefit from the proposed rulemaking:**

Rescinding Chapter 3 simplifies the rules and removes unnecessary verbiage resulting in the simplest, most minimal set of rules that could be used to convey basic information about the Committee to the taxpayer.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Rescinding Chapter 3 as part of the initiative to streamline 547—Chapters 1 through 5 will have a nominal quantitative impact.

- **Qualitative description of impact:**

Rescinding Chapter 3 simplifies the rules, which should provide those who access the rules a better qualitative experience when reading about the Committee.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Not applicable. This proposed rulemaking rescinds Chapter 3. Essential rules from 547—Chapters 2 through 5 will then be relocated to 547—Chapter 1. Implementation and enforcement of the remaining existing rules will not be affected.

- **Anticipated effect on State revenues:**

State revenues, as well as implementation and enforcement costs, do not change based on this cleanup of administrative rules. It is not anticipated that there will need to be any system changes or other changes in policy of any kind.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible because the rules must be addressed pursuant to Executive Order 10. The benefit of this proposed rulemaking is that taxpayers are expected to have an easier time because the rules will be easier to follow.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

All rules were evaluated with the goal of reduction, elimination and simplification of the existing rules. No less intrusive methods have been identified along the way. No less costly alternatives were identified in the process.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

There are no alternative methods. These changes comply with Executive Order 10. Rescinding Chapter 3 simplifies the rules and removes unnecessary verbiage resulting in the simplest, most minimal set of rules that could be used to convey basic information about the Committee to the taxpayer.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

There are no alternative methods because compliance with Executive Order 10 is required.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking does not have any substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **547—Chapter 3**.

Regulatory Analysis

Notice of Intended Action to be published: 547—Chapter 4
"County Budgets"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 331.434, 331.435, and 333A.4(6)
State or federal law(s) implemented by the rulemaking: Iowa Code sections 331.434 and 331.435

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The County Finance Committee is proposing to restructure 547—Chapters 2 through 5 and move the rules into 547—Chapter 1, remove unnecessary language that merely restates the Iowa Code, and remove restrictive words identified in Executive Order 10 in order to improve accessibility and clarity of the rules. As part of this restructure, Chapter 4 needs to be rescinded.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. Rescinding Chapter 4 will not impose any costs on any persons.

- **Classes of persons that will benefit from the proposed rulemaking:**

Rescinding Chapter 4 simplifies the rules and removes unnecessary verbiage resulting in the simplest, most minimal set of rules that could be used to convey basic information about the Committee to the taxpayer.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Rescinding Chapter 4 as part of the initiative to streamline 547—Chapters 1 through 5 will have a nominal quantitative impact.

- **Qualitative description of impact:**

Rescinding Chapter 4 simplifies the rules, which should provide those who access the rules a better qualitative experience when reading about the Committee.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Not applicable. This proposed rulemaking rescinds Chapter 4. Essential rules from 547—Chapters 2 through 5 will then be relocated to 547—Chapter 1. Implementation and enforcement of the remaining existing rules will not be affected.

- **Anticipated effect on State revenues:**

State revenues, as well as implementation and enforcement costs, do not change based on this cleanup of administrative rules. It is not anticipated that there will need to be any system changes or other changes in policy of any kind.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible because the rules must be addressed pursuant to Executive Order 10. The benefit of this proposed rulemaking is that taxpayers are expected to have an easier time because the rules will be easier to follow.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

All rules were evaluated with the goal of reduction, elimination and simplification of the existing rules. No less intrusive methods have been identified along the way. No less costly alternatives were identified in the process.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

There are no alternative methods. These changes comply with Executive Order 10. Rescinding Chapter 4 simplifies the rules and removes unnecessary verbiage resulting in the simplest, most minimal set of rules that could be used to convey basic information about the Committee to the taxpayer.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

There are no alternative methods because compliance with Executive Order 10 is required.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking does not have any substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **547—Chapter 4**.

Regulatory Analysis

Notice of Intended Action to be published: 547—Chapter 5
"Annual Financial Reports"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 333A.4(6)
State or federal law(s) implemented by the rulemaking: Iowa Code section 333A.4

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The County Finance Committee is proposing to restructure 547—Chapters 2 through 5 and move the rules into 547—Chapter 1, remove unnecessary language that merely restates the Iowa Code, and remove restrictive words identified in Executive Order 10 in order to improve accessibility and clarity of the rules. As part of this restructure, Chapter 5 needs to be rescinded.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable. Rescinding Chapter 5 will not impose any costs on any persons.

- **Classes of persons that will benefit from the proposed rulemaking:**

Rescinding Chapter 5 simplifies the rules and removes unnecessary verbiage resulting in the simplest, most minimal set of rules that could be used to convey basic information about the Committee to the taxpayer.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Rescinding Chapter 5 as part of the initiative to streamline 547—Chapters 1 through 5 will have a nominal quantitative impact.

- **Qualitative description of impact:**

Rescinding Chapter 5 simplifies the rules, which should provide those who access the rules a better qualitative experience when reading about the Committee.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Not applicable. This proposed rulemaking rescinds Chapter 5. Essential rules from 547—Chapters 2 through 5 will then be relocated to 547—Chapter 1. Implementation and enforcement of the remaining existing rules will not be affected.

- **Anticipated effect on State revenues:**

State revenues, as well as implementation and enforcement costs, do not change based on this cleanup of administrative rules. It is not anticipated that there will need to be any system changes or other changes in policy of any kind.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction is not permissible because the rules must be addressed pursuant to Executive Order 10. The benefit of this proposed rulemaking is that taxpayers are expected to have an easier time because the rules will be easier to follow.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

All rules were evaluated with the goal of reduction, elimination and simplification of the existing rules. No less intrusive methods have been identified along the way. No less costly alternatives were identified in the process.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

There are no alternative methods. These changes comply with Executive Order 10. Rescinding Chapter 5 simplifies the rules and removes unnecessary verbiage resulting in the simplest, most minimal set of rules that could be used to convey basic information about the Committee to the taxpayer.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

There are no alternative methods because compliance with Executive Order 10 is required.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking does not have any substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **547—Chapter 5**.

Regulatory Analysis

Notice of Intended Action to be published: 547—Chapter 7
"Declaratory Orders"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A
State or federal law(s) implemented by the rulemaking: Iowa Code chapter 17A

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The County Finance Committee is proposing to rescind Chapter 7 as part of its adoption of the Uniform Rules on Agency Procedure, which are addressed in a separate Regulatory Analysis herein (IAB 7/9/25).

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

This proposed rulemaking does not impact costs to any person.

- **Classes of persons that will benefit from the proposed rulemaking:**

Adoption of the Uniform Rules on Agency Procedure should benefit the taxpayers and the Department by simplifying the rules addressing the subjects addressed by the Uniform Rules on Agency Procedure.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

The proposed rescission of Chapter 7 will decrease verbiage used to address the declaratory order obligation of Iowa Code chapter 17A.

- **Qualitative description of impact:**

Users of the Department's administrative rules should benefit qualitatively from the proposed change because the body of administrative rules addressed by the Uniform Rules on Agency

Procedure, including the declaratory orders rule obligations, will be more consistently addressed by use of the Uniform Rules on Agency Procedure universally within the Department, which should make compliance much easier.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There are no additional costs to the Department by adoption of the Uniform Rules on Agency Procedure.

- **Anticipated effect on State revenues:**

State revenues should not be impacted positively or negatively by adoption of the Uniform Rules on Agency Procedure in this regard.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction would not be appropriate because the rules must be addressed under Executive Order 10 regardless.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Adoption of the Uniform Rules on Agency Procedure, inclusive of the declaratory orders provisions, is the most cost-effective method of meeting the Iowa Code chapter 17A obligations.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Adoption of the Uniform Rules on Agency Procedure is the most efficient method of meeting the legal obligation, and inaction is not permissible.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

There were no reasonable alternative methods available.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The only impact on small business brought about by this proposed rulemaking might be a slight financial benefit from the consistency of rules across the Department's body of administrative rules.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **547—Chapter 7**.

Regulatory Analysis

Notice of Intended Action to be published: 547—Chapter 8
"Agency Procedure for Rulemaking"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A
State or federal law(s) implemented by the rulemaking: Iowa Code chapter 17A

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The County Finance Committee is proposing to rescind Chapter 8 as part of its adoption of the Uniform Rules on Agency Procedure, which are addressed in a separate Regulatory Analysis herein (IAB 7/9/25).

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

This proposed rulemaking does not impact costs to any person.

- **Classes of persons that will benefit from the proposed rulemaking:**

Adoption of the Uniform Rules on Agency Procedure should benefit the taxpayers and the Department by simplifying the rules addressing the subjects addressed by the Uniform Rules on Agency Procedure.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

The proposed rescission of Chapter 8 will decrease verbiage used to address the agency procedure for rulemaking obligation of Iowa Code chapter 17A.

- **Qualitative description of impact:**

Users of the Department's administrative rules should benefit qualitatively from the proposed change because the body of administrative rules addressed by the Uniform Rules on Agency

Procedure, including the agency procedure for rulemaking obligations, will be more consistently addressed by use of the Uniform Rules on Agency Procedure universally within the Department, which should make compliance much easier.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There are no additional costs to the Department by adoption of the Uniform Rules on Agency Procedure.

- **Anticipated effect on State revenues:**

State revenues should not be impacted positively or negatively by adoption of the Uniform Rules on Agency Procedure in this regard.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction would not be appropriate because the rules must be addressed under Executive Order 10 regardless.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Adoption of the Uniform Rules, inclusive of the agency procedure for rulemaking provisions of the Uniform Rules, is the most cost-effective method of meeting the Iowa Code chapter 17A obligations.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Adoption of the Uniform Rules on Agency Procedure is the most efficient method of meeting the legal obligation, and inaction is not permissible.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

There were no reasonable alternative methods available.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The only impact on small business brought about by this proposed rulemaking might be a slight financial benefit from the consistency of rules across the Department's body of administrative rules.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **547—Chapter 8**.

Regulatory Analysis

Notice of Intended Action to be published: 547—Chapter 9
"Public Records and Fair Information Practices"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A
State or federal law(s) implemented by the rulemaking: Iowa Code chapter 17A

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025 11 a.m.	Room G14 1007 East Grand Avenue Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Brad Horn, General Counsel
Department of Management
1007 East Grand Avenue, Room G13
Des Moines, Iowa 50319
Phone: 515.414.6187
Email: brad.horn@dom.iowa.gov

Purpose and Summary

The County Finance Committee is proposing to rescind Chapter 9 as part of its adoption of the Uniform Rules on Agency Procedure, which are addressed in a separate Regulatory Analysis herein (IAB 7/9/25).

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

This proposed rulemaking does not impact costs to any person.

- **Classes of persons that will benefit from the proposed rulemaking:**

Adoption of the Uniform Rules on Agency Procedure should benefit the taxpayers and the Department by simplifying the rules addressing the subjects addressed by the Uniform Rules on Agency Procedure.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

The proposed rescission of Chapter 9 will decrease verbiage used to address the public records and fair information practices obligation of Iowa Code chapter 17A.

- **Qualitative description of impact:**

Users of the Department's administrative rules should benefit qualitatively from the proposed change because the body of administrative rules addressed by the Uniform Rules on Agency

Procedure, including the public records and fair information practices rule obligations, will be more consistently addressed by use of the Uniform Rules on Agency Procedure universally within the Department, which should make compliance much easier.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There are no additional costs to the Department by adoption of the Uniform Rules on Agency Procedure.

- **Anticipated effect on State revenues:**

State revenues should not be impacted positively or negatively by adoption of the Uniform Rules on Agency Procedure in this regard.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Inaction would not be appropriate because the rules must be addressed under Executive Order 10 regardless.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Adoption of the Uniform Rules on Agency Procedure, inclusive of the public records and fair information practices provisions, is the most cost-effective method of meeting the Iowa Code chapter 17A obligations.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Adoption of the Uniform Rules on Agency Procedure is the most efficient method of meeting the legal obligation, and inaction is not permissible.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

There were no reasonable alternative methods available.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The only impact on small business brought about by this proposed rulemaking might be a slight financial benefit from the consistency of rules across the Department's body of administrative rules.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **547—Chapter 9**.

Regulatory Analysis

Notice of Intended Action to be published: 261—Chapter 24
"Broadband Forward and Telecommuter Forward Certifications"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 15.106A and 15E.167
State or federal law(s) implemented by the rulemaking: Iowa Code section 15E.167

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 5, 2025	1963 Bell Avenue
2 to 2:15 p.m.	Des Moines, Iowa

Public Comment

Any interested person may submit written comments concerning this Regulatory Analysis, which must be received by the Economic Development Authority no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Lisa Connell
Iowa Economic Development Authority
1963 Bell Avenue, Suite 200
Des Moines, Iowa 50315
Email: lisa.connell@iowaeda.com

Purpose and Summary

Pursuant to Executive Order 10, the Authority proposes to rescind Chapter 24 and adopt a new chapter in lieu thereof. The chapter describes the policies and procedures applicable to the broadband forward and telecommuter forward certification program administered pursuant to Iowa Code section 15E.167.

The updated chapter is more concise throughout. Language that duplicates statute has been omitted.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Political subdivisions interested in applying for or receiving certifications through the program will bear the costs of the rulemaking.

- **Classes of persons that will benefit from the proposed rulemaking:**

Political subdivisions interested in applying for or receiving certifications through the program will benefit from the rulemaking.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Political subdivisions interested in applying for certification may require staff time to complete an application. Political subdivisions that receive a certification may similarly incur costs to ensure continued compliance with the requirements of certification. Some applicants may choose to rely on

an external service provider to complete these tasks. The amount of the costs will vary depending on the compensation of staff or service providers involved.

- **Qualitative description of impact:**

The purpose of the broadband forward certification is to encourage political subdivisions to further develop broadband infrastructure and access to broadband. The purpose of the telecommuter forward certification is to encourage political subdivisions to further develop and promote the availability of telecommuting.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

To implement the program, the Authority would need to contract with a consultant with expertise in broadband since that expertise is outside the scope of the Authority's responsibilities. Authority staff time would also be required to administer any functions not delegated to a consultant.

- **Anticipated effect on State revenues:**

The rules have no anticipated impact on State revenues. No funds have been appropriated for this purpose.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Only the entities that will potentially benefit from certifications bear the costs of the rulemaking.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

The Authority has not identified any less costly methods or less intrusive methods for administering the program.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

The Authority did not consider any other methods.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

The Authority did not consider any other methods.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The proposed rules do not have a substantial impact on small business. The rules do not establish compliance or reporting requirements for businesses. The rules do not establish design or operational standards.

Text of Proposed Rulemaking

ITEM 1. Rescind 261—Chapter 24 and adopt the following **new** chapter in lieu thereof:

CHAPTER 24
BROADBAND FORWARD AND TELECOMMUTER FORWARD CERTIFICATIONS

261—24.1(15E) Definitions.

"Applicant" means a political subdivision that submits an application to the authority for a broadband forward certification or telecommuter forward certification.

"Authority" means the economic development authority created in Iowa Code section 15.105.

"Broadband" means the same as defined in Iowa Code section 8.76.

"Broadband infrastructure" means the same as defined in Iowa Code section 8.76.

"Certification" means a certificate issued to a political subdivision pursuant to this chapter.

"Political subdivision" means the same as defined in Iowa Code section 15E.167.

"Program" means the broadband forward and telecommuter forward certification program established pursuant to Iowa Code section 15E.167 and this chapter.

261—24.2(15E) Application, review, and approval.

24.2(1) *Application.* The authority will develop a standardized application process and make information on applying available on the authority's website at www.opportunityiowa.gov. To apply for certification under the program, a political subdivision shall submit an application to the authority in the form and manner prescribed by the authority. A political subdivision may apply for broadband forward certification and telecommuter forward certification concurrently.

24.2(2) *Review.* The authority will review each complete application to determine whether an applicant meets the criteria for certification.

24.2(3) *Approval.* The authority may approve, deny or defer applications for certification. If the authority approves an application for certification, the authority will issue a broadband forward or telecommuter forward certificate and assist the political subdivision in publicizing its certification.

261—24.3(15E) Broadband forward certification.

24.3(1) To obtain broadband forward certification, a political subdivision shall submit to the authority an application that meets the criteria in Iowa Code section 15E.167(3).

24.3(2) A political subdivision applying for certification shall designate a single point of contact with the responsibilities described in Iowa Code section 15E.167(4).

24.3(3) The authority will evaluate whether the applicant demonstrates that its efforts or proposed efforts to develop broadband infrastructure and access to broadband will have a sufficient impact that warrants certification.

261—24.4(15E) Telecommuter forward certification.

24.4(1) A political subdivision that meets the criteria for broadband forward certification may apply for telecommuter forward certification. To obtain telecommuter forward certification, a political subdivision shall submit to the authority an application that meets the criteria in Iowa Code section 15E.167(6).

24.4(2) A political subdivision applying for certification shall designate a single point of contact designated with the responsibilities described in Iowa Code section 15E.167(7).

24.4(3) The authority will evaluate whether the applicant demonstrates that its efforts or proposed efforts to further develop and promote the availability of telecommuting will have a sufficient impact that warrants certification.

261—24.5(15E) Maintenance of certification.

24.5(1) *Reports.* A political subdivision certified pursuant to this chapter shall submit an annual report to the authority verifying its continued eligibility for certification pursuant to Iowa Code section

15E.167. If applicable, the report will also address a political subdivision's compliance with the restrictions in Iowa Code section 15E.167(5).

24.5(2) *Revocation of certification.* The authority shall revoke the certification of a political subdivision that does not comply with the requirements of Iowa Code section 15E.167 or that the authority otherwise determines is no longer eligible for certification pursuant to this chapter.

These rules are intended to implement Iowa Code section 15E.167.

Regulatory Analysis

Notice of Intended Action to be published: 261—Chapter 56
"Employee Stock Ownership Plan (ESOP) Formation Assistance"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 15.106A
State or federal law(s) implemented by the rulemaking: 2013 Iowa Acts, House File 648, section 9

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 5, 2025	1963 Bell Avenue
2:15 to 2:30 p.m.	Des Moines, Iowa

Public Comment

Any interested person may submit written comments concerning this Regulatory Analysis, which must be received by the Economic Development Authority no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Lisa Connell
Iowa Economic Development Authority
1963 Bell Avenue, Suite 200
Des Moines, Iowa 50315
Email: lisa.connell@iowaeda.com

Purpose and Summary

Pursuant to Executive Order 10, the Authority proposes to rescind Chapter 56 and adopt a new chapter in lieu thereof. The chapter describes the policies and procedures applicable to the ESOP Formation Assistance program established pursuant to 2013 Iowa Acts, House File 648, section 9. The updated chapter is clearer and more concise throughout.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Businesses interested in applying for or receiving assistance through the program will bear the costs of the rulemaking.

- **Classes of persons that will benefit from the proposed rulemaking:**

Businesses interested in applying for or receiving assistance through the program will benefit from the rulemaking.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Businesses interested in applying for financial assistance may require staff time to complete an application for financial assistance. Businesses that receive funds may similarly incur costs to administer an award, including requests for disbursement. Some applicants may choose to rely on an external service provider to complete these tasks. The amount of the costs will vary depending on the compensation of staff or service providers.

- **Qualitative description of impact:**

The program supports businesses interested in establishing an ESOP. An ESOP allows owners to share equity with employees and provides a retirement plan for those employees.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Authority staff time is required to review and approve applications, draft and execute program contracts, disburse funds, and communicate with program applicants and recipients.

- **Anticipated effect on State revenues:**

The rules have no anticipated impact on State revenues. The Authority was directed to establish the program by 2013 Iowa Acts, House File 648, section 9, and provides financial assistance from funds lawfully available to the Authority.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Only the entities that will potentially benefit from financial assistance bear the costs of the rulemaking. The costs to the State to administer the program are proportional to the activities supported by financial assistance.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

The Authority has not identified any less costly methods or less intrusive methods for administering the program.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

The Authority did not consider any other methods.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

The Authority did not consider any other methods.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The rulemaking impacts only small businesses seeking financial assistance. The rules regarding compliance and reporting requirements are no more stringent than necessary to implement the purposes of the program. The rules do not establish schedules or deadlines. The rules do not establish design or operational standards.

Text of Proposed Rulemaking

ITEM 1. Rescind 261—Chapter 56 and adopt the following **new** chapter in lieu thereof:

CHAPTER 56
EMPLOYEE STOCK OWNERSHIP PLAN (ESOP) FORMATION ASSISTANCE

261—56.1(85GA,HF648) Definitions. For purposes of this chapter, unless the context otherwise requires:

"Agreement" means a contract for financial assistance under the program describing the terms on which the financial assistance is to be provided.

"Applicant" means a business applying for assistance under the program.

"Authority" means the economic development authority created in Iowa Code section 15.105.

"Business" means a corporation eligible to become a qualified Iowa ESOP.

"Director" means the director of the authority.

"Financial assistance" means a payment made by the authority to an applicant approved for funding under the program.

"Program" means the ESOP formation assistance program established pursuant to this chapter.

"Qualified Iowa ESOP" means an employee stock ownership plan, as defined in Section 4975(e)(7) of the Internal Revenue Code as in effect on [effective date of this rulemaking], and trust that are established by an Iowa corporation for the benefit of the employees of the corporation.

261—56.2(85GA,HF648) Program eligibility, application, and funding decisions.

56.2(1) *Program eligibility.* To be eligible under the program, an applicant shall meet all of the following requirements:

a. The business is interested in establishing an ESOP.

b. The business is, or documents intent to become, an Internal Revenue Service (IRS) subchapter C or subchapter S corporation.

c. The business has a valuation that is sufficient to make an ESOP feasible. A business with valuation less than $5 million is generally not considered a feasible candidate for an ESOP.

d. The business has a number of employees, eligible employee types, and a total payroll that are sufficient to make an ESOP feasible. A business with fewer than 25 full-time, permanent employees is generally not considered a feasible candidate for an ESOP.

e. The applicant shall have a cash flow level sufficient to make an ESOP feasible. A business with cash flow less than $500,000 is generally not considered a feasible candidate for an ESOP.

f. The business is not a business engaged in the business of sale at retail of tangible personal property or taxable services in this state or online. "Sale at retail" means the same as defined in Iowa Code section 423.1(46). Any business obligated to collect sales or use tax under Iowa Code chapter 423 may be ineligible pursuant to this paragraph.

g. The business is not a publicly traded company.

h. The business has not completed a feasibility study for purposes of exploring formation of a qualified Iowa ESOP in the three years prior to application for the program.

56.2(2) *Application.* The authority will accept applications for the program on a rolling basis. Information on submitting an application is available on the authority's website.

56.2(3) *Application scoring.* The authority may engage outside experts for assistance in evaluating the applications as needed. An applicant may be required to interview with authority staff or outside experts engaged by the authority. Authority staff will score applications based on the extent to which an applicant is a feasible candidate to form a qualified Iowa ESOP. The authority will keep records of the scoring process and make those records available to applicants.

56.2(4) *Funding decisions.* The director will make the final funding decision on each application, taking into consideration the score and the funding recommendation of authority staff. The director will not approve funding for an application that receives an average score of less than 50 points.

56.2(5) *Amount of assistance.* An applicant to the program may be approved for financial assistance in an amount equal to 50 percent of the cost incurred for obtaining a feasibility study conducted by an independent financial professional. The total amount of financial assistance provided to an applicant will not exceed $25,000.

261—56.3(85GA,HF648) Contract and disbursement.

56.3(1) Each applicant that is approved for financial assistance under the program shall enter into an agreement with the authority to establish the terms on which the financial assistance is to be provided.

56.3(2) The authority may reimburse a business for up to 25 percent of the cost of a feasibility study upon completion of the feasibility study. The authority may reimburse a business for up to 25 percent of the cost of a feasibility study upon formation of a qualified Iowa ESOP. The business must document the costs incurred and completion of all necessary transactions to the satisfaction of the authority prior to disbursement. Costs incurred prior to approval of financial assistance will not be eligible for reimbursement.

These rules are intended to implement 2013 Iowa Acts, House File 648, section 9.

Regulatory Analysis

Notice of Intended Action to be published: 605—subrule 7.3(4)
"Local Emergency Management"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 29C.9
State or federal law(s) implemented by the rulemaking: Iowa Code section 29C.9

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 4, 2025 12:30 p.m.	Geode Room 7900 Hickman Road, Suite 500 Windsor Heights, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Homeland Security and Emergency Management no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Blake DeRouchey
7900 Hickman Road, Suite 500
Windsor Heights, Iowa 50324
Phone: 515.323.4232
Email: blake.derouchey@iowa.gov

Purpose and Summary

The Federal Emergency Management Agency recently updated its document titled "Developing and Maintaining Emergency Operations Plans: Comprehensive Preparedness Guide (CPG) 101. Version 3.1." This version replaces and rescinds Version 2.0 from 2021. CPG 101 is adopted by reference in subrule 7.3(4). This rulemaking proposes to update the reference with the latest version.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There is no direct cost associated with the proposed rulemaking.

- **Classes of persons that will benefit from the proposed rulemaking:**

All individuals within the State benefit from a well-run and organized emergency management program.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Local emergency management commissions must comply with CPG 101 in order to be eligible subapplicants to receive federal funding through the Emergency Management Performance Grant (EMPG) referenced in rule 605—7.7(29C). During the most recent grant cycle, eligible jurisdictions complying with CPG 101 received over $2 million in EMPG funding.

- **Qualitative description of impact:**

Local emergency management is the backbone to emergency preparedness and response. The adoption by reference of the most up-to-date version of CPG 101 ensures alignment with federal grant requirements and adopts the most up-to-date emergency planning guidance from subject matter experts from across the nation to plan and prepare for emergencies.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There are no implementation or enforcement costs to the State or the Department associated with this rulemaking.

- **Anticipated effect on State revenues:**

There are no anticipated effects on State revenues. However, by not ensuring compliance with the most recent CPG 101 version, local emergency management commissions may become ineligible for federal funding assistance.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

This rulemaking ensures that local emergency management commissions are conducting the necessary planning and preparedness activities. In some instances, inaction would lead to federal funding disqualification.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

By updating the document adopted by reference, the Department ensures compliance for eligibility with federal grant funds. The adoption by reference is a requirement of grant eligibility. There are no less intrusive methods possible.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

None were considered.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This rulemaking has little to no impact on small businesses other than their ability to bid on projects funded through the available grants.

Text of Proposed Rulemaking

ITEM 1. Amend subparagraph **7.3(4)"d"(1)** as follows:

(1) The commission shall develop a comprehensive emergency plan that is capabilities-based, multihazard and multifunctional in nature. The plan will conform to the Comprehensive Preparedness Guide 101 as established by the Federal Emergency Management Agency published ~~2021~~ 2025 with any modifications as determined and communicated by the department.

Regulatory Analysis

Notice of Intended Action to be published: 441—Chapters 77 and 78
"Terminology Conforming Changes"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 4.1A as enacted by 2025 Iowa Acts, Senate File 418, and 249A.14 as enacted by 2025 Iowa Acts, House File 1049, section 14

State or federal law(s) implemented by the rulemaking: Iowa Code section 4.1A as enacted by 2025 Iowa Acts, Senate File 418, and Iowa Code section 249A.14 as enacted by 2025 Iowa Acts, House File 1049, section 14

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 10 a.m.	Microsoft Teams Meeting ID: 242 459 066 176 7 Passcode: Wu3Kc9DH

Persons who wish to make oral comments at the public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend the hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Department of Health and Human Services and advise of specific needs.

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Victoria L. Daniels
321 East 12th Street
Des Moines, Iowa 50319
Phone: 515.829.6021
Email: compliancerules@hhs.iowa.gov

Purpose and Summary

The purpose of this proposed rulemaking is to update language in Chapters 77 and 78 to conform to changes made in 2025 Iowa Acts, Senate File 418, and 2025 Iowa Acts, House File 1049, section 14.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no costs associated with this rulemaking.

- **Classes of persons that will benefit from the proposed rulemaking:**

The rulemaking has no specific benefit other than implementing new legislation.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Four rules are amended in this rulemaking.

- **Qualitative description of impact:**

The proposed rulemaking updates language to conform to 2025 Iowa Acts, Senate File 418, and 2025 Iowa Acts, House File 1049, section 14.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

The Department has personnel and other administrative costs associated with implementing the legislation.

- **Anticipated effect on State revenues:**

This proposed rulemaking has no impact on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Rulemaking is appropriate because terms are being updated to conform with the statutory construction outlined in 2025 Iowa Acts, Senate File 418, and as required by 2025 Iowa Acts, House File 1049, section 14.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking has no impact on small business.

Text of Proposed Rulemaking

ITEM 1. Amend paragraph **77.3(3)"a"** as follows:

a. Definitions.

"Adult beds" means the number of staffed and available psychiatric beds ready for admission to individuals 18 years of age to 60 years of age.

"Child beds" means the number of staffed and available psychiatric beds ready for admission to individuals up to the age of 18.

~~*"Gender"* means female or male.~~

"Geriatric beds" means the number of staffed and available psychiatric beds ready for admission to individuals 60 years of age and older.

"Hospital," for purposes of this subrule, means any licensed hospital providing inpatient psychiatric services and the state mental health institutes.

"Psychiatric bed tracking system" means a web-based electronic system managed by the department that can be searched to locate inpatient psychiatric services at an Iowa hospital.

"Sex" means the state of being either male or female as observed or clinically verified at birth.

ITEM 2. Amend paragraph **77.3(3)"d"** as follows:

d. Each update must include the number of child beds by ~~gender~~ sex, the number of adult beds by ~~gender~~ sex, and the number of geriatric beds by ~~gender~~ sex.

ITEM 3. Amend subparagraph **78.1(4)"b"(2)** as follows:

(2) Procedures related to transsexualism, hermaphroditism, gender identity disorders, or body dysmorphic disorders. This subparagraph is intended to implement Iowa Code section 249A.14 as enacted by 2025 Iowa Acts, House File 1049, section 14.

ITEM 4. Amend subparagraph **78.10(3)"c"(2)** as follows:

(2) The member is 36 weeks of age but younger than 108 weeks of age and there is documentation of either of the following conditions:

1. Cephalic index at least two standard deviations above the mean for the member's ~~gender~~ sex and age; or

2. Asymmetry of 12 millimeters or more in the cranial vault, skull base, or orbitotragial depth.

Regulatory Analysis

Notice of Intended Action to be published: 641—Chapter 3
"Early Hearing Detection and Intervention Program"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 135.131
State or federal law(s) implemented by the rulemaking: Iowa Code section 135.131

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 10 a.m.	Microsoft Teams Meeting ID: 242 459 066 176 7 Passcode: Wu3Kc9DH

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Health and Human Services no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Victoria L. Daniels
321 East 12th Street
Des Moines, Iowa 50319
Phone: 515.829.6021
Email: compliancerules@hhs.iowa.gov

Purpose and Summary

This proposed chapter was reviewed pursuant to Executive Order 10. Chapter 3 implements Iowa's Early Hearing Detection and Intervention (EHDI) program, which provides for universal hearing screening for all newborns and infants in Iowa. The goal of the program is early detection of hearing loss to allow children and their families the earliest possible opportunity to obtain appropriate early intervention services.

As a result of the Red Tape Review, the Department is proposing to eliminate restrictive terms and language duplicative of the Iowa Code. The Department is also proposing to eliminate sections of the chapter for which there is no rulemaking authority.

Finally, the Department updated language in rules 641—3.7(135) and 641—3.8(135) to conform to 2025 Iowa Acts, Senate File 418.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no costs associated with this proposed rulemaking.

- **Classes of persons that will benefit from the proposed rulemaking:**

Iowa newborns and infants and their families will benefit from this proposed rulemaking. The proposed rulemaking also benefits providers that conduct newborn hearing screenings since it gives the direction on how to submit screening data to the Department.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Hearing loss is the most frequently occurring birth defect. Approximately 2 to 3 per 1,000 babies born in the U.S. have some level of hearing difference. Another 3 per 1,000 will develop hearing differences in early childhood (late onset). Without early intervention, children with hearing differences are at risk of falling behind typically hearing peers in language, social-emotional, and academic skills.

- **Qualitative description of impact:**

Iowa newborns and infants and their families will benefit from this proposed rulemaking. The proposed rulemaking also benefits providers that conduct newborn hearing screenings since it gives the direction on how to submit screening data to the Department.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

The Department incurs personnel and other administrative costs to implement the proposed chapter.

- **Anticipated effect on State revenues:**

This proposed rulemaking has no impact on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Rules are required to be promulgated under Iowa Code section 135.131.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking has no impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind 641—Chapter 3 and adopt the following **new** chapter in lieu thereof:

CHAPTER 3
EARLY HEARING DETECTION AND INTERVENTION (EHDI) PROGRAM

641—3.1(135) Definitions. For the purposes of this chapter, the following definitions will apply:

"Audiologist" means a person licensed pursuant to Iowa Code chapter 147 or certified by the Iowa board of educational examiners pursuant to 282—Chapter 14 or a person appropriately licensed in the state where the person practices.

"Audiology assistant" means a person who works under the supervision of an Iowa-licensed speech pathologist or audiologist, does not meet the requirements to be licensed as a speech pathologist or audiologist, and meets the minimum requirements set forth in 481—Chapter 781.

"Audiometrist" means a technician who has received special training in the use of pure-tone audiometry equipment. An audiometrist conducts the hearing tests selected and interpreted by an audiologist, who supervises the process.

"Birth center" means the same as defined in Iowa Code section 10A.711.

"Birthing hospital" means the same as defined in Iowa Code section 135.131.

"Congenital cytomegalovirus" or *"cCMV"* means an infection where cytomegalovirus is transmitted to the fetus in the prenatal period.

"Cytomegalovirus" or *"CMV"* means a kind of herpes virus that usually produces very mild symptoms in an infected person but may cause severe neurological damage in a person with a weakened immune system and in a newborn.

"Diagnostic audiologic assessment" means physiologic or behavioral procedures completed by an audiologist to evaluate and diagnose hearing loss.

"Discharge" means a release from a birthing hospital to the parent or legal guardian of the child.

"Early ACCESS" means Iowa's Individuals with Disabilities Education Act (IDEA), Part C, program for infants and toddlers. It is a statewide, comprehensive, interagency system of integrated early intervention services that supports eligible children and their families as defined in 281—Chapter 120.

"Guardian" means a person who is not the parent of a minor child, but who has legal authority to make decisions regarding life or program issues for the child. A guardian may be a court or a juvenile court. "Guardian" does not mean conservator as defined in Iowa Code section 633.3, although a person who is appointed to be a guardian may also be appointed to be a conservator.

"Health care professional" means a licensed physician, nurse practitioner, physician assistant, certified midwife, registered nurse, licensed practical nurse, patient care technician, certified nursing assistant, licensed audiologist, audiology assistant, audiometrist, hearing aid specialist, speech-language pathologist or other licensed or certified professional for whom hearing screening is within the professional's scope of practice.

"Hearing loss" means a permanent unilateral or bilateral hearing loss of greater than 30 dB HL in the frequency region important for speech recognition (500-4000 Hz).

"Hearing screening" means a physiological measurement of hearing of a newborn or infant with a "pass" or "refer" result. Screening is used to determine the newborn's or infant's need for further testing and must be performed bilaterally, when applicable.

"Initial screening" or *"newborn hearing screening"* means a screening performed in a birthing hospital, birth center or facility other than a birthing hospital within the first month of life.

"Newborn hearing screening" means a physiological test to separate those newborns with normal hearing from those newborns who may have hearing thresholds of greater than 30 dB HL in either ear in the frequency region important for speech recognition (500-4000 Hz).

"Normal hearing" means hearing thresholds in both ears of 30 dB HL or less in the frequency region important for speech recognition (500-4000 Hz).

"Parent" means:

1. A biological or adoptive parent of a child;

2. A guardian, but not the state if the child is a ward of the state;

3. A person acting in the place of a parent, such as a grandparent or stepparent with whom a child lives, or a person who is legally responsible for the child's welfare;

4. A surrogate parent who has been assigned in accordance with 281—120.422(34CFR303); or

5. A foster parent, if:

- A biological parent's authority to make the decisions required of parents under state law has been terminated; and
- The foster parent has an ongoing, long-term parental relationship with the child; is willing to make the decisions required of a parent; and has no interest that would conflict with the interests of the child.

"Physician" means an individual licensed under Iowa Code chapter 148.

"Primary care provider" means a licensed physician, nurse practitioner, physician assistant or certified midwife who undertakes primary pediatric care responsibility for an infant or child to provide ongoing medical care and referrals to promote overall health and well-being.

"Protocol" means a document that guides decision making and provides the criteria to be used regarding screening, diagnosis, management, and treatment of children related to hearing health care. Early hearing detection and intervention protocols not otherwise specified in this chapter are available on the department's website.

"Provider" means a licensed audiologist, otolaryngologist or hearing aid specialist who agrees to provide hearing aids or audiologic services to eligible patients.

"Rescreen" means a newborn hearing screening performed after two weeks of age on an infant who did not pass the initial screening.

641—3.2(135) Program components.

3.2(1) The EHDI coordinator assigned within the department provides administrative oversight, including follow-up activities, for the EHDI program within Iowa.

3.2(2) The EHDI advisory committee represents the interests of the people of Iowa and assists in the development of programming that ensures the availability and access to quality hearing health care for Iowa children.

3.2(3) The EHDI program has an association with the Iowa Title V maternal and child health programs to promote comprehensive services for infants and children with special health care needs.

3.2(4) The EHDI program provides hearing screening surveillance and follow-up for infants and children under the age of three. Follow-up may include:

a. Contact with the parent or legal guardian of an infant who was not screened or does not pass the initial hearing screening, outpatient hearing screening or diagnostic audiologic assessment.

b. Contact with the infant's primary care provider to ensure the infant receives appropriate follow-up no later than the recommended timeline as outlined in the Joint Committee on Infant Hearing position statement at www.jcih.org as amended to August 1, 2025.

c. Contact with the birthing hospital or health care professional for inquiries on missing results, data entry discrepancies and recommendations for additional referrals.

d. Referrals to family support or early intervention service providers for infants or toddlers diagnosed with a hearing loss.

e. Technical assistance to birthing facilities, primary care providers and health care professionals regarding best practices related to newborn hearing screening, diagnosis and follow-up best practices.

641—3.3(135) Screening the hearing of all newborns. All newborns and infants born in Iowa, except those born with a condition that is incompatible with life, shall be screened for hearing loss. The person required to perform the screening shall use at least one of the following procedures:

1. Automated or screening auditory brainstem response, or
2. Evoked otoacoustic emissions.

641—3.4(135) Procedures required of birthing hospitals. Each birthing hospital in Iowa shall follow these procedures:

3.4(1) Each birthing hospital shall designate an employee of the hospital to be responsible for the newborn hearing screening program in that institution. If a birthing hospital contracts with a third party for newborn screening services, the hospital retains ultimate responsibility for screening and reporting.

3.4(2) Prior to the discharge of the newborn, each birthing hospital shall provide hearing screening to every newborn delivered in the hospital, except in the following circumstances:

a. The newborn is transferred for acute care prior to completion of the hearing screening.

b. The newborn is born with a condition that is incompatible with life.

3.4(3) If a newborn is transferred for acute care, the birthing hospital shall notify the receiving facility of the status of the hearing screening. The receiving facility shall then be responsible for completion of the newborn hearing screening prior to discharge of the newborn from the nursery.

3.4(4) Newborn hearing screening shall be performed by a health care professional.

3.4(5) The birthing hospital shall report newborn hearing screening results to the parent or guardian in written form.

3.4(6) The birthing hospital shall report newborn hearing screening results to the department pursuant to 641—3.7(135).

3.4(7) The birthing hospital shall report the results of the hearing screening to the primary care provider of the newborn or infant upon the newborn's or infant's discharge from the birthing hospital. If the newborn or infant was not tested prior to discharge, the birthing hospital shall report the status of the hearing screening to the primary care provider of the newborn or infant.

3.4(8) The birthing hospital shall follow the hearing screening protocols prescribed by the department.

641—3.5(135) Procedures required of birth centers. Each birth center in Iowa shall follow these procedures:

3.5(1) Each birth center shall designate an employee of the birth center to be responsible for the newborn hearing screening program in that institution.

3.5(2) Prior to discharge of the newborn, each birth center shall refer every newborn delivered in the birth center to a health care professional for a newborn hearing screening. Before discharge of the newborn, the birth center shall arrange an appointment for the newborn hearing screening no more than 15 days from the date of discharge and report the appointment time, date and location to the parent.

3.5(3) The health care professional to whom the newborn is referred for screening shall complete the screening within 30 days of the newborn's discharge from the birth center, unless the parent fails to attend the appointment. If the parent fails to attend the appointment, the health care professional shall document such failure in the medical or educational record and shall report such failure to the department.

3.5(4) The health care professional who completes the newborn hearing screening shall report screening results to the parent in written form.

3.5(5) The health care professional who completes the newborn hearing screening shall report screening results to the department pursuant to 641—3.7(135).

3.5(6) The health care professional who completes the newborn hearing screening shall report the results of the hearing screening to the primary care provider of the newborn or infant.

3.5(7) The person who completes the screening shall follow the hearing screening protocols prescribed by the department.

641—3.6(135) Procedures to ensure that children born in locations other than a birth center or birthing hospital receive a hearing screening.

3.6(1) The physician or other health care professional who undertakes primary pediatric care of a newborn delivered in a location other than a birthing hospital or birth center shall ensure a hearing screening is performed pursuant to Iowa Code section 135.131(5). The health care professional shall arrange an appointment for the newborn hearing screening and report to the parent the appointment time, date, and location.

3.6(2) The health care professional who completes the newborn hearing screening shall report screening results to the parent in written form.

3.6(3) The health care professional who completes the newborn hearing screening shall report screening results to the department pursuant to 641—3.7(135). If the parent fails to attend the appointment, the facility shall document such failure in the medical or educational record and shall report such failure to the department.

3.6(4) The health care professional who completes the newborn hearing screening shall report the results of the hearing screening to the primary care provider of the newborn or infant.

3.6(5) The person who completes the newborn hearing screening shall follow the hearing screening protocols prescribed by the department.

641—3.7(135) Reporting hearing screening results and information to the department and child's primary care provider.

3.7(1) Any birthing hospital, birth center, physician, audiologist or other health care professional required to report information pursuant to Iowa Code section 135.131 shall report all of the following information to the department relating to each newborn's hearing screening within six working days of the birth of the newborn and within six working days of any hearing rescreen, utilizing the department's designated reporting system:

a. The name, date of birth, and sex of the newborn.

b. The name, address, and telephone number, if available, of the mother of the newborn. If the mother is not the person designated as legally responsible for the child's care, the name, address, and telephone number of the parent, as defined in 641—3.1(135), shall be reported.

c. The name of the primary care provider for the newborn upon the newborn's discharge from the birthing hospital or birth center.

d. The results of the newborn hearing screening, either "pass," "refer," or "not screened," for each ear separately.

e. The results of any rescreening, either "pass" or "refer," and the diagnostic audiologic assessment procedures used for each ear separately.

f. Known risk indicators for hearing loss of the infant or child.

3.7(2) If the parent fails to attend the appointment, the facility shall document such failure in the medical or educational record and shall report such failure to the department.

3.7(3) The person who completes the newborn hearing screening shall report the results of the hearing screening to the primary care provider of the infant or child.

641—3.8(135) Conducting and reporting screening results and diagnostic audiologic assessments to the department and child's primary care provider. Any health care professional conducting newborn hearing screens, rescreens, or diagnostic audiologic assessments shall report the results within six working days for any child under three years of age to the department utilizing the department's designated reporting system. The health care professional shall conduct the diagnostic hearing assessment in accordance with the Pediatric Audiologic Diagnostic Protocol as amended to August 1, 2025, posted on the department's website. Results of a hearing screen, rescreen or diagnostic audiologic assessment shall be reported as follows.

3.8(1) Reports shall include:

a. The name, date of birth, and sex of the child.

b. The name, address, and telephone number, if available, of the mother of the child. If the mother is not the person designated as legally responsible for the child's care, the name, address, and telephone number of the parent, as defined in 641—3.1(135), shall be reported.

c. The name of the primary care provider for the child.

d. Known risk indicators for hearing loss.

e. The date the child is fit with a hearing aid(s) or a cochlear implant(s), if applicable.

f. The date of referral to early intervention, if applicable.

g. The date of referral to family support, if applicable.

3.8(2) Results of the newborn hearing screening shall be reported as either "pass" or "refer" for each ear separately.

3.8(3) Results of the hearing rescreen shall be reported as either "pass" or "refer" for each ear separately.

3.8(4) If an assessment results in a diagnosis of normal hearing for both ears, this shall be reported.

3.8(5) Any diagnosis of hearing loss shall also be reported except for transient conductive hearing loss lasting for less than 90 days in the professional judgment of the practitioner. This exception will apply only if the child passed the initial hearing screening or rescreening or had a diagnostic assessment resulting in normal hearing for both ears.

3.8(6) Diagnostic audiologic assessment results shall include a statement of the severity (mild, moderate, moderately severe, severe, profound, or undetermined) and type (sensorineural, conductive, mixed, or undetermined) of hearing loss.

3.8(7) Any health care professional conducting newborn hearing screens, rescreens, or diagnostic audiologic assessments shall report the results to the primary care provider of the infant or child.

641—3.9(135) Congenital cytomegalovirus (cCMV) testing for newborns who do not pass the initial newborn hearing screening. If the newborn hearing screen indicates potential hearing loss, as evidenced when a newborn does not pass the initial newborn hearing screening, the birthing hospital, birth center, physician, or other health care professional required to ensure that the hearing screening is performed shall follow the procedures related to cCMV testing outlined in Iowa Code section 135.131(9). If a parent objects to the testing, the birthing hospital, birth center, physician, or other health care professional required to ensure that the hearing screening is performed shall follow the procedures in 641—3.11(135).

641—3.10(135) Information sharing and confidentiality. Reports, records, and other information collected by or provided to the department relating to a child's newborn hearing screening, rescreen, diagnostic audiologic assessment, and early intervention enrollment are confidential records pursuant to Iowa Code section 22.7.

3.10(1) Personnel of the department shall maintain the confidentiality of all information and records used in the review and analysis of newborn hearing screenings, rescreens, diagnostic audiologic assessments, and early intervention enrollment, including information which is confidential under Iowa Code chapter 22 or any other provisions of state law.

3.10(2) No individual or organization providing information to the department in accordance with this rule shall be deemed to be or held liable for divulging confidential information.

3.10(3) The department shall not release confidential information except to the following persons and entities under the following conditions:

a. The parent or guardian of an infant or child for whom the report is made.

b. A local birth-to-three coordinator with the Early ACCESS program or an agency under contract with the department to administer the children with special health care needs program.

c. A health care professional or primary care provider.

d. A representative of a federal or state agency, to the extent that the information is necessary to perform a legally authorized function of that agency.

e. A representative of a state agency, or an entity bound by that state, to the extent that the information is necessary to perform newborn hearing screening follow-up. The state agency or the entity bound by that state shall be subject to confidentiality regulations that are the same as or more stringent than those in the state of Iowa. The state agency or the entity bound by that state shall not use the information obtained from the department to market services to patients or nonpatients or identify patients for any purposes other than those expressly provided in this rule.

3.10(4) Research purposes. All proposals for research using the department's data to be conducted by persons other than program staff shall first be submitted to and accepted by the researchers' institutional review board. The department will then review and approve programs before research can commence.

641—3.11(135) Procedure to accommodate parental objection. These rules will not apply if the parent objects to the hearing screening, diagnostic audiologic assessment, or cCMV testing.

3.11(1) If a parent objects to the screening, the birthing hospital, birth center, physician, or other health care professional shall obtain a written refusal from the parent or guardian on the department newborn hearing screening or diagnostic audiologic assessment refusal form and shall maintain the original copy of the written refusal in the newborn's, infant's or child's medical record.

3.11(2) The birthing hospital, birth center, physician, or other health care professional shall send a copy of the written newborn hearing screening or diagnostic audiologic assessment refusal form to the department within six days of the birth of the newborn.

3.11(3) If a parent objects to a hearing rescreen or diagnostic audiologic assessment orally to a department EHDI staff member during follow-up, the staff member shall document the refusal in the department's designated reporting system and mail to the parent or guardian the department newborn hearing screening or diagnostic audiologic assessment refusal form in an attempt to obtain a written refusal to be maintained in the newborn's, infant's or child's medical record.

3.11(4) If a parent objects to cCMV testing, the birthing hospital, birth center, physician, or other health care professional required to ensure cCMV testing shall obtain, on the department cCMV testing refusal form, a written refusal from the parent or guardian, shall maintain the original copy of the written refusal in the child's medical record, and shall send a copy of the written refusal to the department within 21 days of the child's birth.

641—3.12(135) Civil/criminal liability. A person who acts in good faith in complying with these rules shall not be held civilly or criminally liable for reporting the information required.

These rules are intended to implement Iowa Code section 135.131.

Regulatory Analysis

Notice of Intended Action to be published: 641—Chapters 7, 37, 95, 97, 99, 142, and 154
"Terminology Conforming Changes"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 4.1A as enacted by 2025 Iowa Acts, Senate File 418

State or federal law(s) implemented by the rulemaking: Iowa Code section 4.1A as enacted by 2025 Iowa Acts, Senate File 418

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 10 a.m.	Microsoft Teams Meeting ID: 242 459 066 176 7 Passcode: Wu3Kc9DH

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Health and Human Services no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Victoria L. Daniels
321 East 12th Street
Des Moines, Iowa 50319
Phone: 515.829.6021
Email: compliancerules@hhs.iowa.gov

Purpose and Summary

The purpose of this proposed rulemaking is to amend Chapters 7, 37, 95, 97, 99, 142, and 154 to reflect 2025 Iowa Acts, Senate File 418.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no costs associated with this rulemaking.

- **Classes of persons that will benefit from the proposed rulemaking:**

The rulemaking has no specific benefit other than implementing new legislation.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Eleven rules are proposed to be amended.

- **Qualitative description of impact:**

The proposed rulemaking updates language in Chapters 7, 37, 95, 97, 99, 142, and 154 to reflect 2025 Iowa Acts, Senate File 418.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

The Department has personnel and other administrative costs associated with undertaking this proposed rulemaking.

- **Anticipated effect on State revenues:**

There is no impact on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Rulemaking is appropriate because the changes are in conformance with the statutory construction and other changes contained in 2025 Iowa Acts, Senate File 418.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking has no impact on small business.

Text of Proposed Rulemaking

ITEM 1. Amend paragraph **7.10(3)"b"** as follows:

b. ~~Gender~~ Sex of patient;

ITEM 2. Amend paragraph **37.27(2)"b"** as follows:

b. Licensees may not use information received from a criminal history records check obtained under these rules in a manner that would infringe upon the rights of any individual under the First Amendment to the Constitution of the United States, nor shall licensees use the information in any way that would discriminate among individuals on the basis of race, religion, national origin, ~~gender~~ sex, or age.

ITEM 3. Amend paragraph **37.31(3)"b"** as follows:

b. If the recipient licensee verifies information such as name, date of birth, social security number, ~~gender~~ sex, and other applicable physical characteristics.

ITEM 4. Amend paragraph **95.15(4)"b"** as follows:

b. The name and ~~gender~~ sex of the baby, if known.

(1) If the name is not furnished by the patient, the department shall complete the certificate with the name "baby boy" or "baby girl" and the last name of the patient.

(2) If the ~~gender~~ sex is unknown, the department shall complete the certificate with the name "baby" and the last name of the patient.

ITEM 5. Amend subparagraph **97.15(2)"b"(1)** as follows:

(1) The full legal name and ~~gender~~ sex of the deceased at the time of the death;

ITEM 6. Rescind and reserve rule **641—99.20(144)**.

ITEM 7. Strike "gender" wherever it appears in **641—Chapter 142**, Appendix A, and insert "sex" in lieu thereof.

ITEM 8. Amend paragraph **154.3(3)"a"** as follows:

a. The patient's full legal name, Iowa residence address, date of birth, and sex ~~designation~~, as shown on the patient's valid photo identification. If the patient's information has changed since the issuance of the patient's valid photo identification, the patient shall first update the patient's valid identification to reflect the patient's current information.

ITEM 9. Amend paragraph **154.5(3)"a"** as follows:

a. The primary caregiver's full legal name, current residence address, date of birth, and sex ~~designation~~, as shown on the primary caregiver's valid photo identification. If the primary caregiver's information has changed since issuance of the primary caregiver's valid photo identification, the primary caregiver shall first update the primary caregiver's valid photo identification to reflect the primary caregiver's current information.

Regulatory Analysis

Notice of Intended Action to be published: 641—Chapter 54
"Concussion or Other Brain Injury Return-to-Play Protocol"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 280.13C
State or federal law(s) implemented by the rulemaking: Iowa Code section 280.13C(2)

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 10 a.m.	Microsoft Teams Meeting ID: 242 459 066 176 7 Passcode: Wu3Kc9DH

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Health and Human Services no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Victoria L. Daniels
321 East 12th Street
Des Moines, Iowa 50319
Phone: 515.829.6021
Email: compliancerules@hhs.iowa.gov

Purpose and Summary

This proposed chapter describes the return-to-play protocol for a concussion or other brain injury adopted by the board of directors of each school district and the authorities in charge of each accredited nonpublic school with enrolled students who participate in an extracurricular interscholastic activity in grades 7 through 12. Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in an organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, with the ground, or with obstacles. Concussions can occur with or without loss of consciousness, but the vast majority of concussions occur without loss of consciousness.

The proposed chapter underwent a Red Tape Review pursuant to Executive Order 10. As a result, the Department updated definitions to refer to the appropriate Iowa Code section and eliminated redundant language.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no costs associated with the proposed rulemaking.

- **Classes of persons that will benefit from the proposed rulemaking:**

High school athletes who have undergone or could undergo a concussion or other brain injury and their families benefit from this proposed chapter and the protocols it outlines.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

The Department's data from 2021 indicates that approximately 13 percent of Iowa students had a concussion from playing a sport or being physically active (Iowa HHS, 2021).

- **Qualitative description of impact:**

Protocols are in place to protect high school athletes who undergo a concussion or other brain injury from sustaining further damage.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

The Department incurs personnel and other administrative costs in implementing this proposed chapter.

- **Anticipated effect on State revenues:**

This proposed rulemaking has no impact on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Rulemaking is required by Iowa Code section 280.13C.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Rulemaking is required by Iowa Code section 280.13C.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking has no impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind 641—Chapter 54 and adopt the following **new** chapter in lieu thereof:

CHAPTER 54
CONCUSSION OR OTHER BRAIN INJURY RETURN-TO-PLAY PROTOCOL

641—54.1(280) Definitions. For the purpose of these rules, the following definitions apply:

"Asymptomatic" means the student is no longer showing signs, symptoms, or behaviors consistent with a concussion or other brain injury.

"Contest" means the same as defined in Iowa Code section 280.13C(2).

"Extracurricular interscholastic activity" means the same as defined in Iowa Code section 280.13C(2).

"Licensed health care provider" means the same as defined in Iowa Code section 280.13C(2).

"Medical clearance" means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

"Rest" means a recovery state at which physical and cognitive activities are reduced or removed with the intent to eliminate the signs, symptoms, or behaviors of brain injury.

"Return-to-learn plan" means the plan developed by personnel of a school district or accredited nonpublic school based on guidance developed as required under Iowa Code section 280.13C(6)*"b"* to provide adjustments or accommodations as the student returns to the classroom.

"Return-to-play" means the gradual, step-wise approach to returning a student to participation in any extracurricular interscholastic activity following a concussion or other brain injury.

641—54.2(280) Return-to-play protocol. The following return-to-play step-wise process shall begin when the student who has been removed from participation in any extracurricular interscholastic activity governed by the Iowa High School Athletic Association or the Iowa Girls High School Athletic Union is no longer showing signs, symptoms, or behaviors consistent with a concussion or other brain injury for a minimum of 24 hours and has received written medical clearance from a licensed health care provider to return to or commence such participation.

54.2(1) *Return-to-play process.* Each step shall take a minimum of 24 hours.

a. If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury at any step of the return-to-play protocol, the student must stop the activity and the student's licensed health care provider and parent or guardian shall be contacted.

b. If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury during this process, an additional 24-hour period of rest shall take place. After the 24-hour period of rest, the student shall drop back to the previous step when the student showed no signs, symptoms, or behaviors consistent with a concussion or other brain injury and begin the progression again.

54.2(2) *Return-to-play steps.*

Step 1. Back to regular activities	The athlete has received written medical clearance from a licensed health care provider to begin the return-to-play process, AND the athlete is back to regular activities, including school, without experiencing any concussion signs, symptoms, or behaviors for a minimum of 24 hours.
Step 2. Light aerobic activity	Light aerobic exercise only to increase the athlete's heart rate. This means about five to ten minutes on an exercise bike, walking, or light jogging. No resistance/weight training.
Step 3. Moderate activity	Continue activities to increase athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time, less weight, or both from the athlete's typical routine).
Step 4. Heavy, noncontact activity	Add heavy noncontact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, noncontact sport-specific drills (in three planes of movement).
Step 5. Practice and full contact	Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.
Step 6. Contest participation	Athlete may return to contest participation.

These rules are intended to implement Iowa Code section 280.13C.

Regulatory Analysis

Notice of Intended Action to be published: 661—Chapter 200
"Fire Marshal Administration"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 100.1

State or federal law(s) implemented by the rulemaking: Iowa Code section 100.1 and chapter 100A

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 1:30 to 2 p.m.	Conference Room 125 Oran Pape State Office Building Des Moines, Iowa

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Public Safety no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Josie Wagler
Department of Public Safety
Oran Pape State Office Building
215 East 7th Street
Des Moines, Iowa 50319
Phone: 515.725.6185
Email: wagler@dps.state.ia.us

Purpose and Summary

Pursuant to Executive Order 10, the Department proposes to rescind Chapter 200 and adopt a new chapter in lieu thereof. The purpose of proposed Chapter 200 is to outline the administration and bureaus of the State Fire Marshal (SFM) Division within the Department. The chapter also contains rules for fire investigations, information sharing with insurance companies, and insurance companies sharing information with the SFM.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There is no direct cost for the public to comply with these rules.

- **Classes of persons that will benefit from the proposed rulemaking:**

Insurance companies benefit from the outline of information sharing practices. Fire investigators also benefit from the processes and procedures laid out in the chapter.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

There is no direct cost for the public to comply with these rules.

- **Qualitative description of impact:**

These rules provide clarity for processes and procedures during a fire investigation and for information sharing between insurance companies and the SFM.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

No costs are borne by the agency or any other agency.

- **Anticipated effect on State revenues:**

There is no anticipated effect on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Since there is no cost to implement or adhere to this chapter, the improved clarity regarding investigative and information sharing processes serves as a benefit to local agencies and insurance companies.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

The Department has determined that this is the least costly and least intrusive method for achieving the purpose of the proposed rulemaking.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

None were considered.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

Not applicable.

Text of Proposed Rulemaking

ITEM 1. Rescind 661—Chapter 200 and adopt the following **new** chapter in lieu thereof:

CHAPTER 200
FIRE MARSHAL ADMINISTRATION

661—200.1(100) Description. The fire marshal division is created within the department of public safety. The division headquarters is located in the State Public Safety Headquarters Building, 215 East 7th Street, Des Moines, Iowa 50319. The main telephone number for the division is 515.725.6150. The general email address for the division is fminfo@dps.state.ia.us.

200.1(1) The assistant director of the division is the state fire marshal, who is appointed by and reports to the director of investigative operations. There is a special agent in charge, appointed by the fire marshal, who also serves as bureau chief of the arson and explosives bureau. The special agent in charge may act in place of the state fire marshal if the state fire marshal position is vacant or the state fire marshal is absent or unavailable.

200.1(2) The division includes the following bureaus:

a. Arson and explosives bureau.

b. Fire service training bureau.

661—200.2(100) Fire investigations.

200.2(1) The fire marshal has the authority to investigate any fire in the state of Iowa.

a. The fire marshal may initiate an investigation of any fire at the discretion of the fire marshal.

b. Any local fire or law enforcement official may request the fire marshal to investigate any fire. Such investigation shall be undertaken at the discretion of the fire marshal.

200.2(2) Local fire officials have the primary responsibility to and will investigate fires. A local fire official who investigates a fire will file a report of each fire investigated with the fire marshal division within one week of the fire even if the fire marshal division participated in, assisted with, directed or supervised the fire investigation. Upon written request setting forth compelling reasons, the fire marshal may grant an extension of the time for filing this report for a period not to exceed 14 days.

200.2(3) A local fire official who investigates a fire will immediately report a fire that involves death or suspected arson by contacting the member of the fire marshal division assigned to that area or, if that member is not available, another member of the fire marshal division. If direct contact with the fire marshal division is impractical, the local fire official may request the county sheriff to relay the information to the fire marshal division via Iowa state patrol communications.

200.2(4) The notice of a fire involving death or arson will contain the following information, if known:

a. The date, time, and address of the fire;

b. If death has occurred or is suspected, the name, age and address of the person or persons deceased or missing;

c. The suspected cause of the fire;

d. If arson is suspected, the reasons for suspecting arson, whether there is obvious evidence of arson, and whether there is an arson suspect; and

e. Whether an explosion occurred.

661—200.3(100A) Sharing of insurance company information with the fire marshal. Insurance companies will provide specified information to the fire marshal as follows:

200.3(1) Whenever an insurance company has reason to believe that a fire loss insured by the company was caused by something other than an accident, the insurance company will provide to the fire marshal, or some other agency authorized to receive such information under Iowa Code chapter 100A, all information and material possessed by the company relevant to an investigation of the fire loss or a prosecution for arson.

200.3(2) Whenever the fire marshal, or an agent or employee of the fire marshal, requests in writing that an insurance company provide information in its possession regarding a fire to the fire marshal, the insurance company will provide all relevant information requested. Relevant information may include the information provided in Iowa Code section 100A.2.

200.3(3) Unless otherwise expressly limited, any request for information under this rule will be construed to be a request for all information in the possession of an insurance company. Any information in the custody or control of any agent, employee, investigator, attorney or other person engaged, on a permanent or temporary basis, by an insurance company in the person's professional

relationship to the insurance company will be considered to be in the possession of the insurance company subject to this rule.

661—200.4(100A) Release of information to an insurance company. An insurance company that has provided fire loss information to an authorized agency pursuant to Iowa Code section 100A.2 may request information relevant to the fire loss investigation from the fire marshal. If the insurance company has provided information to an authorized agency other than the fire marshal, the request will include proof that information was provided. For purposes of this rule, the term "insurance company" includes an attorney, adjuster or investigator engaged by the company in reference to the particular fire loss involved in the request even though the attorney, adjuster or investigator is not a full-time employee of the insurance company. The attorney, adjuster or investigator will provide the fire marshal with proof of authorization from the insurance company to act as its representative relative to the loss.

These rules are intended to implement Iowa Code chapters 100, 101 and 101A.

Regulatory Analysis

Notice of Intended Action to be published: rule 193F—1.10(543D)
"Organization and Administration"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 543D

State or federal law(s) implemented by the rulemaking: Iowa Code chapters 17A, 272C, and 543D and Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989 (FIRREA)

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025	6200 Park Avenue
8:30 to 9 a.m.	Des Moines, Iowa

Information on virtual participation may be available on the Real Estate Appraiser Examining Board website prior to the hearing.

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Board no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Kimberly Gleason
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321
Phone: 515.725.8145
Email: kimberly.gleason@dia.iowa.gov

Purpose and Summary

This proposed rulemaking updates the Appraiser Qualifications Board (AQB) Criteria dated January 1, 2022, to the current AQB Criteria dated January 1, 2026. The AQB Criteria establishes the minimum standards for real property appraisers to obtain certification under the provisions of Title XI of the FIRREA.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

This proposed rulemaking updates the version of the AQB Criteria. No class of person will bear the cost.

- **Classes of persons that will benefit from the proposed rulemaking:**

This proposed rulemaking updates the version of the AQB Criteria. No class of person will benefit.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

No economic impact is imposed by this rulemaking.

- **Qualitative description of impact:**

This proposed rulemaking updates the version of the AQB Criteria that provides the minimum standards for a real property appraiser to obtain certification.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Staff salaries support the work of the Board and provide compensation to Board members for meeting attendance, including travel compensation. Staff salaries are paid from the Licensing and Regulation Fund established in 2023 Iowa Acts, Senate File 557. Licensing fees go into the fund to support the work of this Board and other boards.

- **Anticipated effect on State revenues:**

There is no anticipated impact from this proposed chapter on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

No new fees are being imposed. This proposed rulemaking updates the version of the AQB Criteria.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

As mentioned above, there is little or no cost from this proposed rulemaking.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

No alternative methods were considered in the proposed amendment.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

The new AQB Criteria dated January 1, 2026, is a federal requirement.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The proposed amendment does not create any impact on small business.

Text of Proposed Rulemaking

ITEM 1. Amend rule 193F—1.10(543D) as follows:

193F—1.10(543D) AQB criteria.

1.10(1) No person may be certified as a certified appraiser unless the person is eligible under the January 1, ~~2022~~ 2026, AQB criteria.

1.10(2) The January 1, ~~2022~~ 2026, AQB criteria outline the conditions under which applicants for certification are eligible to take the mandated examinations.

Regulatory Analysis

Notice of Intended Action to be published: rule 193F—2.1(543D)
"Definitions"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 543D

State or federal law(s) implemented by the rulemaking: Iowa Code chapters 17A, 272C, 481, and 543D and Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989 (FIRREA)

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 1, 2025	6200 Park Avenue
8:30 to 9 a.m.	Des Moines, Iowa

Information on virtual participation may be available on the Real Estate Appraiser Examining Board website prior to the hearing.

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Board no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Kimberly Gleason
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321
Phone: 515.725.8145
Email: kimberly.gleason@dia.iowa.gov

Purpose and Summary

This proposed rulemaking updates the Appraiser Qualifications Board (AQB) Criteria dated January 1, 2022, to the new AQB Criteria dated January 1, 2026. The AQB Criteria establishes the minimum standards for real property appraisers to obtain certification under the provisions of Title XI of the FIRREA.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

This proposed rulemaking updates the version of the AQB Criteria. No class of person will bear the cost.

- **Classes of persons that will benefit from the proposed rulemaking:**

This proposed rulemaking updates the version of the AQB Criteria. No class of person will benefit.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

No economic impact is imposed by this rulemaking.

- **Qualitative description of impact:**

This proposed rulemaking updates the version of the AQB Criteria that provides the minimum standards for a real property appraiser to obtain certification.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Staff salaries support the work of the Board and provide compensation to Board members for meeting attendance, including travel compensation. Staff salaries are paid from the Licensing and Regulation Fund established in 2023 Iowa Acts, Senate File 557. Licensing fees go into the fund to support the work of this Board and other boards.

- **Anticipated effect on State revenues:**

There is no anticipated impact from this proposed amendment on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

No new fees are being imposed. This proposed rulemaking updates the version of the AQB Criteria.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

As mentioned above, there is little or no cost from this proposed rulemaking.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

No alternative methods were considered in the proposed amendment.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

The new AQB Criteria dated January 1, 2026, is a federal requirement.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The proposed amendment does not create any impact on small business.

Text of Proposed Rulemaking

ITEM 1. Amend rule 193F—2.1(543D) as follows:

193F—2.1(543D) Applicability. The following definitions apply to the rules of the real estate appraiser examining board:

"Appraisal Foundation" means the same as defined in Iowa Code section 543D.2(3).

"Appraisal subcommittee" means the appraisal subcommittee of the Federal Financial Institutions Examination Council.

"AQB" means the Appraiser Qualifications Board of the Appraisal Foundation.

"AQB Criteria" or *"the Criteria"* means the Real Property Appraiser Qualification Criteria and Interpretations of the Criteria, effective as of January 1, ~~2022~~ 2026.

"ASB" means the Appraisal Standards Board of the Appraisal Foundation.

"Associate real property appraiser" means the same as defined in Iowa Code section 543D.2(6).

"Certified appraiser" means an individual who has been certified in one of the following two classifications:

1. The certified residential real property appraiser classification is qualified to appraise one to four residential units without regard to value or complexity.
2. The certified general real property appraiser classification is qualified to appraise all types of real property.

"Director" means the same as defined in Iowa Code section 543D.2(9)*"a."*

"FFIEC" means the Federal Financial Institutions Examination Council.

"FIRREA" means the Financial Institutions Reform Recovery and Enforcement Act of 1989.

"USPAP" means the Uniform Standards of Professional Appraisal Practice published by the Appraisal Foundation, effective as of January 1, 2024.

This rule is intended to implement Iowa Code section 543D.2.

Regulatory Analysis

Notice of Intended Action to be published: 871—Chapter 50
"Mission and Structure"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A and 84A
State or federal law(s) implemented by the rulemaking: Iowa Code chapters 17A and 84A

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 9 a.m.	Microsoft Teams Meeting ID: 279 810 060 873 2 Passcode: dZ7oQ6Q3 Dial in by phone: +1 469.998.6043 Phone conference ID: 434 412 280#

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by Iowa Workforce Development no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

Brooke Axiotis
Iowa Workforce Development
1000 East Grand Avenue
Des Moines, Iowa 50319
Phone: 515.802.9245
Email: brooke.axiotis@iwd.iowa.gov

Purpose and Summary

The purpose of this rulemaking is to remove the chapter that informs the public of the mission and structure of the Iowa Workforce Development Department.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable.

- **Classes of persons that will benefit from the proposed rulemaking:**

Not applicable.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

There is no quantitative impact.

- **Qualitative description of impact:**

There is no qualitative impact.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There is no cost to the State.

- **Anticipated effect on State revenues:**

There is no anticipated effect on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This rulemaking does not have a substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **871—Chapter 50**.

Regulatory Analysis

Notice of Intended Action to be published: 871—Chapter 51
"Coordinating Service Provider"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A and 84A as amended by 2023 Iowa Acts, Senate File 514

State or federal law(s) implemented by the rulemaking: Iowa Code chapter 17A as amended by 1998 Iowa Acts, chapter 1202; Iowa Code section 84A.1; Iowa Code chapter 96; and Executive Order 11

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 9:30 a.m.	Microsoft Teams Meeting ID: 259 924 063 466 9 Passcode: DG7bD9VD Dial in by phone: +1 469.998.6043 Phone conference ID: 177 087 840#

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking, which must be received by Iowa Workforce Development (IWD) no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

Brooke Axiotis
Iowa Workforce Development
1000 East Grand Avenue
Des Moines, Iowa 50319
Phone: 515.802.9245
Email: brooke.axiotis@iwd.iowa.gov

Purpose and Summary

The purpose of this rulemaking is to eliminate the chapter that clarifies the duties of the State Workforce Development Board and outlines the coordination of the Department of Corrections and IWD for private-sector employment projects.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Not applicable.

- **Classes of persons that will benefit from the proposed rulemaking:**

Workforce Development system stakeholders and the general public will benefit.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

There is no quantitative impact.

- **Qualitative description of impact:**

This rulemaking eliminates the chapter that provides clarifying information for the work of the Workforce Development Board for IWD stakeholders and the general public.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Not applicable.

- **Anticipated effect on State revenues:**

Not applicable.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This rulemaking does not have a substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **871—Chapter 51**.

WORKFORCE DEVELOPMENT DEPARTMENT[871]

Regulatory Analysis

Notice of Intended Action to be published: 871—Chapter 52
"Regional Advisory Boards"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A and 84A as amended by 2023 Acts, Senate File 514

State or federal law(s) implemented by the rulemaking: Iowa Code chapter 17A as amended by 1998 Iowa Acts, chapter 1202; Iowa Code section 84A.1; Iowa Code chapter 96; and Executive Order 10

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 10 a.m.	Microsoft Teams Meeting ID: 290 107 343 516 Passcode: dq6Jp3jj Dial in by phone: +1 469.998.6043 Phone conference ID: 925 374 321#

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking, which must be received by Iowa Workforce Development (IWD) no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

Brooke Axiotis
Iowa Workforce Development
1000 East Grand Avenue
Des Moines, Iowa 50319
Phone: 515.802.9245
Email: brooke.axiotis@iwd.iowa.gov

Purpose and Summary

The purpose of this rulemaking is to eliminate the chapter that clarifies the duties of the State Workforce Development Board and outlines the coordination of the Iowa Department of Corrections and IWD for private sector employment projects.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

The general public and stakeholders will bear the costs.

- **Classes of persons that will benefit from the proposed rulemaking:**

The general public and stakeholders will benefit.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

There is no quantitative impact.

- **Qualitative description of impact:**

There is no qualitative impact.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Not applicable.

- **Anticipated effect on State revenues:**

There is no anticipated effect on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This rulemaking does not have a substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **871—Chapter 52**.

Regulatory Analysis

Notice of Intended Action to be published: 871—Chapter 55
"Labor Management Cooperation Program"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A and 84A as amended by 2023 Acts, Senate File 514

State or federal law(s) implemented by the rulemaking: Iowa Code chapter 17A as amended by 1998 Iowa Acts, chapter 1202; Iowa Code section 84A.1; Iowa Code chapter 96; and Executive Order 11

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 1 p.m.	Microsoft Teams Meeting ID: 284 516 314 915 1 Passcode: 6ji7qk7U Dial in by phone: +1 469.998.6043 Phone conference ID: 357 715 687#

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking, which must be received by the Workforce Development Department no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

Brooke Axiotis
Iowa Workforce Development
1000 East Grand Avenue
Des Moines, Iowa 50319
Phone: 515.802.9245
Email: brooke.axiotis@iwd.iowa.gov

Purpose and Summary

The purpose of rescinding these rules is to remove outdated appropriations for an outdated program.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

The general public and stakeholders will bear the costs.

- **Classes of persons that will benefit from the proposed rulemaking:**

The general public and stakeholders will benefit.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

There is no quantitative impact.

- **Qualitative description of impact:**

There is no qualitative impact.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Not applicable.

- **Anticipated effect on State revenues:**

There is no anticipated effect on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This rulemaking does not have a substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **871—Chapter 55**.

Regulatory Analysis

Notice of Intended Action to be published: 871—Chapter 60
"Iowa Welfare to Work Program"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A and 84A
State or federal law(s) implemented by the rulemaking: Iowa Code chapter 84A and PL 105-33

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 1:30 p.m.	Microsoft Teams Meeting ID: 264 952 478 178 1 Passcode: To3G9Zm7 Dial in by phone: +1 469.998.6043 Phone conference ID: 672 086 015#

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by Iowa Workforce Development (IWD) no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

Brooke Axiotis
Iowa Workforce Development
1000 East Grand Avenue
Des Moines, Iowa 50319
Phone: 515.802.9245
Email: brooke.axiotis@iwd.iowa.gov

Purpose and Summary

The purpose of rescinding these rules is to remove outdated appropriations for an outdated program.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no costs associated with this rulemaking.

- **Classes of persons that will benefit from the proposed rulemaking:**

IWD system stakeholders and the general public will benefit.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

There is no quantitative impact.

- **Qualitative description of impact:**

IWD stakeholders and the general public will benefit from streamlined information.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There are no implementation or enforcement costs.

- **Anticipated effect on State revenues:**

There is no anticipated effect on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This rulemaking does not have a substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **871—Chapter 60**.

WORKFORCE DEVELOPMENT DEPARTMENT[871]

Regulatory Analysis

Notice of Intended Action to be published: 871—Chapter 70
"Voter Registration"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 96 and 84A and Executive Order 10
State or federal law(s) implemented by the rulemaking: Iowa Code sections 96.10 and 96.11

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 2 p.m.	Microsoft Teams Meeting ID: 278 225 769 534 7 Passcode: Cs2VA2rG Dial in by phone: +1 469.998.6043 Phone conference ID: 237 849 181#

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Workforce Development Department no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

Brooke Axiotis
Iowa Workforce Development
1000 East Grand Avenue
Des Moines, Iowa 50319
Phone: 515.802.9245
Email: brooke.axiotis@iwd.iowa.gov

Purpose and Summary

The purpose of rescinding these rules is to remove outdated Iowa Code references that have been repealed.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

The general public and stakeholders will bear the costs.

- **Classes of persons that will benefit from the proposed rulemaking:**

The general public and stakeholders will benefit.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

There is no quantitative impact.

- **Qualitative description of impact:**

There is no qualitative impact.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There are no implementation or enforcement costs.

- **Anticipated effect on State revenues:**

There is no anticipated effect on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This rulemaking does not have a substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **871—Chapter 70**.

Regulatory Analysis

Notice of Intended Action to be published: 871—Chapter 71
"Public Records and Fair Information Practices"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A and 84A
State or federal law(s) implemented by the rulemaking: Iowa Code chapters 17A and 84A

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 10:30 a.m.	Microsoft Teams Meeting ID: 285 464 093 832 Passcode: 96uy3849 Dial in by phone: +1 469.998.6043 Phone conference ID: 227 405 595#

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by Iowa Workforce Development (IWD) no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

Brooke Axiotis
Iowa Workforce Development
1000 East Grand Avenue
Des Moines, Iowa 50319
Phone: 515.802.9245
Email: brooke.axiotis@iwd.iowa.gov

Purpose and Summary

The purpose of this proposed rulemaking is to rescind the chapter that informs the public about the process for records requests and the availability of public records in compliance with Iowa Code chapter 22.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no costs associated with this rulemaking.

- **Classes of persons that will benefit from the proposed rulemaking:**

This rulemaking eliminates the chapter that provides streamlined information for IWD stakeholders and the general public.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

There is no quantitative impact.

- **Qualitative description of impact:**

There is no qualitative impact.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There are no implementation or enforcement costs.

- **Anticipated effect on State revenues:**

There is no anticipated effect on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This rulemaking does not have a substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **871—Chapter 71**.

WORKFORCE DEVELOPMENT DEPARTMENT[871]

Regulatory Analysis

Notice of Intended Action to be published: 871—Chapter 72
"Petitions"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 17A and 84A
State or federal law(s) implemented by the rulemaking: Iowa Code chapters 17A and 84A

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 11 a.m.	Microsoft Teams meeting Meeting ID: 213 035 237 670 9 Passcode: Vv6SV7Co Dial in by phone: +1 469.998.6043 Phone conference ID: 551 178 525#

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by Iowa Workforce Development (IWD) no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

Brooke Axiotis
Iowa Workforce Development
1000 East Grand Avenue
Des Moines, Iowa 50319
Phone: 515.802.9245
Email: brooke.axiotis@iwd.iowa.gov

Purpose and Summary

The purpose of this proposed rulemaking is to rescind the chapter that informs the public of the process for filing a petition for rulemaking with IWD.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no costs associated with this rulemaking.

- **Classes of persons that will benefit from the proposed rulemaking:**

IWD system stakeholders and the general public will benefit.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

There is no quantitative impact.

- **Qualitative description of impact:**

This rulemaking will have an impact on IWD stakeholders and the general public.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There are no implementation or enforcement costs.

- **Anticipated effect on State revenues:**

There is no anticipated effect on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This rulemaking does not have a substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **871—Chapter 72**.

Regulatory Analysis

Notice of Intended Action to be published: 871—Chapter 73
"Forms and Informational Materials"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 96 and 84A
State or federal law(s) implemented by the rulemaking: Iowa Code chapters 96 and 84A

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 2:30 p.m.	Microsoft Teams Meeting ID: 289 713 957 436 6 Passcode: 9xV3qr9c Dial in by phone: +1 469.998.6043 Phone conference ID: 291 921 699#

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by Iowa Workforce Development (IWD) no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

Brooke Axiotis
Iowa Workforce Development
1000 East Grand Avenue
Des Moines, Iowa 50319
Phone: 515.802.9245
Email: brooke.axiotis@iwd.iowa.gov

Purpose and Summary

The purpose of rescinding these rules is to remove outdated requirements to comply with federal code.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no costs associated with this rulemaking.

- **Classes of persons that will benefit from the proposed rulemaking:**

IWD system stakeholders and the general public will benefit.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

There is no quantitative impact.

- **Qualitative description of impact:**

IWD stakeholders and the general public will benefit from streamlined information.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

There are no implementation or enforcement costs.

- **Anticipated effect on State revenues:**

There is no anticipated effect on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This rulemaking does not have a substantial impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind and reserve **871—Chapter 73**.

ARC 9387C

COLLEGE STUDENT AID COMMISSION[283]

Notice of Intended Action

Proposing rulemaking related to future ready Iowa skilled workforce last-dollar scholarship program and providing an opportunity for public comment

The College Student Aid Commission hereby proposes to rescind Chapter 15, "Future Ready Iowa Skilled Workforce Last-Dollar Scholarship Program," Iowa Administrative Code, and to adopt a new chapter with the same title.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code sections 256.178 and 256.228.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code section 256.228.

Purpose and Summary

The Commission proposes to rescind and adopt a new Chapter 15 pursuant to Executive Order 10. The new Chapter 15 is proposed to ensure the Commission meets the requirements set forth in law by adopting rules for the administration of the Future Ready Iowa Skilled Workforce Last-Dollar Scholarship Program. The proposed rulemaking establishes the eligibility criteria and awarding of funds for the scholarship; describes the process, procedures, and duties of the Commission, applicants, and institutions; illustrates the priority criteria for awarding scholarships; and provides the process used to align high-demand jobs to programs of study offered at participating institutions.

The Administrative Rules Coordinator provided preclearance for the publication of this Notice of Intended Action on April 11, 2025.

Regulatory Analysis

A Regulatory Analysis for this rulemaking was published in the Iowa Administrative Bulletin on March 19, 2025. A public hearing was held on the following date(s):

- April 8, 2025

No public comments on the Regulatory Analysis were received at the public hearing or in writing.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Commission for a waiver of the discretionary provisions, if any, pursuant to 283—Chapter 7.

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking, which must be received by the Commission no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

David Ford
Department of Education, Bureau of Iowa College Aid
Grimes State Office Building
400 East 14th Street
Des Moines, Iowa 50319
Phone: 515.901.9924
Fax: 515.242.5988
Email: david.ford@iowa.gov or administrative rules website at rules.iowa.gov

Public Hearing

Public hearings at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 4 to 4:30 p.m.	Room B50 Grimes State Office Building Des Moines, Iowa
July 30, 2025 9 to 9:30 a.m.	Room B50 Grimes State Office Building Des Moines, Iowa

Persons who wish to make oral comments at a public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend a public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Commission and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Rescind 283—Chapter 15 and adopt the following **new** chapter in lieu thereof:

CHAPTER 15
FUTURE READY IOWA SKILLED WORKFORCE
LAST-DOLLAR SCHOLARSHIP PROGRAM

283—15.1(256) Basis for aid. Assistance under the future ready Iowa skilled workforce last-dollar scholarship program is available for Iowa residents enrolled in approved programs aligned with high-demand jobs.

283—15.2(256) Definitions. As used in this chapter:

"Approved program" means an eligible program of study approved through the process described in rule 283—15.6(256).

"Continuous enrollment" means that an eligible student is enrolled at least part-time in successive fall and spring semesters, or the equivalent, after receiving the award. Enrollment in the summer semester is not required to meet this condition.

"Credential" means the same as defined in Iowa Code section 256.228(1)*"d."*

"Eligible institution" means an institution that meets the criteria in Iowa Code section 256.228(1) *"e"* and the provisions of rule 283—15.7(256).

"Financial metric" means the same as defined in rule 283—10.2(261).

"Full-time" means the same as defined in rule 283—10.2(261).

"Iowa resident" means the same as defined in rule 283—10.2(261).

"Part-time" means enrollment in at least 6 but fewer than 12 hours per semester or the equivalent. An eligible student may enroll in fewer than six semester hours, or the equivalent, in the semester that the credential will be completed if part-time enrollment is not necessary to complete the program of study.

"Satisfactory academic progress" means the same as defined in rule 283—10.2(261).

"Semester" means the fall, spring, or summer term of enrollment at an eligible institution, if the eligible institution is on a semester system, or the equivalent, if the institution is on a system other than a semester system.

283—15.3(256) Eligible applicant. An eligible applicant is an Iowa resident who is enrolled at least part-time in an approved program at an eligible institution and who meets the program eligibility criteria and the following provisions:

15.3(1) Annually completes the applications that the commission deems necessary on or before the date established by the commission, attends orientation, registers for classes with an academic advisor, and participates in career advising sessions.

15.3(2) Has an eligible financial metric in the first year the scholarship is received, meets satisfactory academic progress standards, and does not meet a condition in 283—subrule 10.3(1).

15.3(3) Maintains continuous enrollment.

15.3(4) Meets one of the following two conditions:

a. Is under age 20 as of July 1 prior to the year of enrollment and enrolls at least part-time following graduation from an Iowa high school, completion of private instruction under Iowa Code chapter 299A, or receipt of a high school equivalency diploma under Iowa Code chapter 259A.

b. Following receipt of a high school diploma or high school equivalency diploma, enrolls at least part-time in an approved program at an eligible institution after attaining the age of 20 as of July 1 prior to the year of enrollment. To receive an award under this condition, the eligible applicant cannot have received an award under paragraph 15.3(4)*"a."*

283—15.4(256) Awarding of funds.

15.4(1) *Selection criteria.* All eligible applicants will be considered for an award.

15.4(2) *Extent of award and maximum award.* Eligible applicants may receive no more than the equivalent of eight part-time awards. The maximum award will be calculated as follows:

a. Awards for eligible students attending Iowa community colleges shall not exceed the remaining tuition and mandatory institutionwide fees after applying federal and state nonrepayable aid.

b. Awards for eligible students attending an accredited private institution as defined in Iowa Code section 256.183 shall not exceed the average tuition and mandatory institutionwide fees at Iowa community colleges after applying federal and state nonrepayable aid. The average resident tuition and mandatory institutionwide fees will be used under this provision.

c. Awards for eligible students enrolled on a full-time basis shall be at least $250 per semester or the equivalent amount if the eligible institution operates on a system other than the semester system. Awards for eligible students enrolled on a part-time basis will be prorated by dividing the number of hours for which the student is enrolled by the required number of hours for full-time enrollment and multiplying the quotient by the maximum award.

d. Tuition and institutionwide mandatory fees associated only with coursework required for the student's Title IV-eligible program of study can be used to determine the award amount.

15.4(3) *Priority for awards.*

a. In the event that the funds available are insufficient to provide maximum awards to all eligible applicants through the entire state fiscal year, awards will first be authorized to eligible applicants enrolled in the fall and spring semester or the equivalent and then to eligible applicants enrolled in the summer semester or the equivalent.

b. In the event that funds available are insufficient to provide the maximum award to all eligible applicants in a semester, the commission may prorate awards to students in that semester.

15.4(4) *Awarding process.*

a. The commission will provide notice of the eligibility criteria and maximum award to participating eligible institutions annually to authorize awarding.

b. The commission will designate eligible applicants for awards and provide eligible institutions with rosters of designated eligible applicants.

c. Eligible institutions will notify recipients of the awards, clearly indicating the award amount and the state program from which funding is being provided and stating that the award is contingent on the availability of state funds.

d. Eligible institutions will apply awards directly to student accounts.

e. Eligible institutions will provide information about eligible applicants to the commission in a format specified by the commission. Eligible institutions will make necessary changes to awards due to a change in enrollment, program of study, and financial situation and promptly report those changes to the commission.

f. Eligible institutions are responsible for completing necessary verification and for coordinating other aid to ensure compliance with student eligibility requirements and allowable award amounts. Eligible institutions will report changes in student eligibility to the commission.

g. The commission will periodically investigate and review compliance of eligible institutions participating in this program with the criteria established in Iowa Code section 256.228 and this rule.

283—15.5(256) Exceptions. If an eligible applicant discontinues enrollment at the eligible institution due to military deployment, due to a temporary medical incapacity, in relation to a declaration of a national or state emergency, or due to other exceptional circumstances approved by the commission, the eligible applicant may apply for a waiver. If the waiver is approved, the eligible applicant is not required to maintain continuous enrollment during the period covered by the waiver.

283—15.6(256) Determination of programs of study aligned with high-demand jobs.

15.6(1) *Statewide high-demand jobs.* The commission will utilize the department of workforce development's most recent list of statewide high-demand jobs pursuant to Iowa Code section 84A.1B(14) and align those jobs to eligible programs of study.

15.6(2) *Regional high-demand jobs.* The commission will request submissions of regional high-demand jobs that align with eligible programs of study from each Iowa community college. Each Iowa community college may request up to five regional high-demand jobs to be considered for approval for students at that Iowa community college.

15.6(3) *Eligible programs of study.* The eligible institution will offer a career and technical education program of study that results in a credential that is aligned with employment in a high-demand job. The eligible program of study will meet similar criteria established for career and technical education programs approved under 281—Chapter 21. The classification of the instructional program code and the standard occupation code will be used to align eligible programs of study to high-demand jobs.

15.6(4) *Approved program.* Before an eligible program of study is considered an approved program of study, the department of workforce development and the commission, in consultation with the department of education, will jointly certify that the program of study and credential are aligned with a high-demand job pursuant to Iowa Code section 84A.1B(14).

15.6(5) *Grandfather clause.* If the state workforce development board or a community college district removes a high-demand job from the approved list, an eligible applicant who received an award in a program of study aligned with that high-demand job will continue to receive the award as long as the eligible applicant continues to meet all other eligibility criteria.

283—15.7(256) Institution eligibility requirements.

15.7(1) *Application process.* An institution requesting to participate in the program may apply to the commission using the commission's designated application. An applicant institution will provide the commission with documentation establishing its eligibility as an eligible institution that offers eligible programs of study. Applicant institutions will submit the application and documentation establishing their eligibility on or before October 1 of the year prior to the beginning of the academic year for which they are applying for participation.

15.7(2) *Public information.* A list of all eligible programs of study, as well as the necessary courses and the suggested course sequence, will be available in a prominent location on the eligible institution's website.

These rules are intended to implement Iowa Code section 256.228.

ARC 9388C

COLLEGE STUDENT AID COMMISSION[283]

Notice of Intended Action

Proposing rulemaking related to Iowa work-study program and providing an opportunity for public comment

The College Student Aid Commission hereby proposes to rescind Chapter 18, "Iowa Work-Study Program," Iowa Administrative Code, and to adopt a new chapter with the same title.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code sections 256.178 and 256.206.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code sections 256.206 through 256.209.

Purpose and Summary

The Commission proposes to rescind and adopt a new Chapter 18 pursuant to Executive Order 10. New Chapter 18 is proposed to ensure that the Commission meets the requirements set forth in law by adopting rules for the administration of the Iowa work-study program. The proposed rulemaking establishes the eligibility criteria and procedures for the awarding of funds and describes the process, procedures, and duties of the Commission, applicants, and institutions. The proposed rulemaking includes standards adopted by reference that align to 34 CFR Part 675 to ensure consistency and efficiency in administrative practices between federal and State work-study programs.

The Administrative Rules Coordinator provided preclearance for the publication of this Notice of Intended Action on April 11, 2025.

Regulatory Analysis

A Regulatory Analysis for this rulemaking was published in the Iowa Administrative Bulletin on March 19, 2025. A public hearing was held on the following date(s):

- April 8, 2025

No public comments on the Regulatory Analysis were received at the public hearing or in writing.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Commission for a waiver of the discretionary provisions, if any, pursuant to 283—Chapter 7.

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking, which must be received by the Commission no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

David Ford
Department of Education, Bureau of Iowa College Aid
Grimes State Office Building
400 East 14th Street
Des Moines, Iowa 50319
Phone: 515.901.9924
Fax: 515.242.5988
Email: david.ford@iowa.gov or administrative rules website at rules.iowa.gov

Public Hearing

Public hearings at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 4 to 4:30 p.m.	Room B50 Grimes State Office Building Des Moines, Iowa
July 30, 2025 9 to 9:30 a.m.	Room B50 Grimes State Office Building Des Moines, Iowa

Persons who wish to make oral comments at a public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend a public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Commission and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Rescind 283—Chapter 18 and adopt the following **new** chapter in lieu thereof:

CHAPTER 18
IOWA WORK-STUDY PROGRAM

283—18.1(256) Basis of aid. Assistance available under the Iowa work-study program is based on the financial need of Iowa residents enrolled at eligible postsecondary education institutions.

283—18.2(256) Definitions.

"Eligible postsecondary education institution" means the same as defined in Iowa Code section 256.207 and described in rule 283—18.6(256).

"Financial metric" means the same as defined in 283—Chapter 10.

"Financial need" means the same as defined in 283—Chapter 10.

"Full-time" means the same as defined in 283—Chapter 10.

"Iowa resident" means the same as defined in 283—Chapter 10.

"Part-time" means enrollment in at least 6 but fewer than 12 hours per semester or the equivalent.

"Program of study" means the same as defined in 283—Chapter 10.

"Satisfactory academic progress" means the same as defined in 283—Chapter 10.

283—18.3(256) Administrative procedures.

18.3(1) *Alignment with federal work-study regulations.* To facilitate efficient administration, the commission hereby adopts the federal work-study regulations found at 34 CFR Part 675, Subpart A, as of July 1, 2024. Provisions of the federal regulations adopted include:

a. Selection of students for employment (34 CFR §675.10),

b. Payments to students (34 CFR §675.16),

c. Fiscal procedures and records (34 CFR §675.19),

d. General employment conditions for institutional employment, including civil rights requirements, state worker compensation laws, and social security requirements (34 CFR §675.20(c) and (d)),

e. Institutional employment (34 CFR §675.21), and

f. Wage administration (34 CFR §675.24).

18.3(2) *No transfer of funds.* An eligible postsecondary education institution must administer state-funded work-study funds for Iowa residents in the same manner as the institution administers its federal work-study program, except that state funds cannot be transferred to other student aid programs or across state fiscal years.

18.3(3) *Employment restrictions.* The creation of work-study opportunities will not result in the displacement of employed workers or impair or affect existing contracts for services, and the funding used by an eligible postsecondary education institution will supplement and not supplant jobs and existing financial aid programs provided to students.

283—18.4(256) Eligible applicant. An eligible applicant is an Iowa resident who is enrolled full-time or part-time in a program of study at an eligible postsecondary education institution, is employed at an eligible postsecondary education institution, and meets the program eligibility criteria in Iowa Code section 256.208 and the following provisions:

18.4(1) Completes the Free Application for Federal Student Aid and any other application the eligible postsecondary education institution deems necessary on or before the date established by the eligible postsecondary education institution.

18.4(2) Establishes financial need, has an eligible financial metric, meets satisfactory academic progress standards, and does not meet a condition in 283—subrule 10.3(1).

283—18.5(256) Awarding of funds.

18.5(1) *Selection criteria.* Eligible postsecondary education institutions will document the consistent processes by which they select eligible applicants to receive awards.

18.5(2) *Maximum award.* The maximum award for full-time students will not exceed the student's financial need.

18.5(3) *Awarding process.*

a. The commission will provide notice of the eligibility criteria, distribute funding allocations, and request acceptance of the funding allocation from each eligible postsecondary education institution

annually. Eligible postsecondary education institutions will accept or decline the funding allocation by the deadline established by the commission.

b. Funding allocations that are declined or unspent by the date the commission deems necessary will be reallocated to participating eligible postsecondary education institutions.

c. Eligible postsecondary education institutions will notify recipients of the awards, clearly indicating the award amount and the state program from which funding is being provided and stating that the award is contingent on the availability of state funds.

d. Eligible postsecondary education institutions will distribute awards as eligible applicants complete their employment obligations.

e. Eligible postsecondary education institutions will provide information about the awards earned by eligible applicants to the commission in a format specified by the commission at the end of each semester or the equivalent. If all allocated funds are not spent by an eligible postsecondary education institution by the end of the year, those unspent funds may be deducted from the eligible postsecondary education institution's subsequent allocation.

f. Eligible postsecondary education institutions are responsible for completing necessary verification and for coordinating other aid to ensure compliance with student eligibility criteria and allowable award amounts. Eligible postsecondary education institutions will report changes in student eligibility to the commission.

283—18.6(256) Eligible postsecondary education institution eligibility.

18.6(1) *Application.* A nonparticipating eligible postsecondary education institution will request participation using the commission's designated application. The institution will meet the eligibility criteria in Iowa Code section 256.207 at the time the application is submitted.

18.6(2) *Deadline to apply.* Nonparticipating eligible postsecondary education institutions seeking to participate in the Iowa work-study program will submit applications on or before October 1 of the year prior to the beginning of the academic year for which the nonparticipating eligible postsecondary education institutions are applying for participation.

18.6(3) *Compliance audits.* The commission will periodically investigate and review compliance of eligible postsecondary education institutions participating in this program with the criteria established in Iowa Code chapter 256 and this rule. If the commission finds that an eligible postsecondary education institution fails to comply with the provisions of Iowa Code sections 256.206 through 256.209 or this rule, participation in the Iowa work-study program may be suspended.

These rules are intended to implement Iowa Code sections 256.206 through 256.209.

ARC 9389C

COLLEGE STUDENT AID COMMISSION[283]

Notice of Intended Action

Proposing rulemaking related to Iowa national guard benefits programs and providing an opportunity for public comment

The College Student Aid Commission hereby proposes to rescind Chapter 20, "Iowa National Guard Service Scholarship Program"; to adopt a new Chapter 20, "Iowa National Guard Benefits Programs"; and to rescind Chapter 29, "Iowa National Guard Master's Degree Scholarship Program," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code sections 256.178 and 256.210.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code sections 256.210 and 256.211.

Purpose and Summary

The Commission proposes to rescind Chapters 20 and 29 and to adopt a new Chapter 20 pursuant to Executive Order 10. New Chapter 20 is proposed to consolidate the provisions from the two existing chapters. New Chapter 20 ensures the Commission meets the requirements set forth in law by adopting rules for the administration of the scholarships for members of the Iowa National Guard. This proposed rulemaking establishes the eligibility criteria and awarding of funds for the scholarship and describes the process, procedures, and duties of the Commission, the Iowa National Guard, applicants, and institutions.

The Administrative Rules Coordinator provided preclearance for the publication of this Notice of Intended Action on April 8, 2025.

Regulatory Analysis

A Regulatory Analysis for this rulemaking was published in the Iowa Administrative Bulletin on February 19, 2025. A public hearing was held on the following date(s):

- March 26, 2025

No public comments on the Regulatory Analysis were received at the public hearing or in writing.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Commission for a waiver of the discretionary provisions, if any, pursuant to 283—Chapter 7.

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking, which must be received by the Commission no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

David Ford
Department of Education, Bureau of Iowa College Aid
Grimes State Office Building
400 East 14th Street
Des Moines, Iowa 50319
Phone: 515.901.9924
Fax: 515.242.5988
Email: david.ford@iowa.gov or administrative rules website at rules.iowa.gov

Public Hearing

Public hearings at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 4 to 4:30 p.m.	Room B50 Grimes State Office Building Des Moines, Iowa

July 30, 2025	Room B50
9 to 9:30 a.m.	Grimes State Office Building
	Des Moines, Iowa

Persons who wish to make oral comments at a public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend a public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Commission and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Rescind 283—Chapter 20 and adopt the following **new** chapter in lieu thereof:

CHAPTER 20
IOWA NATIONAL GUARD BENEFITS PROGRAMS

283—20.1(256) Definitions. As used in this chapter:

"Eligible institution" means the same as described in Iowa Code section 256.210(1).

"Eligible master's degree program of study" means a master's degree program in science, technology, engineering, and mathematics-related military occupational specialties or air force specialty codes pursuant to Iowa Code section 256.211(1)*"a."*

"Federal active duty" means military duty performed pursuant to orders issued under Title 10, United States Code (as of July 1, 2024), other than for training.

"Full-time" means the same as defined in rule 283—10.2(256).

"Part-time" means the same as defined in rule 283—10.2(256).

"Program of study" means the same as defined in rule 283—10.2(256).

"Satisfactory academic progress" means the same as defined in rule 283—10.2(256).

283—20.2(256) Iowa national guard service scholarship.

20.2(1) *Eligible applicant.* An eligible applicant is an Iowa resident, as determined by the adjutant general, who enrolls full-time or part-time in a program of study at an eligible institution and who meets the award eligibility criteria approved by the adjutant general and the following provisions:

a. Completes the applications the Iowa national guard deems necessary on or before the date established by the Iowa national guard, except that an individual who was on federal active duty at the time of an application deadline will have 30 days to apply upon return to Iowa from active duty.

b. Meets the eligibility criteria in Iowa Code section 256.210, meets satisfactory academic progress standards, and does not meet a condition in 283—subrule 10.3(1).

20.2(2) *Awarding of funds.*

a. Selection criteria. All eligible applicants will be considered for an award.

b. Maximum award and extent of award. Eligible applicants may receive awards for no more than 120 semester credit hours attributable to the program of study unless the applicants meet the provisions of Iowa Code section 256.210(3)*"a"*(2).

(1) The maximum award for full-time students will not exceed the undergraduate Iowa resident tuition rate at Iowa regent universities or the tuition charged to the eligible applicant, whichever is lower.

(2) All credit hours within a term of enrollment to which a scholarship is applied will be reported to the commission within the state-defined payment period.

c. Awarding process.

(1) The Iowa national guard will verify the eligibility of eligible applicants. An eligibility decision by the adjutant general is final.

(2) The commission will designate eligible applicants for awards and provide eligible institutions with rosters of designated eligible applicants.

(3) The commission will notify recipients and eligible institutions of the awards. Eligible institutions will notify the student of the award amount, of the state program from which funding is being provided and that the award is contingent on the availability of state funds.

(4) Eligible institutions will apply awards to cover expenses identified in Iowa Code section 256.210(5).

(5) Eligible institutions will provide information about eligible applicants to the commission in a format specified by the commission. Eligible institutions will make necessary changes to awards due to a change in enrollment or financial situation and promptly report those changes to the commission.

(6) Eligible institutions are responsible for completing necessary verification and for coordinating other aid to ensure compliance with student eligibility requirements and allowable award amounts. Eligible institutions will report changes in student eligibility to the commission.

(7) The commission will periodically investigate and review compliance of eligible institutions participating in this program with the criteria established in Iowa Code section 256.210 and this rule.

283—20.3(256) Iowa national guard master's degree service scholarship. In the event that the adjutant general authorizes the expenditure of unencumbered or unobligated funds from Iowa Code section 256.210(6) for the recruitment or retention of individuals by providing a scholarship award to an eligible member of the Iowa national guard, this chapter will be used to administer authorized scholarships. The adjutant general will select program recipients and authorize scholarship awards under this chapter. The decision of the adjutant general is final.

20.3(1) *Eligible applicant.* An eligible applicant is an Iowa resident, as determined by the adjutant general, who enrolls in an eligible master's degree program of study at an eligible institution and who meets the award eligibility criteria approved by the adjutant general and the following provisions:

a. Completes the applications the Iowa national guard deems necessary on or before the date established by the Iowa national guard, except that an individual who was on federal active duty at the time of an application deadline will have 30 days to apply upon return to Iowa from active duty.

b. Meets the eligibility criteria in Iowa Code section 256.211(1)*"a"* and 256.211(3), meets satisfactory academic progress standards, and does not meet a condition in 283—subrule 10.3(1).

20.3(2) *Awarding of funds.*

a. Selection criteria. All eligible applicants will be considered for an award.

b. Maximum award and extent of award. Eligible applicants may receive awards for no more than 36 semester credit hours, or the equivalent, attributable to the eligible master's degree program of study.

(1) The maximum award will not exceed the Iowa resident graduate-level tuition rate at Iowa regent universities or the tuition charged to the eligible applicant, whichever is lower.

(2) All credit hours within a term of enrollment to which a scholarship is applied will be reported to the commission within the state-defined payment period.

c. Awarding process. The college student aid commission adopts the awarding process in paragraph 20.2(2)*"c"* with the following exception: In lieu of "Iowa Code section 256.210" in subparagraph 20.2(2)*"c"*(7), insert "Iowa Code section 256.211".

These rules are intended to implement Iowa Code chapter 256.

ITEM 2. Rescind and reserve **283—Chapter 29**.

ARC 9390C

COLLEGE STUDENT AID COMMISSION[283]

Notice of Intended Action

Proposing rulemaking related to teach Iowa scholar program and providing an opportunity for public comment

The College Student Aid Commission hereby proposes to rescind Chapter 28, "Teach Iowa Scholar Program," Iowa Administrative Code, and to adopt a new chapter with the same title.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code sections 256.178 and 256.218.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code section 256.218.

Purpose and Summary

The Commission proposes to rescind and adopt a new Chapter 28 pursuant to Executive Order 10. New Chapter 28 is proposed to ensure the Commission meets the requirements set forth in law by adopting rules for the administration of the Teach Iowa Scholar Program. The proposed rulemaking establishes the eligibility criteria and priority criteria used in awarding funds under the program; describes the process of awarding funds and tracking obligations; and illustrates the role of the Commission, applicants, and employers. The rulemaking also provides definitions for use under the program.

The Administrative Rules Coordinator provided preclearance for the publication of this Notice of Intended Action on March 14, 2025.

Regulatory Analysis

A Regulatory Analysis for this rulemaking was published in the Iowa Administrative Bulletin on February 19, 2025. A public hearing was held on the following date(s):

- March 11, 2025

No public comments on the Regulatory Analysis were received at the public hearing or in writing.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Commission for a waiver of the discretionary provisions, if any, pursuant to 283—Chapter 7.

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking, which must be received by the Commission no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

David Ford
Department of Education, Bureau of Iowa College Aid
Grimes State Office Building
400 East 14th Street
Des Moines, Iowa 50319
Phone: 515.901.9924
Fax: 515.242.5988
Email: david.ford@iowa.gov or administrative rules website at rules.iowa.gov

Public Hearing

Public hearings at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 4 to 4:30 p.m.	Room B50 Grimes State Office Building Des Moines, Iowa
July 30, 2025 9 to 9:30 a.m.	Room B50 Grimes State Office Building Des Moines, Iowa

Persons who wish to make oral comments at a public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend a public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Commission and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Rescind 283—Chapter 28 and adopt the following **new** chapter in lieu thereof:

CHAPTER 28
TEACH IOWA SCHOLAR PROGRAM

283—28.1(256) Definitions.

"Eligible applicant" means an individual who meets the criteria in Iowa Code section 256.218(3), agrees to complete the obligation, completes applications on or before the date established by the commission, and does not meet a condition in 283—subrule 10.3(1). The obligation ends after five consecutive years. Progression towards completion of the obligation is verified annually. In addition, the eligible applicant will have graduated in the top 25 percent academically of students completing the teacher preparation program at the institution, as certified by the postsecondary institution offering the teacher preparation program from which the applicant graduates, and must be providing instruction in an eligible teaching field or in a combination of eligible teaching fields at an eligible school or agency and will be teaching on a full-time basis.

"Eligible school or agency" means a public school district, area education agency, charter school, and accredited nonpublic school located in Iowa and recognized and approved by the department of education.

"Eligible student loan" means the same as defined in Iowa Code section 256.218(4). Only the outstanding portion of a federal consolidation loan that was used to repay an eligible student loan qualifies as an eligible student loan.

"Eligible teaching field" means hard-to-staff subjects as identified by the director of the department of education.

"Preparation program" means the programs of practitioner preparation leading to initial licensure of teachers, administrators, and other professional school personnel.

"Teacher" means an individual who holds a practitioner's license or a statement of professional recognition issued under Iowa Code chapter 272 and who is employed in a nonadministrative position by an eligible school or agency pursuant to a contract issued by a board of directors under Iowa Code section 279.13. "Teacher" also includes a preschool teacher who is licensed by the board of educational examiners under Iowa Code chapter 272 and is employed by an eligible school or agency.

283—28.2(256) Awarding of funds.

28.2(1) *Selection criteria.* All eligible applicants will be considered for an award.

28.2(2) *Extent of award and maximum award.* Eligible applicants may receive up to $4,000 per year for a period of five years.

28.2(3) *Priority for awards.* New awards will be made in the order of the following priority categories if funding is insufficient to award all eligible applicants. An eligible applicant selected for an award under a priority category will continue to meet the provisions of that category to maintain eligibility.

a. Eligible applicants who are Iowa residents.

(1) If all eligible applicants in this category cannot be funded, awards will be made first based on the eligible applicant's graduation date from the teacher preparation program, grouped by academic year, with the most recent academic year graduates given priority.

(2) If all eligible applicants who graduated within an academic year cannot be funded, awards will be further prioritized based on the annual ranking of eligible teaching fields by the department, with eligible applicants teaching in the highest ranking fields being served first. Eligible applicants who meet the same priority criteria in this category will be further prioritized by application date.

b. Eligible applicants who are not Iowa residents.

(1) If all eligible applicants in this category cannot be funded, awards will be made first based on the eligible applicant's graduation date from the teacher preparation program, grouped by academic year, with the most recent academic year graduates given priority.

(2) If all eligible applicants who graduated within an academic year cannot be funded, awards will be further prioritized based on the annual ranking of eligible teaching fields by the department, with eligible applicants teaching in the highest ranking fields being served first. Eligible applicants who meet the same priority criteria in this category will be further prioritized by application date.

28.2(4) *Awarding process.*

a. The commission will provide notice of the eligibility criteria and the application process annually.

b. Eligible applicants will specify whether the award should be paid directly to the eligible applicant or to the holder of the eligible applicant's eligible student loan.

c. The commission will designate eligible applicants for awards and notify all applicants of their eligibility.

d. The commission will track eligible applicants selected to receive awards through completion of their obligation.

e. The commission will pay the award directly to the eligible applicant or to the holder of the eligible applicant's eligible student loan after the eligible school or agency verifies that a portion of the obligation has been completed.

283—28.3(256) Grandfather clause. The eligibility of eligible applicants who are selected to receive awards will not be impacted in subsequent years if the eligible teaching field under which they were selected to receive the award is no longer identified by the department.

These rules are intended to implement Iowa Code chapter 256.

ARC 9391C

COLLEGE STUDENT AID COMMISSION[283]

Notice of Intended Action

Proposing rulemaking related to Iowa national guard student loan repayment program and providing an opportunity for public comment

The College Student Aid Commission hereby proposes to rescind Chapter 30, "Iowa National Guard Student Loan Repayment Program," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code sections 256.178 and 256.211.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code section 256.211.

Purpose and Summary

The Commission plans to rescind Chapter 30 pursuant to Executive Order 10. Iowa Code section 256.211 allows unencumbered funds under Iowa Code section 256.210 to be utilized for an Iowa National Guard Student Loan Repayment Program. No unencumbered funds under Iowa Code section 256.210 have been authorized for disbursement under the program, so rules for the program are unnecessary.

The Administrative Rules Coordinator provided preclearance for the publication of this Notice of Intended Action on March 14, 2025.

Regulatory Analysis

A Regulatory Analysis for this rulemaking was published in the Iowa Administrative Bulletin on February 19, 2025. A public hearing was held on the following date(s):

- March 11, 2025

No public comments on the Regulatory Analysis were received at the public hearing or in writing.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Commission for a waiver of the discretionary provisions, if any, pursuant to 283—Chapter 7.

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking, which must be received by the Commission no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

David Ford
Department of Education, Bureau of Iowa College Aid
Grimes State Office Building
400 East 14th Street
Des Moines, Iowa 50319
Phone: 515.901.9924
Fax: 515.242.5988
Email: david.ford@iowa.gov or administrative rules website at rules.iowa.gov

Public Hearing

Public hearings at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 4 to 4:30 p.m.	Room B50 Grimes State Office Building Des Moines, Iowa
July 30, 2025 9 to 9:30 a.m.	Room B50 Grimes State Office Building Des Moines, Iowa

Persons who wish to make oral comments at a public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend a public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Commission and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Rescind and reserve **283—Chapter 30**.

ARC 9392C

COLLEGE STUDENT AID COMMISSION[283]

Notice of Intended Action

Proposing rulemaking related to student loan debt collection and providing an opportunity for public comment

The College Student Aid Commission hereby proposes to rescind Chapter 37, "Student Loan Debt Collection," and to adopt a new Chapter 37, "Debt Collection," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code sections 256.178 and 256.197(7).

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code section 256.197(7).

Purpose and Summary

The Commission proposes to rescind and adopt a new Chapter 37 pursuant to Executive Order 10. New Chapter 37 is proposed to ensure the Commission meets the requirements set forth in law by adopting rules to provide for an effective system of collecting defaulted obligations owed to the Commission. The proposed rulemaking illustrates the mechanisms and references the processes the Commission utilizes in the collection of defaulted obligations. The proposed rulemaking includes standards adopted by reference that align to 34 CFR Part 34 to leverage federal administrative wage garnishment procedures.

The Administrative Rules Coordinator provided preclearance for the publication of this Notice of Intended Action on April 11, 2025.

Regulatory Analysis

A Regulatory Analysis for this rulemaking was published in the Iowa Administrative Bulletin on March 19, 2025. A public hearing was held on the following date(s):

- April 8, 2025

No public comments on the Regulatory Analysis were received at the public hearing or in writing.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Commission for a waiver of the discretionary provisions, if any, pursuant to 283—Chapter 7.

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking, which must be received by the Commission no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

David Ford
Department of Education, Bureau of Iowa College Aid
Grimes State Office Building
400 East 14th Street
Des Moines, Iowa 50319
Phone: 515.901.9924
Fax: 515.242.5988
Email: david.ford@iowa.gov or administrative rules website at rules.iowa.gov

Public Hearing

Public hearings at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 4 to 4:30 p.m.	Room B50 Grimes State Office Building Des Moines, Iowa
July 30, 2025 9 to 9:30 a.m.	Room B50 Grimes State Office Building Des Moines, Iowa

Persons who wish to make oral comments at a public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend a public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Commission and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Rescind 283—Chapter 37 and adopt the following **new** chapter in lieu thereof:

CHAPTER 37
DEBT COLLECTION

283—37.1(256) Definitions.

"Debtor" means a person who has defaulted on any obligation owed to or collected by the commission.

"Default" means that a debtor:

1. Becomes obligated to repay the commission under any loan repayment program administered by the commission and fails to make an agreed payment within 30 days of the agreed due date;
2. Becomes obligated to repay the commission under any forgivable loan program administered by the commission and fails to make an agreed payment within 30 days of the agreed due date; or
3. Enters into a written repayment agreement with the commission and fails to make an agreed payment within 30 days of the due date stated in the repayment agreement.

"Defaulted obligation owed" means the total amount of the debtor's obligation, including principal and unpaid accrued interest, and may include collection costs and other allowable fees.

283—37.2(256) Administrative wage garnishment procedures. The commission shall use the general administrative wage garnishment procedures established in 34 CFR Part 34 et seq., as of July 1, 2024, in the collection of all defaulted obligations owed to the commission. Administrative hearings will be governed by 283—Chapter 4.

283—37.3(261) Offset against state income tax refund or rebate. The commission may make a claim against a defaulted borrower's state income tax refund or rebate to receive a payment against defaulted obligation owed pursuant to 701—Chapter 26.

These rules are intended to implement Iowa Code section 256.197.

ARC 9393C

INSPECTIONS AND APPEALS DEPARTMENT[481]

Notice of Intended Action

Proposing rulemaking related to occupational therapy licensure compact and providing an opportunity for public comment

The Department of Inspections, Appeals, and Licensing hereby proposes to amend Chapter 804, "Licensure of Occupational Therapists and Occupational Therapy Assistants," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code chapter 148B and sections 147E.1, 272C.3 and 272C.10.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code chapters 17A, 147, 148B and 272C and section 147E.1.

Purpose and Summary

The proposed amendments define the requirements for participation in the Occupational Therapy Licensure Compact, add background check requirements for initial licensure and licensure by endorsement for all occupational therapist (OT) and occupational therapist assistant (OTA) applicants, add a fee for the issuance of a compact privilege to practice in Iowa, and waive the compact privilege fee for an active duty military member or spouse.

Regulatory Analysis

A Regulatory Analysis for this rulemaking was published in the Iowa Administrative Bulletin on March 19, 2025. A public hearing was held on the following date(s):

- April 9, 2025

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Board of Physical and Occupational Therapy for a waiver of the discretionary provisions, if any, pursuant to 481—Chapter 6.

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking, which must be received by the Board no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

Venus Vendoures Walsh
Department of Inspections, Appeals, and Licensing
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321
Phone: 515.242.6529
Fax: 515.281.7969
Email: venus.vendoures-walsh@dia.iowa.gov

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

August 11, 2025 11 to 11:30 a.m.	6200 Park Avenue Des Moines, Iowa And via Google Meet: meet.google.com/mjt-afhh-drh Or dial: (US) +1 513.373.4084 PIN: 733 482 841# More phone numbers: tel.meet/mjt-afhh-drh?pin=2594041957103

Persons who wish to make oral comments at the public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend the public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Board and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Renumber subrules **804.2(3)** and **804.2(4)** as **804.2(4)** and **804.2(5)**.

ITEM 2. Adopt the following **new** subrule 804.2(3):

804.2(3) Submit a completed fingerprint card and a signed waiver form to facilitate a national criminal history background check by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI). The cost of the criminal history background check by the DCI and the FBI shall be assessed to the applicant.

ITEM 3. Renumber rules **481—804.4(147)** through **481—804.9(17A,147,272C)** as **481—804.5(147)** through **481—804.10(17A,147,272C)**.

ITEM 4. Adopt the following **new** rule 481—804.4(147E):

481—804.4(147E) Occupational therapy licensure compact. The rules of the occupational therapy compact commission are incorporated by reference. An occupational therapist or occupational therapist assistant may engage in the practice of occupational therapy in Iowa without a license issued by the board if the individual has a current compact privilege to practice in Iowa issued by the occupational therapy compact commission. The state fee for issuance of a compact privilege to practice in Iowa shall be $60, which will be collected by the occupational therapy compact commission. The state fee for issuance of a compact privilege to practice in Iowa shall be waived for an active duty military member or spouse of an individual who is an active duty military member. An occupational therapist or occupational therapist assistant who practices occupational therapy in Iowa using a compact privilege is subject to the rules governing licensees in this chapter and in 481—Chapters 806 and 807. Complaints, investigations, and disciplinary proceedings involving a compact privilege shall be handled in accordance with Iowa Code chapters 17A and 272C; Iowa Code section 147E.1; and 481—Chapters 503, 504, and 506.

This rule is intended to implement Iowa Code section 147E.1.

ITEM 5. Amend renumbered rule 481—804.10(17A,147,272C) as follows:

481—804.10(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with rule 481—506.31(272C) and must apply for and be granted reactivation of the license

in accordance with rule ~~481—804.8(17A,147,272C)~~ 481—804.9(17A,147,272C) prior to practicing occupational therapy in this state.

ARC 9386C

PUBLIC SAFETY DEPARTMENT[661]

Notice of Intended Action

Proposing rulemaking related to regulations applicable to carriers and providing an opportunity for public comment

The Public Safety Department hereby proposes to rescind Chapter 22, "Regulations Applicable to Carriers," Iowa Administrative Code, and to adopt a new chapter with the same title.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code sections 321.208A, 321.449, 321.450 and 325A.10.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code sections 321.1, 321.123, 321.208A, 321.449 and 321.450.

Purpose and Summary

Pursuant to Executive Order 10, this rulemaking proposes to repromulgate Chapter 22. Proposed Chapter 22 outlines the regulations applicable to commercial motor vehicles (CMVs). These rules largely impose safety requirements and adoption of federal regulations by reference.

Regulatory Analysis

A Regulatory Analysis for this rulemaking was published in the Iowa Administrative Bulletin on September 18, 2024. A public hearing was held on the following date(s):

- October 8, 2024

No public comments were received.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to 661—Chapter 10.

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking, which must be received by the Department no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

Josie Wagler
Department of Public Safety
Oran Pape State Office Building

215 East 7th Street
Des Moines, Iowa 50319
Phone: 515.725.6185
Email: wagler@dps.state.ia.us

Public Hearing

Public hearings at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 2 to 2:30 p.m.	Conference Room 125 Oran Pape State Office Building Des Moines, Iowa
July 30, 2025 8:30 to 9 a.m.	Conference Room 125 Oran Pape State Office Building Des Moines, Iowa

Persons who wish to make oral comments at a public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend a public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Department and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Rescind 661—Chapter 22 and adopt the following **new** chapter in lieu thereof:

CHAPTER 22
REGULATIONS APPLICABLE TO CARRIERS

661—22.1(321) Safety and hazardous materials regulations.

22.1(1) *Regulations.*

a. Motor carrier safety regulations. The department of public safety adopts the Federal Motor Carrier Safety Regulations, 49 CFR Parts 385, 386 and 390-399 (October 1, 2023).

b. Hazardous materials regulations. The department of public safety adopts the Federal Hazardous Materials Regulations, 49 CFR Parts 107, 171-173, 177, 178, and 180 (October 1, 2023).

c. Copies of regulations. Copies of the federal regulations may be reviewed at the state law library or through the Internet at www.fmcsa.dot.gov.

22.1(2) *Carriers subject to regulations.*

a. Operators of commercial vehicles, as defined in Iowa Code section 321.1, are subject to the Federal Motor Carrier Safety Regulations adopted in this rule unless exempted under Iowa Code section 321.449.

b. Operators of vehicles transporting hazardous materials in commerce are subject to the Federal Hazardous Materials Regulations adopted in this rule unless exempted under Iowa Code section 321.450.

c. Operators of vehicles for hire, designed to transport 7 or more persons but fewer than 16, including the driver, must comply with 49 CFR Part 395 of the Federal Motor Carrier Safety Regulations. In addition, operators of vehicles for hire, designed to transport 7 or more persons but fewer than 16, including the driver, are not exempt from logbook requirements afforded the 150-air-mile radius driver under 49 CFR 395.1(e). However, the provisions of 49 CFR Part 395 shall not apply to vehicles

offered to the public for hire that are used principally in intracity operation and are regulated by local authorities.

22.1(3) *Declaration of knowledge of regulations.* Operators of commercial vehicles who are subject to the regulations adopted in this rule shall at the time of application for authority to operate in Iowa or upon receipt of their Iowa registration declare knowledge of the Federal Motor Carrier Safety Regulations and Federal Hazardous Materials Regulations adopted in this rule.

This rule is intended to implement Iowa Code sections 321.1, 321.449 and 321.450.

661—22.2(321) Definitions. The following definitions apply to the regulations adopted in rule 761—520.1(321):

"Any requirements which impose any restrictions upon a person" as used in Iowa Code section 321.449(6) means the requirements in 49 CFR Parts 391 and 395.

"Driver age qualifications" as used in Iowa Code section 321.449(3) means the age qualifications in 49 CFR 391.11(b)(1).

"Driver qualifications" as used in Iowa Code section 321.449(2) means the driver qualifications in 49 CFR Part 391.

"Farm customer" as used in Iowa Code section 321.450(3) means a retail consumer residing on a farm or in a rural area or city with a population of 3,000 or less.

"Hours of service" as used in Iowa Code section 321.449(2) means the hours of service requirements in 49 CFR Part 395.

"Recordkeeping requirements" as used in Iowa Code section 321.449(2) means the recordkeeping requirements in 49 CFR Part 395.

"Rules adopted under this section concerning physical and medical qualifications" as used in Iowa Code sections 321.449(5) and 321.450(2) means the regulations in 49 CFR 391.11(b)(4) and 49 CFR Part 391, Subpart E.

"Rules adopted under this section for a driver of a commercial vehicle" as used in Iowa Code section 321.449(4) means the regulations in 49 CFR Parts 391 and 395.

This rule is intended to implement Iowa Code sections 321.449 and 321.450.

661—22.3(321) Motor carrier safety regulations exemptions.

22.3(1) The following intrastate vehicle operations are exempt from the motor carrier safety regulations concerning inspection in 49 CFR 396.17 as adopted in rule 761—520.1(321):

a. Implements of husbandry including nurse tanks as defined in Iowa Code section 321.1.

b. Special mobile equipment (SME) as defined in Iowa Code section 321.1.

c. Unregistered farm trailers as defined in rule 761—400.1(321) pursuant to Iowa Code section 321.123.

d. Motor vehicles registered for a gross weight of five tons or less when used by retail dealers or their employees to deliver hazardous materials, fertilizers, petroleum products and pesticides to farm customers.

22.3(2) Reserved.

This rule is intended to implement Iowa Code sections 321.1, 321.123, 321.449 and 321.450.

661—22.4(321) Hazardous materials exemptions. These exemptions apply to the regulations adopted in rule 761—520.1(321):

22.4(1) Pursuant to Iowa Code section 321.450(3), "retail dealers of fertilizers, petroleum products, and pesticides and their employees while delivering fertilizers, petroleum products, and pesticides to farm customers within a one-hundred-mile radius of their retail place of business" are exempt from 49 CFR 177.804; and, pursuant to Iowa Code section 321.449(4), they are exempt from 49 CFR Parts 391 and 395. However, pursuant to Iowa Code section 321.449, the retail dealers and their employees under the specified conditions are subject to the regulations in 49 CFR Parts 390, 392, 393, 396 and 397.

22.4(2) Reserved.

This rule is intended to implement Iowa Code section 321.450.

661—22.5(321) Safety fitness.

22.5(1) *New motor carrier safety audits.* Peace officers in the commercial motor vehicle unit of the department of public safety will perform safety audits of new motor carriers and have the authority to enter a motor carrier's place of business for the purpose of performing these audits. These audits are performed in compliance with 49 CFR Part 385 and are completed within 18 months from the day the motor carrier commences business.

22.5(2) *Motor carrier compliance reviews.* Peace officers in the commercial motor vehicle unit of the department of public safety will perform compliance reviews of motor carriers and shall have the authority to enter a motor carrier's place of business for the purpose of performing these compliance reviews. These compliance reviews are performed in compliance with 49 CFR Part 385.

This rule is intended to implement Iowa Code sections 321.449 and 321.450.

661—22.6(321) Out-of-service order. A person will not operate a commercial vehicle or transport hazardous material in violation of an out-of-service order issued by an Iowa peace officer. An out-of-service order for noncompliance is issued when either the vehicle operator is not qualified to operate the vehicle or the vehicle is unsafe to be operated until required repairs are made. The out-of-service order is consistent with the North American Uniform Out-of-Service Criteria.

This rule is intended to implement Iowa Code sections 321.3, 321.208A, 321.449, and 321.450.

661—22.7(321) Driver's statement. A "driver" as used in Iowa Code sections 321.449(5) and 321.450(2) will carry at all times a notarized statement of employment. The statement includes the following:

1. The driver's name, address and social security number;
2. The name, address and telephone number of the driver's pre-July 29, 1996, employer;
3. A statement, signed by the pre-July 29, 1996, employer or the employer's authorized representative, that the driver was employed to operate a commercial vehicle only in Iowa; and
4. A statement showing the driver's physical or medical condition existed prior to July 29, 1996.

This rule is intended to implement Iowa Code sections 321.449 and 321.450.

661—22.8(321) Planting and harvesting period. In accordance with the provisions of 49 CFR 395.1(k), the planting and harvesting period pertaining to agricultural operations is January 1 through December 31.

This rule is intended to implement Iowa Code sections 321.449 and 321.450.

661—22.9(325A) Marking of motor vehicles. "Motor vehicle" is defined in Iowa Code chapter 325A. Before any motor vehicle is placed in service, the motor vehicle will be clearly marked with letters and figures large enough to be easily read at a distance of 50 feet and in a color in contrast to the background. These markings will be painted on each side of the motor vehicle or may consist of a removable device that meets identification and legibility requirements and is securely placed on each side of the motor vehicle.

22.9(1) Motor carriers operating intrastate only will display the:

a. Name of motor carrier under whose authority the motor vehicle is being operated.

b. U.S. DOT number followed by the letters "IA" if the motor carrier has been issued a number by the Federal Motor Carrier Safety Administration.

22.9(2) Motor carriers operating both interstate and intrastate will display markings in accordance with 49 CFR 390.21.

This rule is intended to implement Iowa Code section 325A.8.

661—22.10(325A) Bills of lading or freight receipts.

22.10(1) *Requirements.* Every motor carrier operating under a motor carrier permit, except for those motor carriers transporting unprocessed agricultural and horticultural products and livestock, will issue a bill of lading or receipt on the date freight is received for shipment. The bill of lading or receipt shows the following:

a. Name of motor carrier.
b. Date and place received.
c. Name of consignor.
d. Name of consignee.
e. Destination.
f. Description of shipment.
g. Signature of motor carrier or agent issuing the bill of lading or receipt.
h. Freight described in apparent good order unless an exception is noted.

22.10(2) *Retention.* There will be one copy of the bill of lading or receipt for the consignor, one for the consignee and one to be kept by the motor carrier. The copy may be either paper or electronic except that a bill of lading or receipt of freight consisting of hazardous materials must be a paper copy as required in accordance with 49 CFR Part 172. The motor carrier will carry a copy of the bill of lading or receipt with the cargo and shall show the total of all charges made for the movement of freight. The motor carrier will keep the bill of lading or receipt for a period of not less than one year. At any reasonable time, the bill of lading or receipt is subject to inspection by the department's representatives and any peace officer.

This rule is intended to implement Iowa Code section 325A.10.

ARC 9384C

PUBLIC SAFETY DEPARTMENT[661]

Notice of Intended Action

Proposing rulemaking related to safety requirements and providing an opportunity for public comment

The Public Safety Department hereby proposes to rescind Chapter 24, "Safety Requirements for Movement of Implements of Husbandry on Roadways," Iowa Administrative Code, and to adopt a new chapter with the same title.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code section 321.383.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code section 321.383.

Purpose and Summary

This rulemaking proposes to repromulgate Chapter 24 pursuant to Executive Order 10. Proposed Chapter 24 provides minimum safety requirements for implements of husbandry operating on Iowa's roadways.

Regulatory Analysis

A Regulatory Analysis for this rulemaking was published in the Iowa Administrative Bulletin on September 18, 2024. A public hearing was held on the following date(s):

- October 8, 2024

No public comments were received.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to 661—Chapter 10.

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking, which must be received by the Department no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

Josie Wagler
Department of Public Safety
Oran Pape State Office Building
215 East 7th Street
Des Moines, Iowa 50319
Phone: 515.725.6185
Email: wagler@dps.state.ia.us

Public Hearing

Public hearings at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 1 to 1:30 p.m.	Conference Room 125 Oran Pape State Office Building Des Moines, Iowa
July 30, 2025 8 to 8:30 a.m.	Conference Room 125 Oran Pape State Office Building Des Moines, Iowa

Persons who wish to make oral comments at a public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend a public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Department and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Rescind 661—Chapter 24 and adopt the following **new** chapter in lieu thereof:

CHAPTER 24
SAFETY REQUIREMENTS FOR MOVEMENT OF
IMPLEMENTS OF HUSBANDRY ON ROADWAYS

661—24.1(321) Safety rules for the movement of implements of husbandry on a roadway. The following standards are minimum safety requirements for the movement of implements of husbandry on a roadway.

24.1(1) *Towing standard.* No power unit operated by a retail seller or manufacturer shall tow more than one implement of husbandry, except those implements of husbandry that are not self-propelled and are capable of being towed in tandem, from the manufacturer to the retail seller, from the retail seller to the farm purchaser, or from the manufacturer to the farm purchaser.

24.1(2) *Equipment standards.*

a. Braking. Braking equipment of the towing unit or self-propelled implement of husbandry is adequate under Iowa Code section 321.430 when the vehicle is traveling 20 miles per hour and the braking device does either of the following:

(1) Stops the vehicle or vehicles within 30 feet if the gross weight is less than 5,000 pounds.

(2) Stops the vehicle or vehicles within 50 feet if the gross weight is 5,000 pounds or more.

b. Rearview mirror. The rearview mirror equipment standard in Iowa Code section 321.437 may be met by the use and installation of a temporary rearview mirror.

c. Lighting. The requirement in Iowa Code section 321.387 applies to the towing or towed vehicle, the rearmost implement of husbandry being towed in tandem, or a self-propelled implement of husbandry. The rear taillight equipment standard may be met by the use and installation of a temporary rear taillight. If an implement of husbandry is being towed by a vehicle that is equipped with brake lights, the requirements of Iowa Code section 321.404 also apply to the towed unit.

d. Turn signal. The requirements of Iowa Code section 321.317 apply to the towing or towed vehicle, the rearmost implement of husbandry being towed in tandem, or a self-propelled implement of husbandry. The turn-signal device equipment standard may be met by the use and installation of a temporary turn-signal device.

e. Tires. The requirements of Iowa Code section 321.440 apply for pneumatic tires on the towing or towed vehicle, the rearmost implement of husbandry being towed in tandem, or a self-propelled implement of husbandry.

f. Warning devices. The requirements of Iowa Code section 321.383 apply to reflective devices on the self-propelled or towed implement of husbandry.

g. Drawbar and safety chain. The requirements of Iowa Code section 321.462 apply when one vehicle is being towed by another vehicle.

This rule is intended to implement Iowa Code section 321.383.

ARC 9394C

SECRETARY OF STATE[721]

Amended Notice of Intended Action

Providing for a public hearing on rulemaking related to mechanics' notice and lien registry

The Notice of Intended Action published in the Iowa Administrative Bulletin on May 28, 2025, as **ARC 9290C** proposes to amend Chapter 45, "Mechanics' Notice and Lien Registry," Iowa Administrative Code. In order to receive oral comments concerning **ARC 9290C**, the Secretary of State hereby gives notice that a public hearing will be held as follows:

July 30, 2025	Via videoconference call:
1 to 2 p.m.	meet.google.com/yhq-vxtg-tvw

Persons who wish to make oral comments at the public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend the public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Secretary of State and advise of specific needs.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code section 572.34.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code chapter 572.

Purpose and Summary

The proposed subrules under rules 721—45.4(572) and 721—45.5(572) adopt specifics for renewing, making inactive, and removing inactive Mechanics' Notice and Lien Registry (MNLR) preliminary notices and notices of commencement of work as required by Iowa Code section 572.34(12). This Amended Notice provides notice of a public hearing pursuant to a request under Iowa Code section 17A.4(1)"b."

Fiscal Impact, Jobs Impact, Waivers

Statements related to the fiscal impact, jobs impact, and waiver of this rulemaking may be found in the preamble of **ARC 9290C**.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

ARC 9383C

TRANSPORTATION DEPARTMENT[761]

Notice of Intended Action

Proposing rulemaking related to interstate registration and operation of vehicles and providing an opportunity for public comment

The Transportation Department hereby proposes to rescind Chapter 500, "Interstate Registration and Operation of Vehicles," Iowa Administrative Code, and to adopt a new chapter with the same title.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code sections 307.12(1)"j" and 326.33.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code chapter 326 and sections 17A.9A, 321.20A, 321.126, 321.127, 321.129, and 321.134.

Purpose and Summary

This rulemaking proposes to repromulgate Chapter 500 in compliance with Executive Order 10. Proposed Chapter 500 complies with Iowa Code chapter 326 by outlining the process and procedures to obtain International Registration Plan (IRP) credentials and all recordkeeping requirements. Iowa is a

member jurisdiction of the IRP, and the apportionable registration is required for motor carriers that operate in interstate commerce.

Regulatory Analysis

A Regulatory Analysis for this rulemaking was published in the Iowa Administrative Bulletin on April 2, 2025. A public hearing was held on the following date(s):

- April 25, 2025

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to 761—Chapter 11.

Public Comment

Any interested person may submit written comments concerning this proposed rulemaking, which must be received by the Department no later than 4:30 p.m. on July 29, 2025. Comments should be directed to:

Sara Siedsma
Department of Transportation
DOT Rules Administrator, Office of the Director
800 Lincoln Way
Ames, Iowa 50010

Public Hearing

Public hearings at which persons may present their views orally will be held as follows:

July 29, 2025 9 to 9:30 a.m.	Microsoft Teams link Or dial: 515.817.6093 Conference ID: 846 440 470#
July 29, 2025 1 to 1:30 p.m.	Microsoft Teams link Or dial: 515.817.6093 Conference ID: 104 643 657#

Persons who wish to make oral comments at a public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend a public hearing and have special requirements, such as those related to hearing impairments, should contact Sara Siedsma and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Rescind 761—Chapter 500 and adopt the following **new** chapter in lieu thereof:

MOTOR CARRIERS

CHAPTER 500
INTERSTATE REGISTRATION AND OPERATION OF VEHICLES

761—500.1(326) Definitions. The definitions in Iowa Code sections 326.2 and 326.3 apply to this chapter. In addition:

"Distance schedule" means the department form used to report fleet distance.

"IRP" means the International Registration Plan as defined in Iowa Code section 326.2.

"Qualified registrant" means a motor carrier who has received written approval by the department to self-certify IRP credential destruction.

"Self-certification of IRP credential destruction" means a signed statement that is completed by a qualified registrant certifying the date the IRP credentials have been destroyed.

"Temporary evidence of apportioned registration" means a document issued by the department that describes the vehicle and lists the weight for each jurisdiction in which the vehicle is registered for operation and allows the vehicle to be operated.

"Vehicle schedule" means the department form used to report vehicle registration information.

This rule is intended to implement Iowa Code sections 326.2, 326.3, 326.15 and 326.33.

761—500.2(326) General information.

500.2(1) *Information and location.* Applications, forms and information on interstate registration and operation of vehicles are available on the department's website at www.iowadot.gov/mvd/motorcarriers/IRP/File-IRP; by mail from the Motor Vehicle Division, Iowa Department of Transportation, P.O. Box 10382, Des Moines, Iowa 50306-0382; in person at 6310 SE Convenience Boulevard, Ankeny, Iowa; by telephone at 515.237.3268; by facsimile at 515.236.3225; or by email at omcs@iowadot.us.

500.2(2) *Method of operation.* The operations of the department's motor vehicle division relating to reciprocity and apportioned registration are conducted in accordance with the IRP and Iowa Code chapters 321 and 326.

500.2(3) *Organizational data.* The motor vehicle division is authorized pursuant to Iowa Code chapter 326 to enter into reciprocity apportioned registration agreements with other jurisdictions. The department is a member of the IRP. The IRP, effective January 2024, is hereby incorporated into this chapter. Under this agreement, the motor vehicle division will do all of the following:

a. Compute and collect apportionable fees due to this state under apportioned registration agreements.

b. Issue registration plates, validation stickers, cab cards, temporary evidence of apportioned registration and trip permits to qualified registrants.

c. Enter into reciprocity agreements with other jurisdictions. These agreements exempt nonresidents from the registration and registration fee requirements of Iowa Code chapter 321.

This rule is intended to implement Iowa Code sections 326.5, 326.6 and 326.33.

761—500.3(17A,326) Waiver of rules. In accordance with 761—Chapter 11, the director of transportation or the director's designee (director) may, in response to a petition, waive provisions of this chapter. A waiver will not be granted unless the director finds that special or emergency circumstances exist. "Special or emergency circumstances" means one or more of the following:

500.3(1) Circumstances where the movement is necessary to cooperate with cities, counties, other state agencies or other states in response to a national or other disaster.

500.3(2) Circumstances where the movement is necessary to cooperate with national defense officials.

500.3(3) Circumstances where the movement is necessary to cooperate with public or private utilities in order to maintain their public services.

500.3(4) Circumstances where the movement is essential to ensure safety and protection of any person or property due to events such as but not limited to pollution of natural resources, a potential fire or explosion.

500.3(5) Circumstances where weather or transportation problems create an undue hardship for citizens of the state of Iowa.

500.3(6) Circumstances where movement involves emergency-type vehicles.

500.3(7) Uncommon or extraordinary circumstances where the movement is essential to the existence of an Iowa business and the move may be accomplished without causing undue hazard to the safety of the traveling public or undue damage to private or public property.

This rule is intended to implement Iowa Code sections 17A.9A and 326.33.

761—500.4(326) Renewal for IRP registration. Renewal reminder notices are sent electronically or by mail at least 60 days prior to the registration expiration date to all registrants who maintained an active IRP fleet with Iowa during that year. The renewal is made available online at least 60 days prior to the registration expiration date and can be accessed on the department's website.

500.4(1) The renewal must include:

a. A completed and signed distance schedule and vehicle schedule(s). The schedules can be filed and signed either electronically or on paper.

b. Title documentation, if necessary.

c. One of the following:

(1) Receipted federal heavy vehicle use tax (Form 2290 Schedule 1) for vehicles with a taxable gross weight of 55,000 pounds or more.

(2) A copy of Form 2290 Schedule 1 and sufficient documentation of payment of the tax due at the time Form 2290 was filed. The documentation can include but is not limited to a photocopy of both sides of a canceled check, a bank statement indicating the amount of tax paid and electronic acknowledgment indicating a payment of tax and an Internal Revenue Service printout of the taxpayer's account showing the amount of tax paid.

500.4(2) Additional renewal procedures.

a. Vehicles may be deleted from the fleet at the time of renewal. Operating a vehicle with credentials marked as deleted will result in the registrant being responsible for any fees assessed, including any applicable penalty. Operating a vehicle with credentials that were self-certified as destroyed will result in suspension of the self-certification privilege.

b. Units being stored must be marked "stored" on the renewal vehicle schedule and the plates, cab cards and validation stickers must be returned in accordance with rule 761—500.5(321).

c. Vehicles may be added at the time of renewal. Upon payment of required fees, an applicant must apply for a temporary evidence of apportioned registration to be issued to operate a vehicle in accordance with the IRP. The department may extend the temporary evidence of apportioned registration if there are extenuating circumstances beyond the applicant's control.

d. When the registrant is seeking a refund in accordance with Iowa Code section 326.15 for vehicles deleted from a fleet, the annual and permanent registration plates and validation stickers must be returned to the motor vehicle division. No refund will be paid for a vehicle deleted at the time of renewal.

This rule is intended to implement Iowa Code sections 326.6, 326.11, 326.12, 326.14, 326.15 and 326.33.

761—500.5(321,326) Deadline for placing a vehicle in storage. The registrant of a currently registered vehicle may at any time request that a vehicle be put into storage. The registrant must complete a vehicle schedule and return it with the plate, cab card and validation sticker to the motor vehicle division. The vehicle schedule, plate, cab card and sticker must be received or postmarked on or before the registration expiration date to stop the registration fee from being assessed for the renewal year. The motor vehicle division will destroy the plate and return the cab card to the registrant with the word "stored" stamped on

it. Placing the vehicle in storage stops penalties on registration fees. When the vehicle is taken out of storage, the vehicle is assessed for the current annual registration fee.

This rule is intended to implement Iowa Code sections 321.126, 321.134 and 326.33.

761—500.6(326) Payment, delinquency and suspension.

500.6(1) Acceptable methods to make payment to the Iowa Department of Transportation include cash, check, credit card or any other means offered by the department. Payment is due 30 calendar days from the invoice date. However, renewal invoices are due 30 calendar days from the invoice date or by the last day of the registration expiration month, whichever is later.

500.6(2) Invoices not paid by the due date are assessed a late payment penalty as provided in Iowa Code sections 326.14 and 326.16. The same penalty amount will be assessed the first of each month thereafter until the total invoice and all penalties are paid in full.

500.6(3) A delinquency notice will be sent on invoices 30 calendar days overdue. The department will send a delinquency notice stating the IRP registration will be suspended unless payment is received within 30 calendar days from the date of the delinquency notice. If payment is not received in a timely manner, a notice of suspension will be sent to the registrant. When a registrant is under suspension, all of the registrant's Iowa-based IRP vehicles and the registrant's Iowa-based International Fuel Tax Agreement (IFTA) account, if applicable, are suspended.

This rule is intended to implement Iowa Code sections 326.10A, 326.14, 326.16 and 326.33.

761—500.7(326) Self-certification of IRP registration plate and validation sticker destruction.

500.7(1) In order to request a refund for unused registration fees, unless the registrant qualifies to self-certify destruction under this rule, plates and validation stickers must be returned to the department when a vehicle is deleted from the fleet. A registrant will meet all of the following requirements to qualify for department approval to self-certify destruction of IRP credentials:

a. A minimum of five years' experience with IRP registration.

b. A satisfactory IRP payment history. A satisfactory payment history includes but is not limited to no suspension of IRP registration in the last five years due to late payment or returned check because of insufficient funds.

c. A satisfactory rating from the U.S. Department of Transportation in the previous five years.

500.7(2) A motor carrier subject to a federal out-of-service order in the current year or any of the four prior years is not eligible to self-certify IRP credential destruction.

This rule is intended to implement Iowa Code sections 326.15 and 326.33.

761—500.8(326) IRP credentials. Upon payment of appropriate fees and submission of all required documentation, the motor vehicle division will issue one IRP plate for each power unit to be mounted on the front of the power unit, one trailer plate to be mounted on the rear of the trailer and one cab card for each power unit. The cab card may be in either a physical or electronic format.

This rule is intended to implement Iowa Code sections 326.14 and 326.33.

761—500.9(326) Nonrenewal vehicle additions. A registrant may add a vehicle to the fleet at any time after the commencement of the registration year. Upon payment of required fees, temporary evidence of apportioned registration may be issued to operate the vehicle(s). The temporary evidence of apportioned registration will not exceed 45 days. However, the department may extend the temporary evidence of apportioned registration if there are extenuating circumstances. Once temporary evidence of apportioned registration is issued and used, fees will be due and the invoice may only be canceled if an error was made by the department or there were extenuating circumstances for which nonuse can be proven.

This rule is intended to implement Iowa Code sections 326.11 and 326.33.

761—500.10(326) Nonrenewal vehicle deletions. A registrant may delete vehicles from the fleet at any time after the commencement of the registration year. The plates and validation stickers must be returned to the motor vehicle division at the time of deletion. In lieu of returning the plates and validation stickers, a qualified registrant may submit a self-certification of IRP credential destruction on or before

the vehicle's or vehicles' deletion date to the motor vehicle division. Operating a vehicle with credentials that were self-certified as destroyed will result in suspension of the self-certification privilege, and the registrant is responsible for any additional fees that would have been due beyond the stated destruction date.

This rule is intended to implement Iowa Code sections 326.12, 326.15 and 326.33.

761—500.11(326) Voluntary cancellation of registration. A registrant may cancel a transaction for IRP registration if the registrant notifies the motor vehicle division within 48 hours of the invoice date. The notice shall state the reason for cancellation, the licensing status and ownership and be signed by the registrant or its representative. If notice is not received within 48 hours or if a temporary evidence of apportioned registration was issued in accordance with rule 761—500.9(326), all registration fees must be paid in full.

This rule is intended to implement Iowa Code sections 326.6, 326.11 and 326.33.

761—500.12(326) Registration credit.

500.12(1) If a vehicle is deleted from the IRP fleet and replaced with another vehicle, registration credit may be applied to IRP fees due on the replacement vehicle if the registrant does all of the following:

a. Submits the vehicle schedule identifying the added and deleted vehicles to the motor vehicle division.

b. Deletes the vehicle on or before the effective date of the replacement vehicle's registration.

500.12(2) Allowance for credit of deleted vehicles is subject to the conditions set forth in Iowa Code section 326.12.

This rule is intended to implement Iowa Code sections 326.12 and 326.33.

761—500.13(321,326) Penalty for late filing of vehicle registration.

500.13(1) As provided in Iowa Code sections 326.14 and 326.16, a late filing penalty of 5 percent is assessed to the vehicle if a vehicle registration is not filed within 30 days of one of the following:

a. The purchase of a new or used vehicle.

b. The date a vehicle is brought across state borders into Iowa to be registered.

c. A vehicle being first operated with the exemption allowed under Iowa Code section 321.20A.

500.13(2) An additional penalty will be assessed on the first of each month thereafter until the vehicle schedule is filed.

500.13(3) The department may collect intrastate registration fees and penalties when registering a delinquent vehicle to bring the vehicle fees current before allowing the IRP registration of the vehicle.

This rule is intended to implement Iowa Code sections 321.20A, 326.11, 326.14, 326.16 and 326.33.

761—500.14(326) Duplicate credentials. The fees for duplicate credentials are as follows:

500.14(1) A replacement cab card is $3.

500.14(2) A replacement plate, including the cab card, is $8.

500.14(3) If applicable, a mailing fee will also be assessed based on the number of plates or cab cards being issued.

This rule is intended to implement Iowa Code sections 326.22 and 326.33.

761—500.15(321,326) Making claim for refund. A refund of Iowa fees previously paid for the registration of vehicles may be made in accordance with Iowa Code sections 321.126, 321.127, 321.129 and 326.15. A claim for refund form may be obtained from the motor vehicle division. In lieu of returning the plates, a qualified registrant may submit a self-certification of IRP credential destruction on or before the vehicle's or vehicles' deletion date to the motor vehicle division.

This rule is intended to implement Iowa Code sections 321.126, 321.127, 321.129, 326.15 and 326.33.

761—500.16(326) Registration of vehicles with non-Iowa titles. Registrants applying for registration for non-Iowa titled vehicles shall submit to the motor vehicle division with the application or payment as specified in rule 761—500.6(326) one of the following:

500.16(1) A copy of the non-Iowa title or a copy of the title application if the title has not been issued.

500.16(2) If a jurisdiction does not issue titles, a copy of the bill of sale or a copy of the Canadian registration.

This rule is intended to implement Iowa Code sections 326.11 and 326.33.

761—500.17(326) Record retention.

500.17(1) *Record retention requirement and penalty.* Iowa IRP registrants shall preserve the records upon which their registration is based as required by the IRP for the current registration year and the three preceding registration years and, upon request, make such records available for audit. The department may assess a penalty upon registrants who have failed to maintain proper records.

500.17(2) *Adequacy of records.* Records maintained by a registrant are adequate only if the records enable the department to verify the distances reported in the registrant's application for apportioned registration and to evaluate the accuracy of the registrant's distance accounting system. The records may be produced through any means and retained in any format or medium available to the registrant and accessible by the department.

a. Records produced by a means other than a vehicle-tracking system will be considered adequate if the records include:

(1) The beginning and ending dates of the trip to which the records pertain.

(2) The origin and destination of the trip.

(3) The route of travel.

(4) The beginning and ending reading from the odometer, hubodometer, engine control module (ECM), or any similar device for the trip.

(5) The total distance of the trip.

(6) The distance traveled in each jurisdiction.

(7) The vehicle identification number or vehicle unit number.

b. Records produced by a vehicle-tracking system that utilizes latitudes and longitudes must be created and maintained at a minimum of every 15 minutes when the vehicle's engine is on and contain the following data elements:

(1) The vehicle identification number or vehicle unit number.

(2) The date and time of each system reading.

(3) The latitude and longitude to include a minimum of four decimal places (0.0001) of each system reading.

(4) The odometer reading from the ECM of each system reading. If no ECM odometer is available, a beginning and ending dashboard odometer or hubometer for the trip will be acceptable.

(5) The calculated distance between each system reading.

(6) The route of the vehicle's travel.

(7) The total distance traveled by the vehicle.

(8) The distance traveled in each jurisdiction.

500.17(3) *Summaries.* The following summaries shall be maintained:

a. A summary of the fleet's operations of each month, which includes both the full distance traveled by each apportioned vehicle in the fleet during the calendar month and the distance traveled in the month by each apportioned vehicle in each jurisdiction.

b. A summary of the fleet's operations for each calendar quarter, which includes both the full distance traveled by vehicles in the fleet during the calendar quarter and the distance traveled in each jurisdiction by the vehicles in the fleet during the calendar quarter.

This rule is intended to implement Iowa Code sections 326.19A and 326.33.

761—500.18(326) Trip permits. A registrant may meet the registration requirements of Iowa Code chapter 326 by operating under a trip permit. However, trips that are intrastate or exceed legal dimensions or weight and operate under permit as specified in Iowa Code chapter 321E are not allowed.

500.18(1) Trip permits may be obtained through the department's website or in person from the motor vehicle division upon payment of the appropriate permit fee.

500.18(2) Registrants purchasing trip permits in advance of use cannot return unused permits for a refund.

This rule is intended to implement Iowa Code sections 326.23, 326.33 and 326.46.

761—500.19(326) Electronic information. To the greatest extent possible, the motor vehicle division will maintain in electronic form all records required under this chapter. The retention period for electronic records must follow the guidelines of the IRP.

500.19(1) *IRP vehicle transaction.* The motor vehicle division will destroy paper copies of IRP vehicle transaction requests 90 days after the IRP invoice is generated.

500.19(2) *Federal heavy use tax (Form 2290 Schedule 1).* The motor vehicle division will maintain Form 2290 Schedule 1 in accordance with 23 CFR Section 669.9 effective April 1, 2024.

This rule is intended to implement Iowa Code section 326.33.

ARC 9413C

EDUCATION DEPARTMENT[281]

Adopted and Filed

Rulemaking related to charter schools

The State Board of Education hereby amends Chapter 19, "Charter Schools," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code section 256E.3.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code section 256E.9.

Purpose and Summary

Since the conditions for learning survey is no longer required for the Elementary and Secondary Education Act, as most recently amended by the Every Student Succeeds Act, accountability for all public schools, the survey is being removed from the Department's rules concerning the charter school performance framework. This rulemaking makes that technical correction to the performance framework in the Department of Education's rules.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on May 14, 2025, as **ARC 9193C**. A public hearing was held on the following date(s):

- June 3, 2025

No one attended the public hearing. No public comments were received. No changes from the Notice have been made.

Adoption of Rulemaking

This rulemaking was adopted by the State Board on June 19, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the State Board for a waiver of the discretionary provisions, if any, pursuant to 281—Chapter 4.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Amend rule 281—19.9(256E) as follows:

281—19.9(256E) Performance framework. The performance provisions within each charter school's contract are governed by Iowa Code section 256E.9. This framework includes the items in Iowa Code section 256E.9(1), including student academic growth and proficiency in English language arts on statewide outcome assessments, student academic growth and proficiency in mathematics on statewide outcome assessments, and ~~conditions for learning~~ any other data ~~(as~~ mandated by Iowa's state plan under the Every Student Succeeds Act~~)~~.

[Filed 6/20/25, effective 8/13/25]
[Published 7/9/25]
EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9412C

EDUCATION DEPARTMENT[281]

Adopted and Filed

Rulemaking related to career and technical education

The State Board of Education hereby amends Chapter 46, "Career and Technical Education," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code section 256.129(5).

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code section 256.136.

Purpose and Summary

This rulemaking removes a superfluous reference to federal funds from the rule on regional planning partnerships (RPPs). RPP funds are State dollars, and any use of federal funds to support an RPP's work would be solely governed by federal law.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on May 14, 2025, as **ARC 9195C**. A public hearing was held on the following date(s):

- June 3, 2025

No one attended the public hearing. No public comments were received. No changes from the Notice have been made.

Adoption of Rulemaking

This rulemaking was adopted by the State Board on June 19, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the State Board for a waiver of the discretionary provisions, if any, pursuant to 281—Chapter 4.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Amend subrule 46.10(6), introductory paragraph, as follows:

46.10(6) *Secondary career and technical education funds.* An approved regional career and technical education partnership may use funds received from state ~~and federal~~ sources on behalf of school districts and community colleges participating in the regional career and technical education planning partnership for the following:

[Filed 6/20/25, effective 8/13/25]
[Published 7/9/25]
EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9395C

ENVIRONMENTAL PROTECTION COMMISSION[567]

Adopted and Filed

Rulemaking related to scope of division, definitions, forms, public notice and education, consumer confidence reports, reporting, and record maintenance

The Environmental Protection Commission (Commission) hereby rescinds Chapter 40, "Scope of Division—Definitions—Forms—Rules of Practice"; adopts a new Chapter 40, "Scope of Division, Definitions, Forms, Public Notice and Education, Consumer Confidence Reports, Reporting, and Record Maintenance"; and rescinds Chapter 42, "Public Notification, Public Education, Consumer Confidence Reports, Reporting, and Record Maintenance," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code sections 455B.103(2), 455B.105(3) and 455B.173.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code sections 455B.171 through 455B.188 and 455B.190 through 455B.192 and the Safe Drinking Water Act (SDWA) as amended (42 U.S.C. §300f et seq.).

Purpose and Summary

Chapter 40 establishes the rules of practice for the Department's administration of the water supply programs in the State and provides definitions used in the administration of those programs. The programs with definitions included in Chapter 40 include the public water supply program (including SDWA implementation), the private well program, the water use and allocation program, the water supply and well contractor operator certification programs, the drinking water laboratory certification program, the Drinking Water State Revolving Fund loan program, the water supply construction standards, and the water supply construction permitting program.

These chapters were reviewed and edited consistent with Executive Order 10. Former Chapters 40 and 42 are rescinded and merged into new Chapter 40, which includes rules formerly in Chapter 42 regarding public notice, public education, consumer confidence reports, reporting, and record maintenance for the public water system supervision program, all of which are necessary elements of the SDWA.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on January 8, 2025, as **ARC 8616C**. A public hearing was held on the following date(s):

- January 30, 2025
- January 31, 2025

Four people attended the first public hearing, and four attended the second hearing. No public comments were received at the hearings. Two email comments and one comment letter were received during the public comment period.

Minor changes from the Notice have been made. The definition of "SDWA" was modified to allow for rule-specific date references. Abbreviations for project priority list and separation distance were added since they were mistakenly omitted from the Notice. Erroneous rule references were corrected in the final rulemaking. No changes were made in response to the comments.

Adoption of Rulemaking

This rulemaking was adopted by the Commission on June 17, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Commission for a waiver of the discretionary provisions, if any, pursuant to 567—Chapter 13.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The

Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Rescind 567—Chapter 40 and adopt the following **new** chapter in lieu thereof:

DIVISION B
DRINKING WATER

CHAPTER 40
SCOPE OF DIVISION, DEFINITIONS, FORMS, PUBLIC NOTICE AND EDUCATION, CONSUMER CONFIDENCE REPORTS, REPORTING, AND RECORD MAINTENANCE

567—40.1(455B) Scope of division.

40.1(1) The department conducts the public water supply program and establishes minimum standards for private water supply system construction. The public water supply program includes the following: establishing drinking water standards, including maximum contaminant levels, treatment techniques, maximum residual disinfectant levels, action levels, monitoring, viability assessment, consumer confidence reporting, public notice, public water supply system (PWS) operator certification standards, environmental drinking water laboratory certification program, a state revolving fund loan program consistent with the federal Safe Drinking Water Act (SDWA), and establishing construction standards. The construction, modification, and operation of any PWS requires a permit from the department. Certain construction permits are issued upon certification by a licensed professional engineer that a project meets standards, and in certain instances, permits are issued by local authorities. Private water supplies are regulated by local boards of health.

40.1(2) The chapters listed below contain the requirements and provisions for the noted portions of the public water supply program.

567—Chapter 39: proper well closure or abandonment.

567—Chapter 40: scope of division, public notice and education, consumer confidence reports, reporting, and recordkeeping requirements.

567—Chapter 41: drinking water standards and monitoring requirements.

567—Chapter 43: design, construction, fee, operating, and operation permit requirements.

567—Chapter 44: drinking water state revolving fund program.

567—Chapter 49: nonpublic water supply wells.

567—Chapter 50: water use, withdrawals, and diversions.

567—Chapter 53: protected water sources.

567—Chapter 54: water use permit restrictions and well interference compensation.

567—Chapter 55: aquifer storage and recovery.

567—Chapter 81: operator certification.

567—Chapter 82: water well contractor certification.

567—Chapter 83: laboratory certification.

567—40.2(455B) Definitions, references, and abbreviations. The terms, references, and abbreviations defined in this rule are applicable to this division and the chapters listed in rule 567—40.1(455B), unless otherwise specified.

40.2(1) *Defined terms.*

"Action level" or *"AL"* means the lead or copper concentration(s) in water that determine, in some cases, the treatment requirements that a water system is required to complete.

"Acute health effect" means the health effect of a contaminant that is an immediate rather than a long-term risk to health.

"Animal confinement" means a lot, yard, corral, or similar structure in which the concentration of livestock or poultry is such that a vegetative cover is not maintained.

"Animal pasturage" means a fenced area where vegetative cover is maintained and animals are enclosed.

"Animal waste" means animal wastes consisting of excreta, leachings, feed losses, litter, washwaters or other associated wastes.

"Animal waste stockpiles" means the stacking, composting or containment of animal wastes.

"Animal waste storage basin or lagoon" means a fully or partially excavated or diked earthen structure used for containing animal waste, including earthen side slopes or floor.

"Animal waste storage tank" means a completely fabricated structure, with or without a cover, either formed in place or transported to the site, used for containing animal wastes.

"Antisiphon device" means a device that prevents back siphonage by means of a relief valve that automatically opens to the atmosphere, preventing the creation of subatmospheric pressure within a pipe, thereby preventing water from reversing its flow.

"Authority" means the Iowa finance authority (IFA) as established by Iowa Code chapter 16.

"Backflow" means the flow of water or other liquids, mixtures, or substances into a potable water supply's distribution system from any source other than its permitted source.

"Backflow preventer" is a device or means to prevent backflow into a potable water system.

"Back siphon" means the flowing back of used, contaminated, or polluted water from a plumbing fixture or vessel as a result of negative or subatmospheric pressure within the distribution system.

"Best available technology" or *"BAT"* means the best technology, treatment techniques, or other means that the state finds, after examination for efficacy under field conditions and not solely under laboratory conditions, are available after taking cost into consideration.

"CFR" or *"Code of Federal Regulations"* means the federal administrative rules adopted by the United States in effect as of July 1, 2024. The amendment of the date contained in this definition shall constitute the amendment of all CFR references contained in Division B unless a date of adoption is set forth in a specific rule.

"Cistern" means a tank that stores rainwater from roofs.

"Clean compliance history" means, for the purposes of 567—paragraph 41.2(1)*"e"*(4)"2," a record of no monitoring violations and no coliform treatment technique trigger exceedances or treatment technique violations under 567—subrule 41.2(1).

"Combined filter effluent" or *"CFE"* is generated when the effluent water from the individual filters in operation is combined into one stream. Representative samples of the combined filter effluent are monitored to determine compliance with treatment technique requirements.

"Composite correction program" or *"CCP"* is a systematic procedure that identifies and corrects the unique factor combinations in the areas of design, operation, maintenance and administration that limit the performance of a filtration plant. A CCP includes a comprehensive performance evaluation (CPE) and comprehensive technical assistance (CTA).

"Comprehensive technical assistance" or *"CTA"* is a CCP's performance improvement phase that is implemented if the CPE results indicate improved performance potential by a filtration plant, in which the system must identify and address plant-specific factors.

"Consecutive PWS" means an active PWS that purchases or obtains all or a portion of its water from another PWS, also called a wholesale system. Delivery may be through a direct connection or through the distribution system of one or more consecutive systems.

"Conservation easement" means an interest in land that entitles a person to use the land possessed by another (affirmative easement), or to restrict uses of the land subject to the easement (negative easement). A conservation easement restricts the landowner to uses that are compatible with resource conservation.

"Contiguous" means directly adjacent along all or most of one side of a legally defined piece of property. Tracts of land involved in the same operation or water supply and separated only by roads, railroads, or bike trails are deemed contiguous tracts.

"Corrosive water" means a water that, due to its physical and chemical characteristics, may cause leaching or dissolving of the constituents of the transporting system in which it is contained.

"Cross connection" means any actual or potential connection between a potable water supply and any other source or system through which it is possible to introduce into the potable system any used water, industrial fluid, gas, or other substance other than the intended potable water with which the system is supplied.

"CT" means the product of the residual disinfectant concentration (C, in mg/L) determined before or at the first customer and the corresponding disinfectant contact time (T, in minutes), C x T. If a PWS applies disinfectants at more than one point prior to the first customer, it must determine the CT for each disinfectant sequence at or before the first customer to determine the total inactivation ratio (also known as total percent inactivation). When determining the total inactivation ratio, a PWS must determine C for each disinfection sequence and the corresponding T before any subsequent disinfection application point(s). The CT is dependent upon the microorganism to be inactivated and is affected by the disinfectant type, pH, and water temperature.

"Customers" in consumer confidence reports are defined as billing units or service connections to which a CWS delivers water.

"Deep well" means a well located and constructed such that there is a continuous layer of low permeability soil or rock at least 5 feet thick located at least 25 feet below the normal ground surface and above the aquifer from which water is to be drawn.

"Disinfection profile" is defined in 40 CFR §141.2. The procedure for developing a disinfection profile is contained in 567—paragraph 43.9(2)*"b"* and 567—subrule 43.10(2).

"Drinking water state revolving fund" or *"DWSRF"* means the department-administered fund intended to develop drinking water revolving loans to help finance drinking water infrastructure improvements, source water protection, system technical assistance, and other activities intended to encourage and facilitate PWS rule compliance and public health protection.

"DWSRF funds" means the combination of a particular fiscal year's federal capitalization grant appropriation plus the 20 percent state of Iowa match, and any additional funds made available through the program.

"Eligible cost" means the cost of all labor, material, machinery, equipment, loan initiation and loan service fees, project planning, design and construction engineering services, legal fees and expenses directly related to projects, capitalized interest during the construction of projects, and all other expansion, construction, and rehabilitation of all or part of projects included in the funding request placed on the draft intended use plan as a fundable project, subject to commission approval.

"Emergency/standby well or connection" means a well or a connection to another PWS that is used less than 30 calendar days per calendar year.

"Federal cross-cutters" means the federal laws and authorities that apply to projects funded through the DWSRF.

"Federal fiscal year" or *"FFY"* means the federal fiscal year starting October 1 and ending September 30.

"First draw sample" means a one-liter tap water sample, collected in accordance with 567—paragraph 41.4(1)*"c,"* that has been standing in plumbing pipes at least six hours and is collected without flushing the tap.

"GAC10" means granular activated carbon filter beds with an empty-bed contact time of ten minutes based on average daily flow and a 180-day carbon reactivation frequency, except that the reactivation frequency for GAC10 is 120 days when used as a BAT for compliance with the MCL locational running annual average for TTHMs and HAAs.

"Health advisory" or *"HA"* means a group of levels set by the EPA below which no harmful health effect is expected from a given contaminant in drinking water. The HAs used by the department are listed in the most current edition of the EPA's Drinking Water Regulations and Health Advisories, available at www.epa.gov/sdwa/drinking-water-health-advisories-has. The lifetime HA is the concentration of a chemical in drinking water that is not expected to cause any adverse noncarcinogenic effects over a lifetime of exposure, with a margin of safety. The long-term HA is the concentration of a

chemical in drinking water that is not expected to cause any adverse noncarcinogenic effects up to approximately seven years (10 percent of an individual's lifetime of exposure), with a margin of safety.

"Human consumption" means water used as part of or in connection with drinking; washing; food processing; incidental to commercial food preparation, such as water used in beverages or other food items; ice used in drinks or in salad bars; water for washing of food; water used for washing dishes, pans or utensils used in food preparation or service; water used for cleanup and washing of food preparation or service areas; or water for bathing, showering, hand washing, or oral hygiene purposes. Human consumption does not include water for production of packaged or bulk food products regulated by other state or federal regulatory agencies, such as livestock slaughtering or bottled or canned food and beverages; cooling water; industrial or commercial wash waters used for nonfood products; irrigation water; or water used in toilets or urinals.

"Impoundment" means a reservoir, pond, or lake in which surface water is retained for a period of time, ranging from several months upward, created by constructing a barrier across a watercourse and used for water storage, regulation, or control.

"Individual filter effluent" or *"IFE"* means the effluent water from a specific filter. Representative samples of the IFE are monitored to determine compliance with TT requirements.

"Influenced groundwater" or *"IGW,"* also known as groundwater under the direct influence (GWUDI) of surface water, means any groundwater that is under the direct or indirect influence of surface water, as determined by the presence of (1) significant occurrence of insects or other macroorganisms, algae or large-diameter pathogens such as *Cryptosporidium* or (2) significant and relatively rapid shifts in water characteristics such as turbidity, temperature, conductivity, or pH that correlate to climatological or surface water conditions or other parameters as specified in 567—43.5(455B).

"Initial compliance period" means the first full three-year compliance period of a compliance cycle.

"Intended use plan" or *"IUP"* means a plan identifying the intended uses of funds available for loans in the DWSRF for each fiscal year as described in Section 1452 of the SDWA.

"Lead free," when used with respect to solder and flux, refers to solders and flux containing not more than 0.2 percent lead and not more than a weighted average of 0.25 percent lead when used with respect to the wetted surfaces of pipes, pipe fittings, plumbing fittings, and fixtures in accordance with 42 U.S.C. 300-g-6. The following requirements of 40 CFR 143, Subpart B, that pertain to PWSs are adopted by reference: 40 CFR §143.10, 40 CFR §143.11, and 40 CFR §143.12(b-f).

"Lead service line" or *"LSL"* means a service line made of lead that connects the water main to the building inlet and any lead pigtail, gooseneck, or other fitting that is connected to such a lead line. A lead gooseneck is not considered a lead service line unless it exceeds ten feet.

"Level 2 assessment" is defined in 40 CFR §141.2. A Level 2 assessment is conducted by a department water supply inspector and will typically include the system operator. The department may tailor specific assessment elements with respect to a system's size and type and a distribution system's size, type and characteristics. A system must comply with any expedited actions or additional actions required by the department in the case of an *E. coli* MCL violation.

"Maintenance" means the replacement of equipment or materials that are necessary to maintain the operation of a PWS but do not alter capacity, water quality or treatment method, or effectiveness.

"Nonacute health effect" means the health effect of a contaminant that is a long-term rather than immediate risk to health.

"Nontransient noncommunity water system" or *"NTNC"* means a PWS, other than a CWS, that regularly serves at least 25 of the same persons four hours or more per day, for four or more days per week, for 26 or more weeks per year. Examples of NTNCs are schools, day-care centers, factories, offices and other PWSs that provide water to a fixed population of 25 or more people. In addition, other service areas, such as hotels, resorts, hospitals and restaurants, are considered as NTNCs if they regularly serve at least 25 or more of the same persons for four or more hours per day, for four or more days per week, for 26 or more weeks of the year.

"Point-of-use treatment device" or *"POU treatment device"* is a treatment device applied to a single tap or multiple taps that reduces contaminants in drinking water at those taps but is not intended to treat all of the water in the facility.

"Population served" means the total number of persons served by a PWS that provides water intended for human consumption. For municipalities that serve only the population within their incorporated boundaries, it is the last official (or officially amended) U.S. census population. For all other CWSs, it is either the actual counted population that is verifiable by the department or the population calculated by multiplying the number of service connections by an occupancy factor of 2.5 persons per service connection. For municipalities that also serve outside their incorporated boundaries, the served population must be added to the official census population as determined either by verifiable count or by the 2.5 persons per service connection occupancy factor. For NTNC and TNC systems, it is the average number of daily employees plus the average number of other persons served, such as customers or visitors during the peak month of the year, regardless of whether each person actually uses the water for human consumption. Where a system provides water to another PWS (consecutive PWS) that is required to have an operation permit, the population of the recipient PWS shall not be counted as a part of the system providing the water. CWSs and NTNCs will pay their operation permit fees based upon the population served.

"Potable water" means water that is suitable for human consumption. Drinking water that meets the requirements of 567—Chapters 40, 41, and 43 is considered to be potable water.

"Privy" means a structure used for the deposition of human body wastes.

"Project" includes the planning, design, construction, alteration or extension of any PWS but does not include the maintenance of a system.

"Project priority list" or *"PPL"* means the list of projects in priority order that may qualify for DWSRF loan assistance contained in the IUP document prepared pursuant to 567—44.8(455B). The priority list identifies all projects eligible for funding and the points assigned to each project pursuant to 567—44.7(455B).

"Public water supply system" or *"PWS"* means a system that provides water to the public for human consumption through pipes or other constructed conveyances, if such a system has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year. This includes any collection, treatment, storage, and distribution facilities under the system operator's control and used primarily in connection with such a system and any collection or pretreatment storage facilities not under such control that are used primarily in connection with such a system. The term does not include any special irrigation district. A PWS is either a community water system (CWS) or a noncommunity water system (NCWS).

"Public water supply system control" is defined as one of the following forms of authority over a service line: authority to set standards for construction, repair, or maintenance of the service line; authority to replace, repair, or maintain the service line; or ownership of the line. Contaminants added to the water under circumstances controlled by the water consumer or user, with the exception of those contaminants resulting from the corrosion of piping and plumbing caused by water quality, are excluded from this definition.

"Regional water system" means a PWS in which the projected number of service connections, in at least 50 percent of the distribution system's length, does not average more than eight service connections per linear mile of water main.

"Sanitary sewer pipe" means a sewer complying with the department's standards for sewer construction.

"Sanitary survey" means a review and on-site inspection conducted by the department of a PWS's water source(s), facilities, equipment, operation and maintenance (O&M), and records for the purpose of evaluating the adequacy of such source(s), and facilities, equipment, and O&M for producing and distributing safe drinking water, in order to identify improvements necessary to maintain or improve drinking water quality pursuant to 567—subrule 43.1(7).

"SDWA" or *"Act"* means the Safe Drinking Water Act as amended (42 U.S.C. 300f et seq.), unless a date of adoption is set forth in a specific rule.

"Sedimentation" means a water treatment process for solid particle removal from a suspension before filtration by gravity or separation.

"Septic tank" means a watertight structure into which wastewater is discharged for solids separation and digestion.

"Service connections" means the total number of active and inactive service lines originating from a water distribution main for the purpose of delivering water intended for human consumption. For municipalities, rural water districts, mobile home parks, housing developments, and similar facilities, this includes, but is not limited to, occupied and unoccupied residences and buildings, provided that there is a service line connected to the water main (or another service line), and running onto the property. For rental properties which are separate PWSs, this includes, but is not limited to, the number of rental units. Connections to a system that delivers water by a constructed conveyance other than a pipe are excluded from this definition if:

1. The water is used exclusively for purposes other than human consumption;
2. The department determines that alternative water to achieve the equivalent level of public health protection provided by the applicable national primary drinking water regulation is provided for human consumption; or
3. The department determines that the water provided for human consumption is centrally treated or treated at the entry point by the provider, a pass-through entity, or the user to achieve the equivalent level of protection provided by the applicable national primary drinking water regulations.

"Service line sample" means a sample of water, one liter in volume, that has been standing for at least six hours in a service line, collected in accordance with 567—paragraph 41.4(1)*"c,"* and used to determine a lead or copper concentration.

"Shallow well" means a well located and constructed such that there is not a continuous layer of low permeability soil or rock (or equivalent retarding mechanism acceptable to the department) at least 5 feet thick, the top of which is located at least 25 feet below the normal ground surface and above the aquifer from which water is to be drawn.

"Significant deficiency" includes a defect in design, operation, or maintenance, or a failure or malfunction of the sources, treatment, storage, or distribution system that the department determines to be causing, or has the potential for causing the introduction of contamination into the water delivered to consumers.

"Significant noncompliance" or *"SNC"* means the failure to comply with any national primary drinking water standard as adopted by the state of Iowa according to criteria established by the EPA administrator.

"Source/entry point" or *"SEP"* means the entry point of water into the distribution system that is representative of each source after application of all treatment and before the first service connection. This point is used for the collection of certain compliance samples. If a representative sample of all water sources cannot be obtained, as determined by the department, separate SEPs with the appropriate monitoring requirements will be assigned by the department.

"Special irrigation district" means an irrigation district in existence prior to May 18, 1994, that provides primarily agricultural service through a piped water system with only incidental residential or similar use where the system or the residential or similar users of the system comply with numbered paragraphs "2" and "3" in the definition of "service connections."

"Standard specifications" means specifications submitted to the department for use as a reference in reviewing future plans for proposed water main construction.

"Ten States Standards" means the "Recommended Standards for Water Works," 2022 edition, a report of the Great Lakes—Upper Mississippi River Board of State and Provincial Public Health and Environmental Managers, available on their website at www.health.state.mn.us/communities/environment/water/tenstates/standards.html.

"Transient noncommunity water system" or *"TNC"* is defined in 40 CFR §141.2.

"Treatment technique" or *"TT"* means a treatment process required to minimize the level of a contaminant in drinking water. A treatment technique is specified in cases where it is not technically or

economically feasible to establish an MCL, and it is an enforceable procedure or level of technological performance which PWSs must follow to ensure control of a contaminant.

"Uncovered finished water storage facility" is defined in 40 CFR §141.2. Such facilities are prohibited.

"Unregulated contaminant" means a contaminant for which no MCL has been set, but which does have federal monitoring requirements for certain PWSs set forth in 40 CFR §141.40, and additional reporting requirements in 567—40.7(455B).

"Viability" means the technical, financial, and managerial ability to comply with applicable national primary drinking water standards as adopted by the state of Iowa. Viability is the ability of a system to remain in compliance insofar as the requirements of the SDWA.

"Waterborne disease outbreak" means the significant occurrence of acute infectious illness, epidemiologically associated with the ingestion of water from a PWS that is deficient in treatment, as determined by the Iowa department of health and human services.

"Water distribution system" is defined in Iowa Code section 455B.211. The term includes any storage facilities and pumping stations.

"Water main pipe" means a water main complying with the department's standards for water main construction.

40.2(2) *Definitions in Iowa Code and the CFR.* The following terms are defined in the referenced locations.

a. Iowa Code section 455B.101: "commission," "department," and "director."

b. Iowa Code section 455B.171: "maximum contaminant level."

c. 40 CFR §141.2: "bag filters," "bank filtration," "cartridge filters," "coagulation," "combined distribution system" or "CDS," "community water system" or "CWS," "compliance cycle," "compliance period," "comprehensive performance evaluation" or "CPE," "confluent growth," "contaminant," "conventional filtration treatment," "corrosion inhibitor," "diatomaceous earth filtration," "direct filtration," "disinfectant," "disinfection," "dose equivalent," "effective corrosion inhibitor residual," "enhanced coagulation," "enhanced softening," "filter profile," "filtration," "finished water," "flocculation," "flowing stream," "GAC20," "gross alpha particle activity," "gross beta particle activity," "haloacetic acids" or "HAA5," "halogen," "lake" or "reservoir," "large water system," "legionella," "level 1 assessment," "locational running annual average" or "LRAA," "man-made beta particle and photon emitters," "maximum contaminant level" or "MCL," "maximum contaminant level goal" or "MCLG," "maximum residual disinfectant level" or "MRDL," "maximum residual disinfectant level goal" or "MRDLG," "medium-size water system," "membrane filtration," "noncommunity water system" or "NCWS," "optimal corrosion control treatment," "performance evaluation sample," "picocurie" or "pCi," "plant intake," "point of disinfectant application," "point-of-entry treatment device" or "POE," "presedimentation," "rem," "repeat compliance period," "residual disinfectant concentration," "sanitary defect," "seasonal system," "single-family structure," "slow sand filtration," "small water system," "standard sample," "supplier of water," "surface water" or "SW," "SUVA," "too numerous to count," "total organic carbon" or "TOC," "total trihalomethanes" or "TTHM," "trihalomethane" or "THM," "two-stage lime softening," "virus," and "wholesale system."

40.2(3) *References and abbreviations.*

a. References. The abbreviated name of the professional associations and societies whose standards are referenced in this division and the websites where the standards, methods, or guidance documents may be obtained are listed in the following table. Unless otherwise noted in a specific rule of this division, the effective date of the specific standards, editions, or volumes is September 1, 2024.

Abbreviated Name	Association/Society Name	Standards/Publications Website
ANSI	American National Standards Institute	webstore.ansi.org
APHA	American Public Health Association	www.apha.org
API	American Petroleum Institute	www.api.org/products-and-services/standards

Abbreviated Name	Association/Society Name	Standards/Publications Website
ASHRAE	American Society of Heating, Refrigerating and Air-Conditioning Engineers	www.ashrae.org/technical-resources/standards-and-guidelines
ASME	American Society of Mechanical Engineers	www.asme.org/codes-standards
ASTM	Annual Book of Standards published by ASTM International	www.astm.org/products-services/standards-and-publications.html
AWS	American Welding Society	www.aws.org/Standards-and-Publications
AWWA	American Water Works Association	www.awwa.org/Publications/Standards
Iowa DOT	Iowa department of transportation	iowadot.gov/specifications
NACE	National Association of Corrosion Engineers International, part of the Association for Materials Protection and Performance (AMPP)	www.ampp.org/standards/ampp-standards/about-ampp-standards
NARA	National Archives and Records Administration	www.archives.gov
NEC	National Electrical Code, part of the National Fire Codes published by the National Fire Protection Association (NFPA)	www.nfpa.org
NEMI	National Environmental Methods Index	www.nemi.gov
NGWA	National Ground Water Association	www.ngwa.org/publications-and-news/industry-resource-library
NSF	National Sanitation Foundation	www.nsf.org/nsf-standards
NTIS	National Technical Information Service, a bureau of the U.S. Department of Commerce	www.ntis.gov
Standard Methods, SM, or SM Online	Standard Methods for the Examination of Water and Wastewater, published by the American Public Health Association (APHA), American Water Works Association (AWWA), and Water Environment Federation (WEF)	www.standardmethods.org
USGS	United States Geological Survey	www.usgs.gov
WSC	Water Systems Council	www.watersystemscouncil.org/resources/well-standards

b. Abbreviations. In addition to the abbreviations listed in the definitions in 40.2(1), the following abbreviations are used in this division.

Abbreviation	Meaning
ALE	action level exceedance
ASR	aquifer storage and recovery
CCR	consumer confidence report
CCT	corrosion control treatment
CDC	Centers for Disease Control and Prevention
CEU	continuing education unit
DBP	disinfection byproduct
DIT	direct integrity test
DOC	dissolved organic carbon
DRC	direct responsible charge
EPA	U.S. Environmental Protection Agency
FDA	U.S. Food and Drug Administration
ft	foot
GAC	granular activated carbon
GW	groundwater
HAA	haloacetic acids

Abbreviation	**Meaning**
HAL	health advisory level
HPC	heterotrophic plate count
ID	identification (number)
IDSE	initial distribution system evaluation
IFA	Iowa finance authority
IGS	Iowa geological survey
IOC	inorganic chemical
IWFDS	Iowa Wastewater Facilities Design Standards
L	liter
LRV	log removal value
LSLR	lead service line replacement
MDL	method detection limit
µg/L	microgram per liter
mg/L	milligram per liter
mL	milliliter
mm	millimeter
MOR	monthly operating report
mrem	1/1000 of a rem
MRT	maximum residence time
MS	matrix spike
NRCS	Natural Resources Conservation Service (part of the U.S. Department of Agriculture)
NTU	nephelometric turbidity units
O&M	operation and maintenance
OCC	optimal corrosion control
OCCT	optimal corrosion control treatment
OEL	operational evaluation level
OWQP	optimal water quality parameter
OXID	oxidation
P/A	presence-absence
PAC	powdered activated carbon
PCB	polychlorinated biphenyl
pCi/L	picocuries per liter
PE	public education
PN	public notice
PQL	practical quantification level
psi	pounds per square inch
PTA	packed tower aeration
PVC	polyvinyl chloride
QCRV	quality control release value
RAA	running annual average
RDC	residual disinfectant concentration
SCH	schedule (as in schedule 40 rating)
SD	separation distance
SDR	standard dimension ratio
SEP	source/entry point
SMP	standard monitoring plan
SMR	self-monitoring requirement
SOC	synthetic organic chemical
SRF	state revolving fund (see DWSRF)
SW/IGW	surface water/influenced groundwater
TRC	total residual chlorine
U.S.C.	United States Code
URTH	unacceptable risk to health
UV	ultraviolet

Abbreviation	Meaning
VOC	volatile organic chemical
WCP	watershed control program

567—40.3(17A,455B) Forms. All forms used by the public to apply for department approvals and to report on activities related to the department's public water supply program may be obtained on the department's website at www.iowadnr.gov or upon request. Properly completed forms shall be submitted to the department as noted in the form instructions.

40.3(1) *Construction permit application forms.* The required public water supply construction permit application forms (also known as schedules) and other forms are listed below.

Schedule No.	Form Name	Form Number
-	Water Supply Service Agreement	542-3121
1a	General Information	542-3178
1b	Minor Water Main Construction Permit	542-3151
1c	Fee Calculations	542-3179
2a	Water Mains, General	542-3030
2b	Water Mains, Specifications	542-3031
2c	Notification of Minor Water Main Construction	542-3152
3a	Water System, Design Capacity Data	542-3032
3b	Source Information	542-3029
3c	Water Quality Data	542-3028
4	Site Approval	542-3078
5a	Well Construction	542-3027
5b	Well Appurtenances	542-3026
5c	Well Profile	542-3077
5d	Surface Water Supply	542-3139
6a	Distribution Water Storage Facilities	542-3140
7	Schematic Flow Diagram	542-3142
8	Aeration	542-3143
9	Clarification-Sedimentation	542-3144
10	Suspended Solids Contact	542-3145
11	Ion Exchange	542-3146
12	Filters	542-3147
13a	Chemical Addition	542-3241
13b	Dry Chemical Addition	542-3130
13c	Gas Chlorination	542-3131
13d	Fluoridation	542-3132
13e	Sampling and Testing	542-3133
14	Pumping Station	542-3134
15	Water Storage Facilities	542-3135
16a	Wastewater General	542-3136
16b	Waste Treatment Ponds	542-3137
16c	Filtration and Mechanical	542-3138
16d	Discharge to Sewer	542-3103
-	Notification of Completion of Construction	542-3019

40.3(2) *Operation permit and public water supply forms.* The required public water supply sampling forms and the operation permit application and monthly operating report (MOR) forms are available from the department.

567—40.4(17A,455B) PWS construction permit application procedures.

40.4(1) *General procedures.* Applications for written department approval for any new construction or for reconstruction pursuant to 567—Chapter 43 shall consist of complete plans and

specifications, an application fee, and appropriate water supply construction permit application schedules.

a. The department will review a construction permit application and issue a construction permit for project approval if the review shows that a project meets all construction standards, in accordance with 567—Chapter 43. Projects that do not meet all construction standards will not be approved unless a waiver pursuant to 567—paragraph 43.3(2)*"b"* is granted. A waiver may be requested when plans and specifications are submitted or after a design discrepancy is pointed out to the applicant.

b. The department may review project plans and specifications and provide comments or recommendations to the applicant. Departmental comments and recommendations are advisory, except when departmental review determines that a facility does not comply with department-approved plans or specifications or the construction standards, pursuant to the criteria for project design certification. The system owner must correct any deficiencies in a timely manner, as set forth by the department.

40.4(2) *Site survey.* For public water sources and for below-ground level finished water storage facilities, a site survey and approval must be made by the department. The manner and procedures for applying for and processing a site survey are the same as in 40.4(1), except that the following information must be submitted by the applicant's engineer.

a. A preliminary engineering report or cover letter containing a brief description of the proposed source or storage facility and assurance that the project is in conformance with the long-range planning of the area.

b. Completed Schedules 1a and 4.

c. A detailed map showing all potential sources of contamination (567—Chapter 43, Table A, contains more information) within:

(1) 1,000 feet of a proposed well location, with a scale no smaller than one inch = 200 feet;

(2) 200 feet of a proposed below-ground level finished water storage facility;

(3) 2,500 feet from a proposed surface water source, with a scale no smaller than one inch = 660 feet;

(4) 2,500 feet from an impoundment (within the drainage area), with a scale no smaller than one inch = 660 feet; or

(5) Six miles upstream of a proposed river intake.

40.4(3) *Modifications of an approved construction project.* Persons seeking to modify a water supply construction project after receiving a construction permit from the department shall submit the appropriate fee and either an addendum to plans and specifications, a change order, or revised plans and specifications at least 30 days prior to the planned modification. The department shall review the submitted material within 30 days of submission and shall issue a supplemental permit if the proposed modifications meet department standards.

40.4(4) *Certification of project design.* A permit shall be issued for the construction, installation, or modification of a PWS or for a water supply distribution system extension if a qualified, licensed professional engineer certifies that the plans and specifications comply with federal and state laws and regulations or that a waiver to standards has been granted by the department.

567—40.5(455B) Public notice (PN).

40.5(1) *Applicability.* Each owner or operator of a public water supply system (PWS) must give notice for all violations of public drinking water rules and for other situations, as listed in this subrule. The term "violations" includes violations of, or failure to comply with, the maximum contaminant level (MCL), maximum residual disinfection level (MRDL), treatment technique (TT), monitoring requirements, and testing procedures in 567—Chapters 40, 41, and 43. The term "other situations" includes all situations determined by the department to require a PN, including the violations and situations listed in 40.5(2), 40.5(3), and 40.5(4), and any other situation where the department determines that PN is needed. PN is not required for ammonia monitoring conducted pursuant to 567—subrule 41.11(2).

a. PN tiers. PN requirements are divided into three tiers to account for the seriousness of a violation or situation and of any potential adverse health effects that may be involved. The PN requirements for each violation or situation are determined by the tier to which it is assigned.

(1) Tier 1 PN is required for all drinking water violations and situations with significant potential to have serious adverse effects on human health as a result of short-term exposure.

(2) Tier 2 PN is required for all other drinking water violations and situations with potential to have serious adverse effects on human health.

(3) Tier 3 PN is required for all other drinking water violations and situations not included in Tier 1 or Tier 2.

b. General PN requirements. Each PWS must provide PN to persons served by the system, in accordance with this rule. A copy of the notice must also be sent to the department, in accordance with 40.8(1)*"c."*

(1) Consecutive systems. PWSs that sell or otherwise provide drinking water to other PWS (i.e., to consecutive systems) are required to provide PN to the owner or operator of the consecutive system. The consecutive system is responsible for providing PN to the persons it serves and must meet the appropriate tier requirements for the violation.

(2) Physically or hydraulically isolated distribution systems. If a PWS has a violation in a portion of the distribution system that is physically or hydraulically isolated from other parts of the distribution system, the department may allow the system to limit distribution of the PN only to persons served by that portion of the system that is out of compliance. Department permission to limit distribution of the notice must be granted in writing.

40.5(2) *Tier 1 PN requirements.*

a. Tier 1 PN—when required. The following violations or situations require Tier 1 PN:

(1) Violation of the *E. coli* MCL, as specified in 567—paragraph 41.2(1)*"a."*

(2) Violation of either the nitrate or nitrite MCL, as defined in 567—subparagraph 41.3(1)*"b"*(1).

(3) Failure by the system to collect a confirmation sample within 24 hours of its receipt of the first sample result showing a nitrate or nitrite MCL exceedance, when directed by the department, as specified in 567—paragraph 41.3(1)*"c"*(7)"2."

(4) Exceedance of the nitrate MCL by NCWSs, where permitted to exceed the MCL by the department under 567—paragraph 41.3(1)*"a,"* as required in 40.5(7)*"c."*

(5) Violation of the chlorine dioxide MRDL when one or more samples, taken in the distribution system on the day following an MRDL exceedance in the sample collected at the entrance to the distribution system, exceeds the MRDL, as defined in 567—paragraph 43.6(1)*"b."*

(6) Failure by the system to collect the required chlorine dioxide samples in the distribution system on the day following an MRDL exceedance in the sample collected at the entrance to the distribution system.

(7) Violation of the TT requirement by a surface water (SW) or influenced groundwater (IGW) PWS resulting from an exceedance of the maximum allowable turbidity limit, as specified in 567—Chapter 43, where the department determines, after consultation with the system, that a Tier 1 PN is required or where the department consultation does not take place within 24 hours after the system learns of the violation.

(8) Occurrence of a waterborne disease outbreak or other waterborne emergency, such as a failure or significant interruption in key water treatment processes, a natural disaster disrupting the water supply or distribution system, or a chemical spill or unexpected loading of possible pathogens into the source water that significantly increases the potential for drinking water contamination.

(9) Other violations or situations with significant potential to have serious adverse effects on human health as a result of short-term exposure, as determined by the department either in its rules or on a case-by-case basis.

(10) Detection of *E. coli*, enterococci, or coliphage in source water samples, as specified in 567—paragraphs 41.7(3)*"a"* and *"b."*

b. Tier 1 PN—timing. PWSs must:

(1) Provide PN as soon as practical but no later than 24 hours after learning of the violation;

(2) Initiate consultation with the department as soon as practical, but no later than 24 hours after learning of the violation or situation, to determine additional PN requirements. For consultation after normal business hours, use the department's Environmental Emergency Reporting Hotline, 515.725.8694; and

(3) Comply with any additional PN requirements established as a result of department consultation. Additional requirements may include the timing, form, manner, frequency, and content of repeat PNs (if any) and other actions designed to reach all persons served.

All NTNCs must notify the parent or legal guardian of each child under 18 years of age and any nursing home resident of the Tier 1 violation as soon as possible and within 72 hours, including the PN content in 40.5(5).

c. Tier 1 PN—form and manner. PWSs must provide PN within 24 hours in a form and manner reasonably calculated to reach all persons served. The form and manner used must fit the specific situation and must be designed to reach residential, transient, and nontransient users of the system. To reach all persons served, systems shall use one or more of the following forms of delivery. The department may require multiple forms of delivery in specific situations.

(1) Appropriate broadcast media, such as radio or television;

(2) Posting of the PN in conspicuous locations throughout the area served;

(3) Hand delivery of the PN to persons served; or

(4) Another delivery method approved in writing by the department.

40.5(3) *Tier 2 PN requirements.*

a. Tier 2 PN—when required. The following violations or situations require Tier 2 PN:

(1) All violations of the MCL, MRDL, and TT requirements, except where a Tier 1 PN is required under 40.5(2);

(2) Violations of the monitoring and testing procedure requirements, where the department determines that a Tier 2 rather than a Tier 3 PN is required, accounting for potential health impacts and persistence of the violation;

(3) Failure to comply with any compliance schedule in an operation permit, administrative order, or court order pursuant to 567—subrule 43.2(4);

(4) Failure to comply with an HA as determined by the department; and

(5) Failure to take corrective action or failure to maintain at least 4-log virus treatment (using inactivation, removal, or a department-approved combination of 4-log virus inactivation and removal) before or at the first customer under 567—paragraph 41.7(4)*"a."*

b. Tier 2 PN—timing. PWSs must:

(1) Provide the initial PN as soon as practical but no later than 30 days after learning of a violation. If PN is posted, it must remain in place for as long as the violation or situation persists but in no case for less than seven days, even if the violation or situation is resolved. The department may allow additional time for the initial notice of up to three months from the date the system learns of the violation; however, such an extension must be made in writing on a case-by-case basis.

(2) Repeat the PN every three months as long as the violation or situation persists unless the department determines that circumstances warrant a different repeat frequency. A determination that a repeat PN frequency of longer than every three months is allowed must be made in writing on a case-by-case basis. The repeat PN frequency may not be less than once per year. Repeat PNs for an *E. coli* MCL violation, a TT violation under 567—paragraph 41.2(1)*"a"* or *"i,"* or a turbidity TT violation under 567—43.9(455B) or 567—43.10(455B) must be made every three months or more frequently.

(3) A PWS using SW or IGW with a TT violation resulting from a single exceedance of the maximum allowable turbidity limit, pursuant to 567—43.9(455B) or 567—43.10(455B), must consult with the department as soon as practical, but no later than 24 hours after learning of the violation, to determine whether a Tier 1 or Tier 2 PN is required to protect public health. For consultation after normal business hours, use the department's Environmental Emergency Reporting Hotline, 515.725.8694. If the consultation does not occur within the 24-hour period, the PWS must distribute a Tier 1 PN within the next 24 hours, or no later than 48 hours after learning of the violation, following the requirements of 40.5(2)*"b"* and *"c."*

c. Tier 2 PN—form and manner. PWSs must provide the initial PN and any repeat PN in a form and manner that is reasonably calculated to reach persons served in the required time period. The PN form and manner may vary based on the specific situation and type of PWS, but the PN must meet the requirements of this paragraph unless directed otherwise in writing by the department.

d. Tier 2 PN—CWS PN methods. CWSs must provide PN by the following methods:

(1) Mail or other direct delivery to each customer receiving a bill and to other service connections receiving water from the PWS; and

(2) Any other method reasonably calculated to reach other persons regularly served by the system if they would not normally be reached by mail or direct delivery. Such persons may include those who do not pay water bills or do not have service connection addresses, such as renters, students, nursing home residents, or prison inmates. Other methods may include:

1. Publication in a local newspaper;
2. Delivery of multiple copies for distribution by customers that provide their drinking water to others, such as apartment building owners or large private employers;
3. Posting in public places served by the system or on the Internet; or
4. Delivery to community organizations.

e. Tier 2 PN—NCWS PN methods. NCWSs (TNCs or NTNCs) must provide PN by the following methods:

(1) Posting PN in conspicuous locations throughout the distribution system frequented by persons served by the system or by mail or direct delivery to each customer and service connection (where known); and

(2) Any other method reasonably calculated to reach other persons served who would not normally be reached by posting, mail, or direct delivery. Such persons may include those who may not see a posted PN because it is not in a location they routinely visit. Other methods may include:

1. Publication in a local newspaper or newsletter distribution to customers;
2. Use of email to notify employees or students; or
3. Delivery of multiple copies in central locations, such as community centers.

In addition to the previous requirements, NTNCs that serve children under 18 years of age (such as child care facilities, schools, and hospitals) or nursing home residents (including elder care facilities) must provide PN in writing to the parent or legal guardian of each person within the department-specified time period. The PN content must meet the requirements of 40.5(5).

40.5(4) *Tier 3 PN requirements.*

a. Tier 3 PN—when required. The following violations or situations require Tier 3 PN:

(1) Monitoring violations or a failure to comply with a department-required testing procedure, except where a Tier 1 PN is required under this rule or where the department determines that a Tier 2 PN is required;

(2) Availability of unregulated contaminant monitoring results, as required of certain PWSs by 40 CFR §141.40, in accordance with 40.5(7)*"a"*;

(3) Exceedance of the fluoride level of 2.0 mg/L and not exceeding the MCL of 4.0 mg/L, in accordance with 40.5(7)*"b"*;

(4) Failure to report required data or analytical results to the department;

(5) Failure to meet the requirements of this chapter for PN, PE, or the development and distribution of the Consumer Confidence Report (CCR);

(6) Failure to retain a certified operator in accordance with 567—subrule 43.1(5), where the department determines that PN is required;

(7) Failure to maintain department-required records; and

(8) Any other situation where the department determines PN is needed.

b. Tier 3 PN—timing.

(1) Initial PN.

1. For violations or situations listed in 40.5(4)*"a"*(1), *"a"*(4), or *"a"*(5), PWSs must provide the initial PN within 12 months after learning of the violation or situation. If the violation pertains to a contaminant that could have acute health effects as determined by the department, such as coliform

bacteria, nitrate, nitrite, or turbidity, the initial notice must be provided within three months. If the PN is posted, it must remain in place for as long as the violation or other situation persists, but in no case less than seven days, even if the violation or situation is resolved.

2. For availability of unregulated contaminant monitoring results pursuant to 40.5(4)*"a"*(2), the system must provide the initial PN within 12 months of receiving the results.

3. For 40.5(4)*"a"*(3), *"a"*(6), or *"a"*(7), the initial PN timing is at the department's discretion but the notice must be made within 12 months of the violation or situation.

(2) Repeat PN.

1. For violations or situations listed in 40.5(4)*"a"*(1), *"a"*(3), *"a"*(4), or *"a"*(5), PWSs must repeat the PN every 12 months in which the violation or situation persists. If the violation pertains to a contaminant that could have acute health effects, such as coliform bacteria, nitrate, nitrite, or turbidity, the system must repeat the PN every three months in which the violation or situation persists. If the PN is posted, it must remain in place for as long as the violation or other situation persists, but in no case less than seven days, even if the violation or situation is resolved.

2. For availability of unregulated contaminant monitoring results pursuant to 40.5(4)*"a"*(2), the system is not required to repeat the PN once the initial PN requirement has been met.

3. For 40.5(4)*"a"*(3), *"a"*(6), or *"a"*(7), the requirement for and timing of the repeat PN is at the department's discretion. If required, the repeat PN must be made within 12 months of the initial PN.

c. Tier 3 PN—form and manner. PWSs must provide the initial PN and any repeat PN in a form and manner that is reasonably calculated to reach persons served in the required time period. The PN form and manner may vary based on the specific situation and type of system, but it must meet the requirements of this paragraph unless directed otherwise in writing by the department.

d. Tier 3 PN—CWS PN methods. CWSs must provide PN by:

(1) Mail or other direct delivery to each customer receiving a bill and to other service connections receiving water from the PWS; and

(2) Any other method reasonably calculated to reach other persons regularly served by the system if they would not normally be reached by mail or direct delivery. Such persons may include those who do not pay water bills or do not have service connection addresses, such as renters, students, nursing home residents, or prison inmates. Other methods may include:

1. Publication in a local newspaper;

2. Delivery of multiple copies for distribution by customers that provide their drinking water to others, such as apartment building owners or large private employers;

3. Posting in public places or on the internet; or

4. Delivery to community organizations.

(3) Use of the CCR for initial and repeat PNs. For CWSs, the CCR required under 567—40.7(455B) may be used as a vehicle for initial and repeat Tier 3 PNs as long as:

1. The CCR is provided to persons served within the time frames under 40.5(4)*"b"*;

2. The Tier 3 PN in the CCR follows the content requirements under 40.5(5); and

3. The CCR is distributed following the delivery requirements under 40.5(4)*"c"*(1) and 40.5(4)*"c"*(2).

e. Tier 3 PN—NCWS PN methods. NCWSs (TNCs and NTNCs) must provide PN by:

(1) Posting PN in conspicuous locations throughout the distribution system frequented by persons served by the system or by mail or direct delivery to each customer and service connection (where known); and

(2) Any other method reasonably calculated to reach other persons served if they would not normally be reached by the posted, mailed, or delivered notice. Such persons may include those who may not see a posted PN because it is not in a location they routinely visit. Other methods may include:

1. Publication in a local newspaper or newsletter distributed to employees;

2. Use of email to notify employees or students; or

3. Delivery of multiple copies in central locations, such as community centers.

40.5(5) *PN content.*

a. Required elements. Each PN must contain the following:

(1) A description of the violation or situation, including the contaminant(s) of concern and, as applicable, the contaminant level(s);

(2) When the violation or situation occurred;

(3) Any potential adverse health effects from the violation or situation, including the standard language in 40.5(5)*"c"*(1) or *"c"*(2), where applicable;

(4) The population at risk, including subpopulations particularly vulnerable if exposed to the contaminant in their drinking water;

(5) Whether alternative water supplies or bottled water should be used or require a boil-water order;

(6) What actions consumers should take, including when they should seek medical help, if known;

(7) What the system is doing to correct the violation or situation;

(8) When the system expects to return to compliance or resolve the situation;

(9) The name, business address, and telephone number of the PWS owner, operator, or designee as a source of additional information concerning the PN; and

(10) A statement to encourage the PN recipient to distribute the notice to other persons served, using the standard language under 40.5(5)*"c"*(3), where applicable.

b. Appearance and presentation.

(1) Each PN must:

1. Be displayed in a conspicuous way when printed or posted;
2. Not contain overly technical language or very small print;
3. Not be formatted in a way that defeats the purpose of the notice; and
4. Not contain language that nullifies the purpose of the notice.

(2) Each PN must comply with multilingual requirements, as follows:

1. For PWSs serving a large proportion of non-English speaking consumers, as determined by the department, a PN must contain information about its importance in the appropriate language(s) or contain a telephone number or address where persons served may contact the system to obtain a translated copy of the notice or to request assistance in the appropriate language.

2. In cases where the department has not determined what constitutes a large proportion of non-English speaking consumers for a PWS, a PN must contain the same information as in 40.5(5)*"b"*(2)"1" above, where appropriate, to reach a large proportion of non-English speaking persons served by the system.

c. Standard language. PWSs must include the following statements in PNs:

(1) Health effects for MCL, MRDL, or TT violations. Each PN must include the health effects language in Appendix B to 40 CFR Part 141, Subpart Q, for the specific contaminant, disinfectant residual, or TT that incurred the violation.

(2) Monitoring and testing procedure violations. Each PN must include the following statement, including the bracketed language necessary to complete the notice, for all monitoring and testing procedure violations:

"We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not your drinking water meets health standards. During [compliance period], we [use either the phrase "did not monitor or test" or "did not complete all monitoring or testing," whichever is more applicable] for [contaminant(s)], and therefore cannot be sure of the quality of your drinking water during that time."

(3) Language to encourage PN distribution to all persons served. Each PN must include the following statement, where applicable:

"Please share this information with all the other people who drink this water, especially those who may not have received this notice directly, such as people in apartments, nursing homes, schools, and businesses. You can do this by posting this notice in a public place or distributing copies by hand or mail."

40.5(6) *PN for new billing units or new customers.*

a. Community water systems (CWSs). CWSs must give a copy of the most recent PN for any continuing violation or other ongoing situations requiring PN to all new billing units or new customers prior to or at the time service begins.

b. Noncommunity water systems (NCWSs). NCWSs (TNCs and NTNCs) must continuously post the PN in conspicuous locations in order to inform new consumers of any continuing violation or other situation requiring PN for as long as the violation or other situation persists.

40.5(7) *Special PNs.*

a. Availability of unregulated contaminant monitoring results.

(1) Applicability. The owner or operator of a CWS or NTNC required to monitor under the federal unregulated contaminant monitoring rule must notify persons served by the system of the availability of such sample results no later than 12 months after the monitoring results are known.

(2) Form and manner. The special PN must follow the Tier 3 PN requirements in 40.5(4)*"c"* and must identify a person and provide the telephone number to contact for information on the monitoring results.

b. Fluoride level between 2.0 and 4.0 mg/L at CWSs or NTNCs.

(1) Applicability. CWSs and NTNCs that exceed the fluoride level of 2.0 mg/L as determined by the last single sample taken in accordance with 567—paragraph 41.3(1)*"c"* but do not exceed the MCL of 4.0 mg/L must provide the special PN in accordance with this paragraph to persons served. If the NTNC is a school or child care facility serving children under nine years of age, the system shall provide the PN in writing to the legal guardians of each child within the department-specified time period.

(2) Initial PN. A fluoride PN must be provided as soon as practical but no later than three months from the day the system learns of the exceedance. A copy of the notice must also be sent to all new billing units and new customers at the time service begins and to the Public Health Dental Director, Iowa Department of Health and Human Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

(3) Repeat PN. The PWS must repeat the fluoride PN at least every three months for as long as the fluoride level exceeds 2.0 mg/L. If the PN is posted, it must remain in place for as long as the fluoride level exceeds 2.0 mg/L but in no case less than seven days (even if the exceedance is eliminated). The department may require the repeat PN to be conducted more frequently.

(4) Form and manner. The form and manner of the fluoride PN, including repeat PNs, must follow the Tier 3 PN requirements in 40.5(4)*"c."*

(5) Mandatory language. A fluoride PN must contain the following language, including the bracketed language necessary to complete the notice:

"This is an alert about your drinking water and a cosmetic dental problem that might affect children under nine years of age. At low levels, fluoride can help prevent cavities, but children drinking water containing more than 2 milligrams per liter (mg/L) of fluoride may develop cosmetic discoloration of their permanent teeth, called dental fluorosis. The drinking water provided by your public water system [PWS name] has a fluoride concentration of [analytical result] mg/L."

"Dental fluorosis, in its moderate or severe forms, may result in a brown staining and pitting of the permanent teeth. This problem occurs only in developing teeth, before they erupt from the gums. Children under nine should be provided with alternative sources of drinking water or water that has been treated to remove the fluoride to avoid the possibility of staining and pitting of their permanent teeth. You may also want to contact your dentist about proper use by young children of fluoride-containing products. Older children and adults may safely drink the water."

"Drinking water containing more than 4.0 mg/L of fluoride (the U.S. Environmental Protection Agency's drinking water standard) can increase your risk of developing bone disease. Your drinking water does not contain more than 4.0 mg/L of fluoride, but we are required to notify you when we discover that the fluoride levels in your drinking water exceed 2.0 mg/L because of this cosmetic dental problem."

"For more information, please call [PWS contact person] of [PWS name] at [telephone number]. Some home water treatment units are also available to remove fluoride from drinking water. For more information, you may call the National Sanitation Foundation (NSF) International at 1-877-867-3435."

c. Nitrate level between 10 and 20 mg/L for NCWSs, where allowed by the department. NCWSs granted permission by the department under 567—paragraph 41.3(1)*"a"* to exceed the nitrate MCL must:

(1) Provide PN to persons served according to the Tier 1 PN requirements under 40.5(2)*"a"* and *"b."*

(2) Provide continuous posting of the fact that nitrate levels exceed 10 mg/L and the potential health effects of exposure, according to the Tier 1 PN delivery requirements under 40.5(2)*"c"* and the content requirements under 40.5(5).

d. Repeated failure to conduct source water monitoring for Cryptosporidium.

(1) Applicability. The owner or operator of any PWS that is required to monitor source water under 567—43.11(455B) must notify persons served by the system that required monitoring has not been completed no later than 30 days after the system has failed to collect samples in any three months of monitoring, as specified in 567—paragraph 43.11(3)*"a."* This special PN must be repeated as specified in 40.5(3).

(2) Form and manner. This special PN must follow the Tier 2 PN requirements in 40.5(3) and be presented as required in 40.5(5)*"b."*

(3) Mandatory language. This special PN must contain the following language, including the language necessary to fill in the brackets.

"We are required to monitor the source of your drinking water for *Cryptosporidium*. Results of the monitoring are to be used to determine whether water treatment at the [treatment plant name] is sufficient to adequately remove *Cryptosporidium* from your drinking water. We are required to complete this monitoring and make this determination by [required bin determination date]. We ["did not monitor or test" or "did not complete all monitoring or testing"] on schedule and, therefore, we may not be able to determine by the required date what treatment modifications, if any, must be made to ensure adequate *Cryptosporidium* removal. Missing this deadline may, in turn, jeopardize our ability to have the required treatment modifications, if any, completed by the required deadline of [date]. For more information, please call [PWS contact person] of [PWS name] at [telephone number]."

(4) Each special PN must include a description of what the system is doing to correct the violation and when the system expects to return to compliance or resolve the situation.

e. Failure to determine bin classification or mean Cryptosporidium level.

(1) Applicability. The owner or operator of a PWS that is required to determine a bin classification under 567—subrule 43.11(5) must notify persons served by the system that the required determination has not been made no later than 30 days after the system has failed to report the determination, as specified in 567—paragraph 43.11(5)*"c."* This special PN must be repeated as specified in 40.5(3). This PN is not required if the system is in compliance with a department-approved schedule to address the violation.

(2) Form and manner. This special PN must follow the Tier 2 PN requirements in 40.5(3) and be presented as required in 40.5(5)*"b."*

(3) Mandatory language. This special PN must contain the following language, including the language necessary to fill in the brackets.

"We are required to monitor the source of your drinking water for *Cryptosporidium* in order to determine by [date] whether water treatment at the [treatment plant name] is sufficient to adequately remove *Cryptosporidium* from your drinking water. We have not made this determination by the required date. Our failure to do this may jeopardize our ability to have the required treatment modifications, if any, completed by the required deadline of [date]. For more information, please call [PWS contact person] of [PWS name] at [telephone number]."

(4) Each special PN must include a description of what the system is doing to correct the violation and when the system expects to return to compliance or resolve the situation.

40.5(8) *PN by department on behalf of a PWS.* The department may provide PN on behalf of a PWS owner or operator in compliance with this rule. However, the PWS owner or operator remains responsible for ensuring the PN requirements of this rule are met.

40.5(9) *Small water system—operation permit PN requirements.* When the department determines that a small PWS cannot promptly comply with one or more MCLs pursuant to 567—Chapter 41 and that there is no immediate, unreasonable health risk to persons served by the system, an operation permit will be drafted with interim contaminant levels or a compliance schedule. The department may require

the applicant to present the reasons the small water system cannot come into immediate compliance. Prior to issuance of a final permit with a compliance schedule, notice and opportunity for public participation must be given in accordance with this subrule. The PN shall be circulated in a manner designed to inform interested and potentially interested persons of any proposed interim contaminant level or compliance schedule.

a. Small water system—PN preparation. A PN shall be prepared by the department and circulated by the applicant within its geographical area through publication in a local newspaper with general circulation or through mail or direct delivery to the system's customers. The PN shall be mailed by the department to any person upon request.

b. Small water system—public comment period. The department shall provide a period of at least 30 days following the PN date during which time interested persons may submit their written views on the tentative determinations with respect to the operation permit. All written comments submitted during the 30-day comment period shall be retained by the department and considered in the formulation of the department's final determination with respect to the operation permit. The department may extend the comment period.

c. Small water system—PN content. A PN of a proposed operation permit shall contain at least the following:

(1) The name, address, website, and telephone number of the department.

(2) The name and address of the applicant.

(3) A statement of the department's tentative determination to issue the operation permit.

(4) A brief description of each applicant's operations that necessitate the proposed permit conditions.

(5) A brief description of the procedures for the formulation of final determinations, including the 30-day comment period required by 40.5(9)*"b."*

(6) The right to request a public hearing pursuant to 40.5(9)*"d"* and any other means by which interested persons may influence or comment upon those determinations.

(7) The website location where interested persons may obtain further information, request a copy of the proposed operation permit prepared pursuant to this subrule, and inspect and copy the application forms and related documents.

d. Small water system—public hearings. The applicant or any interested agency, person or group of persons may request or petition for a public hearing with respect to a proposed operation permit.

(1) Any such request or petition shall:

1. Clearly state the issues to be addressed at a hearing;

2. Be filed with the department within the 30-day period prescribed in 40.5(9)*"b"*; and

3. Indicate the interest of the party filing the petition or request and the reasons why a hearing is warranted.

(2) The department shall hold an informal and noncontested case hearing if there is a significant public interest in holding a hearing, including the filing of requests or petitions for a hearing. Frivolous or insubstantial hearing requests may be denied by the department. Instances of doubt should be resolved in favor of holding a hearing.

(3) Any hearing held pursuant to this subrule shall be held in the geographical area of the system, or other appropriate area, at the department's discretion.

(4) The department may, as appropriate, consider related groups of permit applications at a hearing.

e. Small water system—PN for public hearings. PN of any hearing held pursuant to this subrule shall:

(1) Be circulated at least as widely as the notice under 40.5(9)*"a"* at least 30 days in advance of the hearing.

(2) Contain at least the following:

1. The name, address, website, and telephone number of the department;

2. The name and address of each applicant whose application will be considered at the hearing;

3. A brief reference to the previously issued PN, including identification number and date of issuance;

4. The time and location for the hearing;

5. The purpose of the hearing;

6. A concise statement of the issues raised by the person requesting the hearing;

7. The website location where interested persons may obtain further information, request a copy of the draft operation permit or modification prepared pursuant to this subrule, and inspect and copy the application forms and related documents; and

8. A brief description of the nature of the hearing, including the rules and procedures to be followed.

f. Small water system—operation permit decision. The department shall issue or deny an operation permit within 30 days after a public hearing held pursuant to this subrule, or, if no public hearing is held, within 30 days after the end of the period for requesting a hearing.

567—40.6(455B) Lead consumer notice and public education (PE) for lead action level exceedance (ALE).

40.6(1) *Lead consumer notice.*

a. Reporting. All CWSs and NTNCs must provide a consumer notice of the individual lead tap water monitoring results required by 567—paragraph 41.4(1)*"c"* to the persons served at the tested sites (taps). Any system with a lead ALE shall also implement the PE requirements of 40.6(2).

b. Consumer notice timing. A system must provide the notice as soon as practical but no later than 30 days after the system learns of the tap monitoring results.

c. Consumer notice content. A consumer notice must contain the following:

(1) Results of the lead tap water monitoring for the tested tap,

(2) An explanation of the health effects of lead,

(3) A list of steps consumers can take to reduce exposure to lead in drinking water,

(4) PWS contact information, and

(5) The lead MCLG of 0 mg/L, the 90th percentile lead AL of 0.015 mg/L, and the definitions for these two terms from 567—40.2(455B).

d. Consumer notice delivery. The notice must be provided to persons served at the tested tap either by mail or by another department-approved method. For example, upon department approval, an NTNC could post results on a bulletin board in the facility. Systems must provide the notice to customers at sample taps tested, including consumers who do not receive water bills.

e. Inclusion of copper results. Systems may also include copper testing results in the consumer notice, along with the 90th percentile copper ALE of 1.3 mg/L, copper MCLG of 1.3 mg/L, and copper health effects language.

40.6(2) *Lead PE for lead ALE.* Systems with a lead ALE based on tap water samples collected in accordance with 567—paragraph 41.4(1)*"c"* shall prepare and deliver PE materials and sample the tap water of any customer who requests it in accordance with this subrule.

a. Content of materials. Systems must include the following statements in written PE materials in the same order as listed in this paragraph. Language in 40.6(2)*"a"*(1), *"a"*(2), and *"a"*(5) must be included exactly as written, except for the bracketed text for which the system must substitute system-specific information. Any additional information presented by a system must be consistent with this paragraph and be in plain language that can be understood by the general public. Systems must submit all PE materials to the department prior to delivery. The department may require a system to obtain approval of the content of PE materials prior to delivery. PE materials must:

(1) Include the following statements exactly as written.

"IMPORTANT INFORMATION ABOUT LEAD IN YOUR DRINKING WATER. [Insert system name] found elevated levels of lead in drinking water in some homes/buildings. Lead can cause serious health problems, especially for pregnant women and young children. Please read this information closely to see what you can do to reduce lead in your drinking water."

"Health effects of lead. Lead can cause serious health problems if too much enters your body from drinking water or other sources. It can cause damage to the brain and kidneys, and can interfere with the production of red blood cells that carry oxygen to all parts of your body. The greatest risk of lead

exposure is to infants, young children, and pregnant women. Scientists have linked the effects of lead on the brain with lowered IQ in children. Adults with kidney problems and high blood pressure can be affected by low levels of lead more than healthy adults. Lead is stored in the bones, and it can be released later in life. During pregnancy, the child receives lead from the mother's bones, which may affect brain development."

(2) Discuss lead and sources of lead, as follows:

1. Explain what lead is.

2. Explain possible sources of lead in drinking water, explain how lead enters drinking water, and include information on home/building plumbing materials and service lines that may contain lead.

3. Discuss other important sources of lead exposure in addition to drinking water (e.g., paint).

(3) Discuss steps the consumers can take to reduce their exposure to lead in drinking water, as follows:

1. Encourage running the water to flush out the lead.

2. Explain concerns with using hot water from the tap and specifically caution against the use of hot water for preparing baby formula.

3. Explain that boiling the water does not reduce lead levels.

4. Discuss other options consumers can take to reduce exposure to lead in drinking water, such as alternative sources or water treatment.

5. Suggest that parents have their child's blood tested for lead.

(4) Explain why there are elevated levels of lead in the system's drinking water (if known) and what the system is doing to reduce the lead levels in homes/buildings in this area.

(5) Include the following statement exactly as written.

"For more information, call us at [insert your telephone number] or visit our website at [insert your website link here]. For more information on reducing lead exposure around your home/building and the health effects of lead, visit EPA's website at www.epa.gov/lead or contact your health care provider."

(6) Include the following if the system is a CWS:

1. Tell consumers how to get their water tested.

2. Discuss lead in plumbing components and the difference between low lead and lead free.

b. Outreach to non-English speaking consumers. For PWSs serving a large proportion of non-English speaking consumers, as determined by the department, the PE materials must contain information about the importance of PE in the appropriate language(s) or contain a telephone number or address where persons served may contact the system to obtain a translated copy of the PE materials or to request assistance in the appropriate language.

c. PE materials delivery by CWS. A CWS that exceeds the lead ALE on the basis of tap water samples collected in accordance with 567—paragraph 41.4(1)*"c"* must conduct the following PE tasks within 60 days of the date of notification of the ALE. All PE materials must meet the content requirements of 40.6(2)*"a."*

(1) Deliver PE materials to all bill-paying customers.

(2) Contact customers who are most at risk by delivering PE materials to local public health agencies, even if they are not located within the system's service area, along with an informational notice that encourages distribution to all the organization's potentially affected customers or the CWSs users. Systems must contact the local public health agencies directly by phone or in person. The local public health agencies may provide a specific list of additional community-based organizations serving target populations, which may include organizations outside the system's service area. If such lists are provided, systems must deliver PE materials to all organizations on the provided lists.

(3) Contact customers who are most at risk by delivering PE materials to the following organizations that are located within the system's service area, along with an informational notice that encourages distribution to all the organization's potentially affected customers or the CWSs users:

1. Public and private schools or school boards;

2. Women, Infants, and Children (WIC) and Head Start programs;

3. Public and private hospitals and medical clinics;

4. Pediatricians;

5. Family planning clinics; and

6. Local welfare agencies.

(4) Make a good-faith effort to locate the following organizations within the service area and deliver PE materials, along with an informational notice encouraging distribution to all potentially affected customers or users. This effort to contact at-risk customers may include requesting a contact list of these organizations from the local public health agencies, even if the agencies are not located within the system's service area:

1. Licensed child care centers;

2. Public and private preschools;

3. Obstetricians, gynecologists, doulas, and midwives.

(5) No less often than quarterly, provide information with each water bill as long as the system exceeds the lead AL. The water bill must include the following statement exactly as written, except for the text in brackets for which the system must substitute system-specific information:

"[*Insert system name*] found high levels of lead in drinking water in some homes. Lead can cause serious health problems. For more information, please call [*insert system telephone number*] or visit [*insert system website link here*]."

The message or delivery mechanisms can be modified in consultation with the department; specifically, the department may allow a separate mailing of PE materials to customers if the system cannot place the information on water bills.

(6) Post PE material on the system's website if the system serves a population greater than 100,000.

(7) Submit a press release to newspaper, television, and radio stations.

(8) In addition to those items previously listed, systems must implement at least three activities from one or more of the following categories. The educational content and appropriate activities must be determined in consultation with the department.

1. Public service announcement;

2. Paid advertisement;

3. Public area information displays;

4. Emails to customers;

5. Public meetings;

6. Household deliveries;

7. Targeted individual customer contact;

8. Direct material distribution to all multifamily homes and institutions; and

9. Other department-approved methods.

d. Continuing and special population PE by a CWS.

(1) As long as a CWS exceeds the AL, it must repeat the following activities:

1. Repeat the tasks in 40.6(2)*"c"*(1), *"c"*(2), and *"c"*(8) every 12 months.

2. Repeat the tasks in 40.6(2)*"c"*(5) with each billing cycle.

3. A CWS serving a population greater than 100,000 shall post and retain PE materials on a publicly accessible website pursuant to 40.6(2)*"c"*(6).

4. Repeat the task in 40.6(2)*"c"*(7) twice every 12 months on a schedule agreed upon with the department. The department can allow activities in 40.6(2)*"c"* to extend beyond the 60-day requirement on a case-by-case basis; however, this extension must be approved in writing by the department in advance of the 60-day deadline, and the system must already have initiated PE activities prior to the end of the 60-day deadline.

(2) A CWS meeting either of the following criteria may apply to the department in writing for reduced PE and community notice requirements:

1. The CWS is a facility, such as a prison or hospital, where the population served is not capable of or is prevented from making improvements to plumbing or installing POU treatment devices; or

2. The CWS provides water as part of the cost of services provided and does not separately charge for water consumption.

If the department approves the request in writing, the CWS is not required to include the language in 40.6(2)*"a"*(6) and must deliver the PE materials in accordance with 40.6(2)*"e,"* in lieu of 40.6(2)*"c"* and *"d."*

(3) A CWS serving 3,300 or fewer people may limit certain aspects of its PE programs as follows:

1. The system must implement at least one of the activities in 40.6(2)*"c"*(8).

2. The system may limit the distribution of the PE materials in 40.6(2)*"c"*(2) and *"c"*(3) to facilities and organizations served by the system that are most likely to be visited regularly by pregnant women and children.

3. The department may waive the requirements of 40.6(2)*"c"*(7) for the system provided it distributes notices to every household served.

e. Delivery of and continuing PE by an NTNC.

(1) PE delivery by an NTNC. Within 60 days of the date of notification of the ALE, an NTNC shall deliver the specified PE materials as follows:

1. Post informational posters on lead in drinking water in a public place or common area in each of the buildings served by the system; and

2. Distribute informational pamphlets or brochures on lead in drinking water to each person served by the NTNC. The department may allow the system to utilize electronic transmission in lieu of or combined with printed materials as long as at least the same coverage is achieved. If the system serves children 18 years of age and under, such as a school or child care facility, the PE materials must be provided to the parents or legal guardians of the children.

(2) Continuing PE by an NTNC. An NTNC shall repeat the tasks in 40.2(2)*"e"*(1) at least once during each calendar year in which the system exceeds the lead AL. The department can allow activities in 40.2(2)*"e"*(1) to extend beyond the 60-day requirement on a case-by-case basis; however, this extension must be approved in writing by the department in advance of the 60-day deadline, and the system must already have initiated PE activities prior to the end of the 60-day deadline.

f. Discontinuation of PE activities. A CWS or NTNC may discontinue delivery of PE materials if it has met the lead AL during the most recent six-month monitoring period conducted pursuant to 567—paragraph 41.4(1)*"c."* Such systems shall recommence PE in accordance with this subrule if it subsequently exceeds the lead AL during any monitoring period.

g. Supplemental monitoring and notification of results. A system that fails to meet the lead AL on the basis of tap samples collected in accordance with 567—paragraph 41.4(1)*"c"* shall offer to sample the tap water of any customer who requests it. The system is not required to pay for collecting or analyzing the sample, nor is the system itself required to collect and analyze the sample.

567—40.7(455B) Consumer confidence reports (CCRs).

40.7(1) *Applicability and purpose.* This rule applies to all CWSs and establishes the requirements for the content of annual CCRs that CWSs must deliver to their customers. These CCRs must contain information on the quality of the water delivered by the systems and characterize the risks (if any) from exposure to contaminants in the drinking water in an accurate and understandable manner. The department may assign PN requirements and assess administrative penalties to any CWS that fails to fulfill the requirements of this rule.

40.7(2) *CCR delivery frequency.*

a. Existing CWSs. Existing CWSs must deliver CCRs annually by July 1.

b. New CWSs. New CWSs must deliver their first CCR by July 1 of the year after their first full calendar year in operation and annually thereafter.

c. CWSs that sell water to another CWS. A CWS that sells water to another CWS must deliver the applicable information in 40.3(7) to the buyer (or consecutive) system:

(1) Annually by April 1, or

(2) On a date mutually agreed upon by the seller and the purchaser and specifically included in a contract between the parties.

When a consecutive system sells water to another CWS, the seller must provide all applicable information in 40.3(7) to the CWS buying the water from them.

40.7(3) *CCR content—source water identification and definitions.* Each annual CCR must contain the following information.

a. Source water identification. A CCR must identify the source(s) of water delivered by the CWS, including:

(1) Type of water (e.g., SW, groundwater (GW), GW purchased from another PWS).

(2) Commonly used name of the aquifer, reservoir, or river (if any) and location of the body(ies) of water.

(3) The availability of a source water assessment and the means to obtain it if an assessment has been completed. Systems are encouraged to highlight significant sources of contamination in the source water area if information is available. Where a system has received a source water assessment from the department, the CCR must include a brief summary of the system's susceptibility to potential sources of contamination using language provided by the department or its designee or written by the owner or operator.

b. Definitions. Each CCR using any of the following terms must include the applicable definitions of MCL, MCLG, MRDL, and MRDLG from 40 CFR §141.153.

(1) A CCR that contains data on a contaminant for which EPA has set a TT or an AL must include the applicable definitions from 40 CFR §141.153.

(2) A CCR that contains information regarding a Level 1 or Level 2 assessment required under 567—subrule 41.2(1) must include the applicable assessment definitions from 40 CFR §141.153.

40.7(4) *CCR content—information on detected contaminants.* This subrule specifies the information required in each CCR for contaminants subject to mandatory monitoring as follows: regulated contaminants subject to an MCL, AL, MRDL, or TT; contaminants for which monitoring is required by either 40 CFR §141.40 (unregulated contaminants), 567—subrule 41.9(1) (sodium), or 567—41.11(455B) (other contaminants); and, except as provided under 40.7(6)*"a,"* contaminants with department-required monitoring that are detected in the finished water (disinfection byproducts (DBPs) or microbial contaminants), and Cryptosporidium. Ammonia monitoring conducted pursuant to 567—subrule 41.9(2) is not subject to this paragraph. For the purposes of this subrule, "detected" means at or above the levels prescribed as follows: inorganic contaminants in 567—subparagraph 41.3(1)*"b"*(1); VOCs and SOCs in 567—paragraph 41.5(1)*"b"*; radionuclide contaminants in 567—paragraph 41.8(1)*"c"*; DBPs in 567—paragraph 41.6(1)*"b"*(1); and other contaminants with HAs, as assigned by the department.

a. Contaminant data must be displayed in one or more tables. Any additional monitoring results that a CWS chooses to include in its CCR must be displayed separately.

(1) Contaminant data must be derived from data collected to comply with departmental monitoring and analytical requirements. Where a system is allowed to monitor for contaminants less often than once a year, the CCR table(s) must include the results, the most recent sampling date, and a brief statement indicating that the data in the CCR are from the most recent testing done in accordance with the regulations. No data older than five years need be included.

(2) For detected regulated contaminants listed in Appendix A to 40 CFR Part 141, Subpart O, the table(s) must contain:

1. The contaminant MCL, expressed as a number equal to or greater than 1.0 (as provided in Appendix A to 40 CFR Part 141, Subpart O);

2. The contaminant MCLG, expressed in the same units as the MCL;

3. If there is no MCL for a detected contaminant, the table(s) must indicate that there is a TT, or specify the AL applicable to that contaminant, and the CCR must include the definition for TT or AL, as appropriate.

(3) For contaminants subject to an MCL, except turbidity and *E. coli*, the table(s) must contain the highest contaminant level used to determine compliance with a primary drinking water standard and the range of detected levels, expressed in the same units as the MCL, as follows:

1. When MCL compliance is determined annually or less frequently: the highest detected level at any sampling point and the range of detected levels.

2. When MCL compliance is determined by calculating a running annual average (RAA) of all samples taken at a sampling point: the highest average of any of the sampling points and the range of all sampling points. For TTHM and HAA5 MCLs, systems must include the highest locational running annual average (LRAA) for TTHM and HAA5 and the range of individual sample results for all monitoring locations. If more than one location exceeds the TTHM or HAA5 MCL, the system must include the LRAAs for all locations that exceed the MCL.

3. When MCL compliance is determined on a systemwide basis by calculating an RAA of all samples at all sampling points: the average and range of detection. When rounding of results to determine MCL compliance is allowed by the regulations, rounding should be done prior to multiplying the results by the factor in Appendix A to 40 CFR Part 141, Subpart O.

(4) For turbidity: The highest single measurement and the lowest monthly percentage of samples meeting the turbidity limits specified in 567—43.5(455B), 567—43.9(455B), or 567—43.10(455B) for the filtration technology being used when turbidity is being reported pursuant to the cited rules. The CCR should include an explanation of the reasons for measuring turbidity.

(5) For lead and copper: the 90th percentile value of the most recent round of sampling and the number of sampling sites exceeding the AL.

(6) For *E. coli* analytical results under 567—subrule 41.2(1): the total number of positive samples.

(7) The likely source(s) of detected contaminants to the best of the owner's or operator's knowledge. If specific contaminant information is in sanitary surveys or source water assessments, it should be used. If the owner or operator lacks specific information on the likely contaminant source, the CCR must include one or more of the typical contaminant sources (from Appendix A to 40 CFR Part 141, Subpart O) that are most applicable to the system.

(8) If a CWS distributes water to its customers from multiple hydraulically independent distribution systems that are fed by different raw water sources, the CCR should identify each separate distribution system and the table(s) should contain a separate column for each service area. Alternatively, systems may produce separate CCRs tailored to include data for each service area.

(9) The table(s) must clearly identify any data indicating MCL, MRDL, or TT violations, and the CCR must contain a clear and readily understandable explanation of the violation, including:

1. The length of the violation;
2. The potential adverse health effects;
3. Actions taken by the system to address the violation; and
4. The relevant language from Appendix A to 40 CFR Part 141, Subpart O, describing the potential health effects.

(10) For detected unregulated contaminants for which monitoring is required, except *Cryptosporidium*, the table(s) must contain the average and range at which the contaminant was detected. The CCR may include a brief explanation of the reasons for monitoring for unregulated contaminants.

(11) CWSs may list the most recent results of the special sodium monitoring requirement, according to 567—subrule 41.11(1), in the CCR instead of providing a separate PN.

(12) If a contaminant that does not have an MCL, MRDL, TT, or AL is detected in the water, the PWS must contact the department for the specific health effects language, health advisory level (HAL), and contamination sources.

b. If monitoring indicates that *Cryptosporidium* may be present in the source water or the finished water, or that radon may be present in the finished water, the CCR must include:

(1) A summary of the *Cryptosporidium* monitoring results;

(2) The radon monitoring results; and

(3) An explanation of the results' significance.

c. If a system has performed additional monitoring that indicates the presence of other contaminants in the finished water, it must report any results that may indicate a health concern. To determine if results may indicate a health concern, a CWS can inquire about a current or proposed MCL, MRDL, TT, AL, or HA by contacting the department or by calling the National Safe Drinking Water

Hotline (800.426.4791). The department considers the detection of a contaminant above a proposed MCL or HAL to indicate possible health concerns. For such contaminants, the CCR should include:

(1) The monitoring results; and

(2) An explanation of the results' significance, noting the existence of an HA or a proposed regulation.

d. If a system was required to comply with the federal Information Collection Rule pursuant to 40 CFR Part 141, it must include the results of monitoring in compliance with 40 CFR Part 141. These results need only be included for five years from the date of the sample or until any of the detected contaminants become regulated and subject to routine monitoring requirements, whichever comes first.

40.7(5) *CCR content—compliance with 567—Chapters 41 and 43.* In addition to the requirements of 40.7(4)*"a"*(8), the CCR must note any violation of a requirement listed below that occurred during the year covered by the report and include a clear and readily understandable explanation of the violation, any potential adverse health effects, and the steps the system has taken to correct the violation. The system must note any violation of the following:

a. Monitoring and reporting of compliance data pursuant to 567—Chapters 41 and 43, including any contaminant with a MCL, TT, AL, or HA;

b. The following TTs:

(1) Filtration and disinfection prescribed by 567—43.5(455B). For systems that have failed to install adequate filtration or disinfection equipment or processes, or have had a failure of such equipment or processes that constitutes a violation, the CCR must include the following statement with the explanation of potential adverse health effects:

"Inadequately treated water may contain disease-causing organisms. These organisms include bacteria, viruses, and parasites which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches."

(2) Lead and copper control requirements. For systems that fail to take one or more actions prescribed by 567—Chapters 41 and 43 pertaining to lead and copper, the CCR must include the relevant language from Appendix A to 40 CFR Part 141, Subpart O.

(3) Acrylamide and epichlorohydrin control technologies. Systems in violation of 567—subparagraph 41.5(1)*"b"*(3) must include the relevant language from Appendix A to 40 CFR Part 141, Subpart O, in their CCR.

c. Recordkeeping of compliance data pursuant to 567—Chapters 41 and 43;

d. Special monitoring requirements; and

e. Violation of an operation permit compliance schedule, administrative order, or judicial order.

40.7(6) *CCR content—operation permit or administrative order with a compliance schedule.* If a system has been issued a compliance schedule with an extension for compliance, the CCR must contain:

a. An explanation of the reasons for the extension;

b. The date on which the extension was issued;

c. A brief status report on the steps the system is taking to install treatment, find alternative sources of water, or otherwise comply with the compliance schedule; and

d. A notice of any opportunity for public input in the review or renewal of the compliance schedule.

40.7(7) *CCR content—mandatory CCR language explaining contaminant occurrence.* CCRs must contain a brief explanation regarding contaminants that may reasonably be expected to be found in drinking water, including bottled water. This explanation may include the statements in 40.7(7)*"a"* through 40.7(7)*"c."* Paragraph 40.7(7)*"d"* is provided as a minimal alternative to 40.7(7)*"a"*(1) through 40.7(7)*"c"*(3). Systems may also develop their own comparable language. A CCR must include the language of 40.7(8).

a. "The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and radioactive material, and can pick up substances resulting from the presence of animals or from human activity."

b. "Contaminants that may be present in source water include:"

(1) "Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife."

(2) "Inorganic contaminants, such as salts and metals, which can be naturally occurring or result from urban storm runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming."

(3) "Pesticides and herbicides, which may come from a variety of sources such as agriculture, storm water runoff, and residential uses."

(4) "Organic chemical contaminants, including synthetic and volatile organics, which are byproducts of industrial processes and petroleum production, and can also come from gas stations, urban storm water runoff and septic systems."

(5) "Radioactive contaminants, which can be naturally occurring or be the result of oil and gas production and mining activities."

c. "In order to ensure that tap water is safe to drink, the department prescribes regulations which limit the amount of certain contaminants in water provided by public water systems. The U.S. Food and Drug Administration (FDA) regulations establish limits for contaminants in bottled water which must provide the same protection for public health."

d. "Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the National Safe Drinking Water Hotline ((800)426-4791)."

40.7(8) *Required additional health information.*

a. All systems.

(1) All CCRs must prominently display the following statement:

"Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. The EPA/CDC guidelines on appropriate means to lessen the risk of infection by Cryptosporidium and other microbial contaminants are available from the national Safe Drinking Water Hotline ((800)426-4791)."

(2) Systems may write their own educational statements for arsenic in 40.7(8)*"b"*(1), nitrates in 40.7(8)*"c,"* and lead in 40.7(8)*"d"* but only in consultation with the department.

b. Arsenic.

(1) A CWS that detects arsenic at levels above 0.005 mg/L and less than or equal to 0.010 mg/L must include in its CCR a short information statement about arsenic, using language such as:

"While your drinking water meets EPA's standard for arsenic, it does contain low levels of arsenic. EPA's standard balances the current understanding of arsenic's possible health effects against the costs of removing arsenic from drinking water. EPA continues to research the health effects of low levels of arsenic, which is a mineral known to cause cancer in humans at high concentrations and is linked to other health effects such as skin damage and circulatory problems."

(2) A CWS that detects arsenic above 0.010 mg/L and less than or equal to 0.05 mg/L must include in its CCR the arsenic health effects language in Appendix A to 40 CFR Part 141, Subpart O.

c. Nitrates.

(1) A system that detects nitrate at levels above 5.0 mg/L (half the MCL) but below the MCL must include in its CCR a short informational statement about the impacts of nitrate on children, using language such as:

"Nitrate in drinking water at levels above 10 ppm is a health risk for infants of less than six months of age. High nitrate levels in drinking water can cause blue baby syndrome. Nitrate levels may rise quickly for short periods of time because of rainfall or agricultural activity. If you are caring for an infant you should ask advice from your health care provider."

(2) A system that detects nitrite at levels above 0.50 mg/L (half the MCL) but below the MCL must include in its CCR a short informational statement about the impacts of nitrite on children, using language such as:

"Nitrite in drinking water at levels above 1 ppm is a health risk for infants of less than six months of age. High nitrite levels in drinking water can cause blue baby syndrome. If you are caring for an infant you should ask advice from your health care provider."

d. Lead. All systems must include in their CCR a short informational statement about lead in drinking water and the effects it has on children, using language such as:

"If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from material and components associated with service lines and home plumbing. [insert name of system] is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the National Safe Drinking Water Hotline (800)426-4791 or at www.epa.gov/safewater/lead."

e. Total trihalomethanes (TTHMSs). A CWS that detects TTHMs above 0.080 mg/L but below the MCL in 567—subrule 41.6(1)*"b"*(1) as an annual average, monitored and calculated under the provisions of 567—paragraph 41.6(1)*"d,"* must include in its CCR the health effects language for total trihalomethanes listed in Appendix A to 40 CFR Part 141, Subpart O.

40.7(9) *Additional mandatory CCR requirements.*

a. The CCR must include the telephone number of the owner, operator, or designee of the CWS as a source of additional information concerning the report.

b. In communities with a large proportion of non-English speaking residents, as determined by the department, the CCR must contain information regarding the importance of the CCR in the appropriate language(s) or contain a telephone number or address where such residents may contact the system to obtain a translated copy of the report or assistance in the appropriate language.

c. The CCR must include information (e.g., time and place of regular board meetings) about opportunities for public participation in decisions that may affect the quality of the water.

d. Systems may include such additional information as they deem necessary for the PE, consistent with, and not detracting from, the purpose of the CCR.

e. Systems required to comply with the GW rule (567—41.7(455B)) must include the following in the CCR, when applicable:

(1) Any GW system that receives notice from the department of a significant deficiency must inform its customers of any significant deficiency that is uncorrected at the time of the next CCR. The system must continue to inform the public annually until the department determines that particular deficiency is corrected. Each CCR must include the following:

1. The nature of the particular significant deficiency and the date the deficiency was identified by the department; and

2. For each significant deficiency, the department-approved plan and schedule for correction, including interim measures, progress to date, and any interim measures completed.

If directed by the department, a system with one or more significant deficiencies that have been corrected before the next CCR must inform its customers of the deficiencies, how the deficiencies were corrected, and the date(s) of correction.

(2) Any GW system that receives notice from the department or laboratory of a fecal indicator-positive GW source sample that is not invalidated under 567—paragraph 41.7(3)*"d"* must inform its customers of such a sample in the next CCR. The system must continue to inform the public annually until the department determines that the fecal contamination in the GW source is addressed under 567—paragraph 41.7(4)*"a."* Each CCR must include the following:

1. The fecal contamination source (if known) and the dates of the fecal indicator-positive GW source samples;

2. Whether the fecal contamination in the GW source has been addressed under 567—paragraph 41.7(4)*"a"* and the date of such action;

3. For each fecal contamination in the GW source that has not been addressed under 567—paragraph 41.7(4)*"a,"* the department-approved plan and schedule for correction, including interim measures, progress to date, and any interim measures completed; and

4. The potential health effects, using the "Fecal coliform or *E. coli*" or "Fecal Indicators (enterococci or coliphage)" health effects language in Appendix A to 40 CFR Part 141, Subpart O.

f. Pursuant to 567—subrule 41.2(1), any system required to conduct a Level 1 or Level 2 assessment that is not due to an *E. coli* MCL violation must include in the CCR the statements below in 40.7(9)*"f"*(1) through 40.7(9)*"f"*(3), as appropriate, filling in the blanks accordingly and including the appropriate statements in 40.7(9)*"f"*(4).

(1) "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 the 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."

(2) "During the past year, we were required to conduct [*insert number of required Level 1 assessments*] Level 1 assessment(s). [*Insert number of completed Level 1 assessments*] Level 1 assessment(s) were completed. In addition, we were required to take [*insert number of required corrective actions*] corrective actions, and we completed [*insert number of completed corrective actions*] of these actions."

(3) "During the past year, [*insert number of required Level 2 assessments*] Level 2 assessments were required to be completed for our water system. [*Insert number of completed Level 2 assessments*] Level 2 assessment(s) were completed. In addition, we were required to take [*insert number of required corrective actions*] corrective actions, and we completed [*insert number of completed corrective actions*] of these actions."

(4) Any system that has failed to complete all the required assessments or correct all identified sanitary defects is in violation of the TT requirement and must also include one or both of the following statements in its CCR, as appropriate:

1. "During the past year, we failed to conduct all of the required assessment(s)."

2. "During the past year, we failed to correct all identified defects that were found during the assessment."

g. Pursuant to 567—subrule 41.2(1), any system required to conduct a Level 2 assessment due to an *E. coli* MCL violation must include the statements in 40.7(9)*"g"*(1) and 40.7(9)*"g"*(2) in its CCR as appropriate, filling in the blanks accordingly and including the appropriate text in 40.7(9)*"g"*(3).

(1) "*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."

(2) "We were required to complete a Level 2 assessment because we found *E. coli* bacteria in our water system. In addition, we were required to take [*insert number of required corrective actions*] corrective actions, and we completed [*insert number of completed corrective actions*] of these actions."

(3) Any system that has failed to complete the required assessment or correct all identified sanitary defects is in violation of the TT requirement and must also include one or both of the following statements in its CCR, as appropriate:

1. "We failed to conduct the required assessment."

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

h. Pursuant to 567—subrule 41.2(1), if a system detects *E. coli* and has violated the *E. coli* MCL, in addition to completing the CCR table(s) as required in 40.7(4), the system must include in its CCR one or more of the following statements to describe any noncompliance, as applicable:

(1) "We had an *E. coli*-positive repeat sample following a total coliform-positive routine sample."

(2) "We had a total coliform-positive repeat sample following an *E. coli*-positive routine sample."

(3) "We failed to take all required repeat samples following an *E. coli*-positive routine sample."

(4) "We failed to test for *E. coli* when any repeat sample tested positive for total coliform."

i. Pursuant to 567—subrule 41.2(1), if a system detects *E. coli* and has not violated the *E. coli* MCL, in addition to completing the CCR table(s) as required in 40.7(4), the system may include in its CCR a statement that explains that although the system has detected *E. coli*, the system is not in violation of the *E. coli* MCL.

40.7(10) *CCR delivery.*

a. Required CCR recipients. Each CWS must mail or otherwise directly deliver one copy of the CCR to each customer.

(1) Systems must make a good-faith effort to reach consumers who do not get water bills, using department-recommended means. An adequate good-faith effort will be tailored to the consumers who are served by the system but are not bill-paying customers. A good-faith effort would include a mix of methods appropriate to the particular system. Reports could be:

1. Posted on the Internet;
2. Mailed to postal patrons in metropolitan areas;
3. Advertised in the news media;
4. Published in a local newspaper;
5. Posted in public places;
6. Delivered for distribution by single-billed customers such as apartment buildings or large private employers;
7. Delivered to community organizations.

(2) No later than the date the system is required to distribute the CCR to its customers, each CWS must provide the CCR to the department, followed within three months by a certification that the CCR has been distributed to customers and that it is correct and consistent with the previously submitted compliance monitoring data.

(3) No later than the date the system is required to distribute the CCR to its customers, each CWS must deliver the report to any other agency or clearinghouse identified by the department, such as the Iowa department of health and human services or county board of health.

b. CCR availability. Each CWS must make its CCR available to the public upon request. Each CWS serving 100,000 or more persons must post its current year's CCR to a publicly accessible website.

c. CCR mailing requirement waiver for systems serving 10,000 or fewer in population. All CWSs serving fewer than 10,000 persons will qualify for a mailing waiver, except for those systems that have one or more exceedances of a MCL, TT, AL, or HA; an administrative order; a court order; significant noncompliance with monitoring or reporting requirements; or an extended compliance schedule in an operation permit. Even if a PWS qualifies for a mailing waiver, 40.7(10)*"a"* and *"b"* still apply to all CWSs. A mailing waiver is not allowed for the CCR covering the year during which one of the previously listed exceptions occurred. Systems qualifying for a mailing waiver must:

(1) Publish their CCR in one or more local newspapers serving the area where the system is located;

(2) Inform customers that their CCR will not be mailed, either in the newspapers in which the CCR is published or by other department-approved means; and

(3) Make their CCR available to the public upon request.

d. CCR mailing requirements waiver for systems serving 500 or fewer in population. All CWSs serving 500 or fewer persons will qualify for a mailing waiver, except for those systems that have one or more exceedances of an MCL, TT, AL, or HA; an administrative order; a court order; significant noncompliance with monitoring or reporting requirements; or an extended compliance schedule in an operation permit. Systems serving 500 or fewer persons that qualify for the waiver may forego the

requirements of 40.7(10)*"c"*(1) and 40.7(10)*"c"*(2) if they provide notice at least once per year to their customers that the CCR is available upon request, by mail, door-to-door delivery, or by posting in conspicuous places within the service area acceptable to the department. A mailing waiver is not allowed for the CCR covering the year during which one of the previously listed exceptions occurred. Even if a PWS serving 500 or fewer persons qualifies for a mailing waiver, 40.7(10)*"a"*(2), *"a"*(3) and 40.7(10)*"b"* still apply.

567—40.8(455B) Reporting.

40.8(1) *Reporting requirements other than for lead and copper.*

a. When required by the department, a PWS shall report to the department within ten days following a test, measurement, or analysis required by this chapter and 567—Chapters 41 and 43, the results of that test, measurement, or analysis in the form and manner prescribed by the department. This shall include reporting of all positive detects within the same specific analytical method.

b. Except where a different reporting period is specified in this rule or 567—Chapters 41 and 43, a PWS shall report to the department within 48 hours after any failure to comply with the monitoring requirements in 567—Chapters 41 and 43. The PWS shall also notify the department within 48 hours of failure to comply with any primary drinking water regulations.

c. The PWS, within ten days of completion of each initial and repeat PNs required in 567—40.5(455B), shall submit to the department a certification that it has fully complied with the PN rules. The certification must include a representative copy of each type of notice distributed, published, posted, or made available to the persons served by the system or to the media.

d. Additional reporting requirements for the GW rule are listed in 567—paragraph 41.7(6)*"a."*

e. Additional reporting requirements for the coliform rule are listed in 567—paragraph 41.2(1)*"n."*

40.8(2) *Lead and copper reporting requirements.* All PWSs shall report all of the following to the department.

a. Reporting for tap water monitoring and water quality parameter (WQP) monitoring.

(1) Except as provided below in 40.8(2)*"a"*(1)"6," a system shall report the information specified below for all tap water samples specified in 567—paragraph 41.4(1)*"c"* and all WQP samples specified in 567—paragraph 41.4(1)*"d"* within the first ten days following the end of each applicable monitoring period specified in 567—41.4(455B). For monitoring periods with a duration of less than six months, the end of the monitoring period is the last date samples can be collected during that period.

1. The results of all tap samples for lead and copper, including the location of each site and the site selection criteria;

2. Documentation for each tap water lead or copper sample for which the system requests invalidation pursuant to 567—paragraph 41.4(1)*"c"*(6)"2";

3. The 90th percentile lead and copper concentrations measured from among all lead and copper tap water samples collected during each monitoring period (calculated in accordance with 567—subparagraph 41.4(1)*"b"*(3));

4. With the exception of initial tap sampling conducted pursuant to 567—paragraph 41.4(1)*"c"*(4) "1," the system shall designate any site that was not sampled during previous monitoring periods and include an explanation of why sampling sites have changed;

5. For samples collected under 567—subparagraphs 41.4(1)*"d"*(2) through *"d"*(5), tap sample results for pH; where applicable, alkalinity, calcium, conductivity, temperature, and orthophosphate or silica; and SEP sample results for applicable WQPs; and

6. The results of all WQP samples collected under 567—subparagraphs 41.4(1)*"d"*(3) through *"d"*(6) during each six-month monitoring period in 567—subparagraph 41.4(1)*"d"*(4) within the first ten days following the end of the monitoring period unless the department has specified a more frequent reporting requirement.

(2) Certain systems that do not have enough taps that can provide first-draw samples and that have met the six-hour stand time criteria, such as an NTNC with 24-hour operation or a CWS meeting the criteria of 40.6(2)*"d"*(2), must either:

1. If the department has not approved the non-first-draw sample sites, provide written documentation to the department identifying stand times and locations for enough non-first-draw samples to make up its sampling pool under 567—paragraph 41.4(1)*"c"*(2)"5" by July 1, 2003; or

2. If the department has already approved the non-first-draw sample sites, identify each site that did not meet the six-hour minimum stand time and the length of stand time for that particular substitute sample (collected pursuant to 567—paragraph 41.4(1)*"c"*(2)"5.") Certain systems already include this information in writing with the lead and copper tap sample results required by 567—paragraph 41.4(1)*"d"*(1)"1."

(3) At a time specified by the department or, if no specific time is specified, then as early as possible prior to the addition of a new source or any long-term change in water treatment, a system subject to this subparagraph shall send written documentation to the department describing the addition or change. The department must review and approve the addition or change before it is implemented by the system.

1. Systems subject to this subparagraph are those that have optimized corrosion control under 567—subparagraph 43.7(1)*"b"*(3), are subject to reduced monitoring pursuant to 567—paragraph 41.4(1)*"c"*(4)"4," or are subject to a monitoring waiver pursuant to 567—subparagraph 41.4(1)*"c"*(7).

2. Examples of long-term treatment changes include the addition of a new treatment process or modification of an existing process. Long-term changes can include dose changes to existing chemicals but do not include chemical dose fluctuations associated with daily water quality changes.

3. Examples of modifications include the switching of secondary disinfectants, coagulants, or corrosion inhibitor products. In those instances where prior department approval of a new source addition or long-term treatment change is not required, systems are encouraged to provide notification to the department beforehand to minimize the risk that the new source addition or treatment change will adversely affect optimal corrosion control (OCC).

(4) Any small system applying for or subject to a monitoring waiver under 567—subparagraph 41.4(1)*"c"*(7) shall provide the following information to the department in writing by the specified deadline:

1. By the start of the first applicable monitoring period in 567—subparagraph 41.4(1)*"c"*(4), any small system applying for a monitoring waiver shall provide documentation demonstrating that it meets the waiver criteria of 567—paragraphs 41.4(1)*"c"*(7)"1" and "2."

2. No later than nine years after the monitoring previously conducted pursuant to 567—paragraph 41.4(1)*"c"*(7)"2" or 41.4(1)*"c"*(7)"4," first bulleted paragraph, each small system desiring to maintain its monitoring waiver shall provide the information required by 567—paragraph 41.4(1)*"c"*(7)"4," first and second bulleted paragraphs.

3. No later than 60 days after the system becomes aware that it is no longer free of lead- or copper-containing materials, as appropriate, each small system with a monitoring waiver shall provide written notification, setting forth the circumstances resulting in the lead- or copper-containing materials being introduced into the system and what corrective action, if any, the system plans to remove these materials.

(5) Each GW system that limits WQP monitoring to a subset of entry points under 567—paragraph 41.4(1)*"d"*(3)"3" shall provide, by the commencement of such monitoring, written correspondence to the department that identifies the selected entry points and includes information sufficient to demonstrate that the sites are representative of water quality and treatment conditions throughout the system.

b. Source water monitoring reporting.

(1) Systems shall report the sampling results for all source water samples collected within the first ten days following the end of each source water monitoring period in accordance with 567—paragraph 41.4(1)*"e."*

(2) With the exception of the first round of source water sampling conducted pursuant to 567—subparagraph 41.4(1)*"e"*(2), the system shall specify any site that was not sampled during previous monitoring periods and include an explanation of why the sampling point has changed.

c. Corrosion control treatment (CCT) reporting. By the applicable dates in 567—subrule 43.7(1), systems shall report the following:

(1) For systems demonstrating that they have already optimized corrosion control, information required in 567—subparagraph 43.7(1)*"b"*(2) or *"b"*(3).

(2) For systems required to optimize corrosion control, their recommendation regarding optimal corrosion control treatment (OCCT) under 567—paragraph 43.7(2)*"a."*

(3) For systems required to evaluate the effectiveness of CCTs under 567—paragraph 43.7(2)*"c,"* the information required by that paragraph.

(4) For systems required to install OCC designated by the department under 567—paragraph 43.7(2)*"d,"* a letter certifying that the system has completed installing that treatment.

d. Source water treatment reporting. By the applicable dates in 567—paragraph 43.7(3)*"a,"* systems shall provide the following to the department:

(1) If required under 567—subparagraph 43.7(3)*"b"*(1), their recommendation regarding source water treatment; and

(2) For systems required to install source water treatment under 567—subparagraph 43.7(3)*"b"*(1), a letter certifying that the system has completed installing the designated treatment within 24 months of the department designation.

e. Lead service line replacement (LSLR) reporting. Systems shall report the following to the department to demonstrate compliance with 567—subrule 43.7(4):

(1) No later than 12 months after the end of a monitoring period in which a system exceeds the lead AL when sampling pursuant to 567—paragraph 43.7(4)*"a,"* the system must submit written documentation of the material evaluation pursuant to 567—subparagraph 41.4(1)*"c"*(1), identify the initial number of lead service lines (LSLs) in its distribution system at the time it exceeds the lead AL, and provide its schedule for replacing annually at least 7 percent of the initial number of LSLs in its distribution system.

(2) No later than 12 months after the end of a monitoring period in which a system exceeds the lead AL when sampling pursuant to 567—paragraph 43.7(4)*"a,"* and every 12 months thereafter, the system shall demonstrate in writing that it has either:

1. Replaced in the previous 12 months at least 7 percent of the initial LSLs (or a greater number of lines specified by the department under 567—paragraph 43.7(4)*"e"* in its distribution system), or

2. Conducted sampling that demonstrates that the lead concentration in all service line samples from individual line(s), taken pursuant to 567—paragraph 41.4(1)*"c"*(2)"3," is less than or equal to 0.015 mg/L. In such cases, the total number of lines replaced plus those lines meeting the criteria in 567—paragraph 43.7(4)*"c"* shall either equal at least 7 percent of the initial number of lead lines identified under 40.8(2)*"e"*(1) above or equal the percentage specified by the department under 567—paragraph 43.7(4)*"e."* An LSL meeting the criteria of 567—paragraph 43.7(4)*"c"* may only be used to comply with the 7-percent criteria for a specific year and may not be used again to calculate compliance with the 7-percent criteria in future years.

(3) The annual letter submitted under 40.8(2)*"e"*(2) above shall contain the following:

1. The number of LSLs scheduled to be replaced during the previous year of the system's replacement schedule;

2. The number and location of each LSL replaced during the previous year of the system's replacement schedule; and

3. If measured, the water lead concentration and location of each LSL sampled, the sampling method, and the sampling date.

(4) Any system that collects LSL samples following partial LSL replacement required by 567—subrule 43.7(4) shall report the results within the first ten days of the month following the month in which the system receives the laboratory results or as specified by the department. Systems shall also submit any additional requested information in a time and manner prescribed by the department to verify that all partial LSL replacement activities have taken place.

f. PE program reporting.

(1) Any system subject to the PE requirements in 40.6(2) shall, within ten days after the end of each period in which the system is required to perform PE, send written documentation to the department containing:

1. A demonstration that the system has delivered the PE materials that meet the content and delivery requirements in 40.6(2); and

2. A list of all the newspapers, radio stations, television stations, facilities, and organizations to which the system delivered PE materials during the PE period.

(2) Unless required by the department, a system that previously submitted the information required by 40.8(2)*"f"*(1)"2" need not resubmit the same information, provided there have been no changes in the distribution list and the system certifies that the PE materials were distributed to the same list previously submitted. This certification is due within ten days after the end of each period in which the system is required to perform PE.

(3) No later than three months following the end of the monitoring period, each system must mail a sample copy of the consumer notice of tap results to the department along with a certification that the notice has been distributed in a manner consistent with 40.6(1).

g. Additional monitoring data reporting. A system that collects sampling data in addition to that required by 567—Chapters 41 and 43 shall report the results to the department within the first ten days following the end of the applicable monitoring period under 567—paragraphs 41.4(1)*"c," "d,"* and *"e"* during which the samples are collected.

40.8(3) *PWS operation and maintenance.*

a. Required operation records.

(1) Monthly operation records (MORs) shall be completed by all PWSs on forms provided by the department or on similar forms unless a PWS meets all of the following conditions:

1. Supplies an annual average of not more than 25,000 gpd or serves no more than an average of 250 individuals daily;

2. Is a CWS and does not provide any type of treatment, or is a NCWS (NTNC or TNC) that has only a cation-exchange softening or iron/manganese removal treatment unit, and meets the requirements of 40.8(3)*"a"*(4)"7";

3. Does not utilize either a SW or an IGW, either in whole or in part, as a water source;

4. Does not use a TT such as blending to achieve compliance with an MCL, TT, AL, or HA.

(2) MORs shall be completed as described in 40.8(3)*"a"*(4), submitted to the department within ten days after the end of each month the system serves water to the public, and maintained at the facility for department inspection for a period of five years. For CWSs and NTNCs, the MOR must be signed by the certified operator in charge. For TNCs, the MOR, if required by the department, must be signed by the owner or the owner's designee.

(3) In addition to the requirements of this paragraph, all PWSs using a SW or IGW source must also comply with the applicable recordkeeping requirements in 567—Chapter 43.

(4) MORs shall be completed as follows. Daily monitoring is seven days a week unless otherwise specified by the department.

1. Pumpage or flow. NCWS shall measure and record the total water used each week. Daily measurement and recording is recommended. CWS shall measure and record the total water used each day. Pumpage or flow reporting may be required in an operation permit where needed to verify MCL compliance.

2. General treatment effectiveness. Where treatment is practiced, the intended effect of the treatment shall be measured and recorded at locations and by methods which best indicate effectiveness of the treatment process, at a frequency specified in Appendix A of this chapter.

3. Primary standard treatment effectiveness. Where the raw water quality does not meet the requirements of 567—Chapters 41 and 43 and treatment is practiced to comply with an MCL, AL, TT, or HA, the primary standard constituent or an appropriate department-designated indicator constituent shall be measured and recorded daily. Reporting of these results will be required in the operation permit to verify MCL compliance.

4. Secondary standard treatment effectiveness. Where treatment is practiced to achieve the recommended level of any constituent designated in the federal secondary standards, measurements shall be conducted and recorded at a frequency specified in Appendix A of this chapter.

5. Chemical application. Chemicals, such as fluoride, iodine, bromine, and chlorine, that are potentially toxic in excessive concentration shall be measured and recorded daily. Recording shall include the amount of chemical applied each day. Where the PWS is attempting to maintain a residual of the chemical throughout the system, the residual in the system shall be measured and recorded daily. The quantity of all other chemicals applied shall be measured and recorded at least once each week.

6. Static and pumping water levels must be measured and recorded once per month for all GW sources. More or less frequent measurements may be approved by the department where historical data justifies it.

7. NCWS are exempt from the self-monitoring requirements for cation-exchange softening and iron/manganese removal if the treatment unit:

- Is a commercially available "off-the-shelf" unit designed for home use;
- Is self-contained, requiring only a piping connection for installation;
- Operates throughout a range of 35 to 80 psi; and
- Has not been installed to remove a contaminant that has an MCL, TT, AL, or HA.

b. Chemical quality and application. Any chemical added to raw, partially treated, or finished water must be suitable for the intended use in a potable water system. The chemical must be certified by an ANSI-accredited third party for conformance with the ANSI/NSF Standard 60, if such certification exists for the particular product, unless certified chemicals are not reasonably available for use, in accordance with department guidelines. If the chemical is not certified for conformance with the ANSI/NSF Standard 60 or no certification is available, the person seeking to supply or use the chemical must prove to the department's satisfaction that the chemical is not toxic or otherwise a potential hazard in a potable PWS.

PWSs shall keep a record of all chemicals used. This record should include a clear identification of the chemical by brand or generic name and the dosage rate. When chemical treatment is applied with the intent of obtaining an in-system residual, the residuals will be monitored regularly. When chemical treatment is applied and in-system residuals are not expected, the treatment effectiveness will be monitored through an appropriate indicative parameter.

(1) Continuous disinfection.

1. When required. Continuous disinfection must be provided at all PWSs, except for GW supplies that either have no treatment facilities or have only fluoride, sodium hydroxide, or soda ash addition; meet the bacterial standards in 567—subrule 41.2(1); and do not show other actual or potential hazardous contamination by microorganisms. For an NCWS that only uses a cation-exchange softening unit meeting the requirements of 40.8(3)*"a"*(4)"7," this requirement is based on both the system's history of coliform bacteria detection and its compliance with the coliform bacteria monitoring requirements in 567—subrule 41.2(1).

2. Method. Chlorine is the preferred disinfecting agent. Chlorination may be accomplished with liquid chlorine, calcium or sodium hypochlorites, or chlorine dioxide. Other disinfecting agents will be considered, provided a residual can be maintained in the distribution system, reliable application equipment is available, and residual testing procedures are recognized in the Standard Methods.

3. Chlorine residual. A minimum free available chlorine residual of 0.3 mg/L or a minimum total available chlorine residual of 1.5 mg/L must be continuously maintained throughout the distribution system, except for those points in the distribution system that terminate as dead ends or areas that represent very low use when compared to usage throughout the rest of the distribution system, as determined by the department. All systems using water to which chlorine has been added must monitor daily in the distribution system to ensure the minimum disinfectant residual concentration is met, including both wholesale systems and consecutive systems.

4. Measurement. Chlorine may be measured by a test kit or an online analyzer meeting the specifications in 40.8(3)*"b"*(1)"5" and "6."

5. Test kit. A test kit capable of measuring free and combined chlorine residuals in increments no greater than 0.1 mg/L in the range below 0.5 mg/L, in increments no greater than 0.2 mg/L in the range from 0.5 mg/L to 1.0 mg/L, and in increments no greater than 0.3 mg/L in the range from 1.0 mg/L to 2.0 mg/L must be provided at all chlorination facilities. The test kit must use an analysis method recognized in the Standard Methods.

6. Online analyzer. Free and total chlorine may be measured continuously by adapting a specified chlorine residual method for use with a continuous monitoring instrument provided the chemistry, accuracy, and precision remain the same. Continuous monitoring instruments must be verified with a grab sample measurement at least every seven days. The analyzer concentration must be within plus or minus 0.1 mg/L or plus or minus 15 percent (whichever is larger) of the grab sample measurement. If the verification is not within this range, immediate actions must be taken to resolve the issue and another verification must be conducted.

7. Leak detection, control, and operator protection. A bottle of at least 56 percent ammonium hydroxide must be provided at all gas chlorination installations for leak detection. Leak repair kits must be available where ton chlorine cylinders are used.

8. Other disinfectant residuals. If an alternative disinfecting agent is approved by the department, the residual levels and test kit type will be assigned by the department in accordance with and based upon the analytical methods in the Standard Methods.

(2) Phosphate compounds.

1. When phosphate compounds are added to any PWS that uses iron or manganese removal or ion-exchange softening, the compounds must be applied after the iron or manganese removal or ion-exchange softening treatment units unless the department has approved an engineering report demonstrating the suitability for addition prior to these units in accordance with 567—subrule 43.3(2). The department may require the discontinuance of phosphate addition where it interferes with other treatment processes or system operation or if there is a significant increase in microorganism populations associated with phosphate application.

2. The total phosphate concentration in finished water must not exceed 10 mg/L as PO_4.

3. Chlorine shall be applied to the phosphate solution in sufficient quantity to give an initial concentration of 10 mg/L in the phosphate solution. A chlorine residual must be maintained in the phosphate solution at all times.

4. Test kits capable of measuring polyphosphate and orthophosphate in a range from 0.0 to 10.0 mg/L in increments no greater than 0.1 mg/L must be provided.

5. Continuous application or injection of phosphate compounds directly into a well is prohibited.

(3) Fluorosilicic acid. Where fluorosilicic acid (H_2SiF_6, also called hydrofluosilicic acid) is added to a PWS, a fluoride test kit with a minimum range of from 0.0 to 2.0 mg/L in increments no greater than 0.1 mg/L must be provided. Distilled water and standard fluoride solutions of 0.2 mg/L and 1.0 mg/L must be provided.

c. Reporting and recordkeeping requirements for systems using surface water (SW) and groundwater under the direct influence of surface water (IGW). In addition to the monitoring requirements in 40.8(3)*"a"* and *"b,"* a PWS that uses a SW or IGW source must report monthly to the department the information specified in this subrule when filtration is installed.

(1) Turbidity measurements required by 567—subrule 43.5(3) must be reported within ten days after the end of each month the system serves water to the public. The following information must be reported.

1. The total number of filtered water turbidity measurements taken during the month.

2. The number and percentage of filtered water turbidity measurements taken during the month that are less than or equal to the turbidity limits in 567—paragraphs 43.5(3)*"b"* through *"e"* for the filtration technology being used.

3. The date and value of any turbidity measurements taken during the month that exceed 1 NTU. If at any time the turbidity exceeds 1 NTU, the system must inform the department as soon as possible, but no later than 24 hours after the exceedance is known, in accordance with the PN requirements in 40.5(2). This is in addition to the monthly reporting requirement, pursuant to 567—43.5(455B).

(2) The disinfection information in 567—subrule 43.5(2) and 40.8(3)*"b"* above must be reported within ten days after the end of each month the system serves water to the public. The following information must be reported.

1. For each day, the lowest measurement of residual disinfectant concentration in mg/L in water entering the distribution system.

2. The date and duration of each period when the residual disinfectant concentration in water entering the distribution system fell below 0.3 mg/L free residual chlorine or 1.5 mg/L total residual chlorine (TRC) and when the department was notified of the occurrence. If at any time the residual falls below 0.3 mg/L free residual chlorine or 1.5 mg/L TRC in the water entering the distribution system, the system must notify the department as soon as possible but no later than by the end of the next business day. The system also must notify the department by the end of the next business day whether or not the residual was restored to at least 0.3 mg/L free residual chlorine or 1.5 mg/L TRC within four hours. This is in addition to the monthly reporting requirement in 567—43.5(455B).

3. The information on the samples taken in the distribution system in conjunction with the total coliform monitoring in 567—paragraph 43.5(2)*"d"* and pursuant to 567—subparagraph 41.2(1)*"c"*(7).

(3) The total inactivation ratio must be calculated each day the treatment plant is in operation, pursuant to 567—paragraph 43.5(2)*"a,"* and reported on the MOR. If the total inactivation ratio is below 1.0, the system must notify the department within 24 hours.

d. Reporting and recordkeeping requirements for DPBs, disinfectants, and DBP precursors.

(1) General.

1. In addition to the monitoring requirements in 40.8(3)*"a"* and *"b"* above, a CWS or NTNC that adds a chemical disinfectant to the water in any part of the treatment process or that provides water containing a chemical disinfectant must report monthly to the department the information specified in the tables in this paragraph by the dates in 567—subparagraphs 41.6(1)*"a"*(2) and 43.6(1)*"a"*(3). A TNC that adds chlorine dioxide as a disinfectant or oxidant must report monthly to the department the information specified in this paragraph in accordance with 567—paragraph 43.6(1)*"a"*(3)"3."

2. Systems required to sample quarterly or more frequently must report to the department within ten days after the end of each quarter in which samples were collected, notwithstanding the PN provisions of 567—40.5(455B). Systems required to sample less frequently than quarterly must report to the department within ten days after the end of each monitoring period in which samples were collected.

(2) DBPs.

DBPs Reporting Table

If you are a system monitoring for ...	**You must report the following ...**
TTHMs and HAA5 under 567—subparagraph 41.6(1)*"c"*(4) on a quarterly or more frequent basis	1. Number of samples taken during the last quarter. 2. Location, date, and result of each sample taken during the last quarter. 3. Arithmetic average of all samples taken in the last quarter. 4. Annual arithmetic average of the quarterly arithmetic averages for the last four quarters.* 5. Whether the MCL was exceeded. 6. Under Stage 2, any OELs that were exceeded during the quarter, including the location and date and the calculated TTHM and HAA5 levels.
TTHMs and HAA5 under 567—subparagraph 41.6(1)*"c"*(4) less frequently than quarterly, but at least annually	1. Number of samples taken during the last year. 2. Location, date, and result of each sample taken during the last monitoring period. 3. Arithmetic average of all samples taken over the last year.* 4. Whether the MCL was exceeded.
TTHMs and HAA5 under 567—subparagraph 41.6(1)*"c"*(4) less frequently than annually	1. Location, date, and result of the last sample taken. 2. Whether the MCL was exceeded.
Chlorite under 567—subparagraph 41.6(1)*"c"*(3)	1. Number of samples taken each month for the last three months. 2. Location, date, and result of each sample taken during the last quarter.

If you are a system monitoring for ...	You must report the following ...
	3. For each month in the reporting period, arithmetic average of all samples taken in each three sample sets taken in the month. 4. Whether the MCL was exceeded and in which month it was exceeded.
Bromate under 567—subparagraph 41.6(1)*"c"*(2)	1. Number of samples taken during the last quarter. 2. Location, date, and result of each sample taken during the last quarter. 3. Arithmetic average of the monthly arithmetic averages of all samples taken in the last year. 4. Whether the MCL was exceeded.

The calculation of the RAA will transition from a systemwide RAA calculation under Stage 1 to an LRAA under Stage 2. The transition will commence according to the system schedule listed in 567—paragraph 41.6(1)"b."* Beginning at the end of the fourth calendar quarter that follows the compliance date, and at the end of each subsequent quarter, the system must report the arithmetic average of quarterly results for the last four quarters of each monitoring location. If the calculated LRAA based on fewer than four quarters of data would cause the MCL to be exceeded regardless of the monitoring results of subsequent quarters, the system must report this information to the department no later than the due date of the next compliance report.

(3) Disinfectants. The reporting in the following table is in addition to the requirements in 567—subparagraph 41.2(1)*"c"*(7).

Disinfectants Reporting Table

If you are a system monitoring for ...	You must report the following ...
Chlorine or chloramines under 567—paragraph 43.6(1)*"c"*(2)	1. Number of samples taken during each month of the last quarter. 2. Monthly arithmetic average of all samples taken in each month for the last 12 months. 3. Arithmetic average of all monthly averages for the last 12 months. 4. Whether the MRDL was exceeded.
Chlorine dioxide under 567—paragraph 43.6(1)*"c"*(3)	1. Dates, results, and locations of samples taken during the last quarter. 2. Whether the MRDL was exceeded. 3. Whether the MRDL was exceeded in any two consecutive daily samples and whether the resulting violation was acute or nonacute.

(4) DBP precursors and enhanced coagulation or enhanced softening.

DBP Precursors and Enhanced Coagulation or Enhanced Softening Reporting Table

If you are a ...	You must report the following ...
System monitoring TOC monthly or quarterly under 567—subparagraph 43.6(2)*"b"*(1) and required to meet the enhanced coagulation or enhanced softening requirements in 567—subparagraph 43.6(3)*"b"*(2) or 43.6(3)*"b"*(3)	1. Number of paired (source water and treated water, prior to continuous disinfection) samples taken during the last quarter. 2. Location, date, and result of each paired sample and associated alkalinity taken during the last quarter. 3. For each month in the reporting period that paired samples were taken, arithmetic average of the percent reduction of TOC for each paired sample and the required TOC percent removal. 4. Calculations for determining compliance with TOC percent removal requirements in 567—subparagraph 43.6(3)*"c"*(1). 5. Whether the system is in compliance with enhanced coagulation or enhanced softening percent removal requirements in 567—paragraph 43.6(3)*"b"* for the last four quarters.
System monitoring TOC monthly or quarterly under 567—subparagraph 43.6(2)*"b"*(1) and meeting one or more of the alternative compliance criteria in 567—subparagraph 43.6(3)*"a"*(2) or 43.6(3)*"a"*(3)	1. Alternative compliance criterion that the system is using. 2. Number of paired samples taken during the last quarter. 3. Location, date, and result of each paired sample and associated alkalinity taken during the last quarter.

If you are a ...	You must report the following ...
	4. RAA based on monthly averages (or quarterly samples) of source water TOC for systems meeting a criterion in 567—paragraph 43.6(3)*"a"*(2)"1" or "3" or of treated water TOC for systems meeting the criterion in 567—paragraph 43.6(3)*"a"*(2)"2." 5. RAA based on monthly averages (or quarterly samples) of source water SUVA for systems meeting the criterion in 567—paragraph 43.6(3)*"a"*(2)"5" or of treated water SUVA for systems meeting the criterion in 567—paragraph 43.6(3)*"a"*(2) "6." 6. RAA of source water alkalinity for systems meeting the criterion in 567—paragraph 43.6(3)*"a"*(2)"3" and of treated water alkalinity for systems meeting the criterion in 567—paragraph 43.6(3)*"a"*(3)"1." 7. RAA for both TTHM and HAA5 for systems meeting the criterion in 567—paragraph 43.6(3)*"a"*(2)"3" or "4." 8. RAA for the amount of magnesium hardness removal (as CaCO3, in mg/L) for systems meeting the criterion in 567—paragraph 43.6(3)*"a"*(3)"2." 9. Whether the system is in compliance with the particular alternative compliance criterion in 567—subparagraph 43.6(3)*"a"*(2) or 43.6(3)*"a"*(3).
SW/IGW system on reduced monitoring for TTHM/HAA5 under 567—paragraph 41.6(3)*"d"*	For each treatment plant that treats surface or IGW source water, report the following: 1. Number of source water TOC samples taken each month during the last quarter. 2. Date and result of each sample taken during the last quarter. 3. Quarterly average of monthly samples taken during the last quarter or the quarterly sample result. 4. RAA of quarterly averages from the past four quarters. 5. Whether the TOC RAA exceeded 4.0 mg/L.

567—40.9(455B) Record maintenance. Any PWS owner or operator shall retain the applicable records specified in this rule on its premises or at a convenient location near its premises.

40.9(1) *Analytical records.*

a. Basic information. Actual laboratory reports shall be kept, or data may be transferred to tabular summaries, provided that the following information is included:

(1) Sampling date, place, and time and the name of the person who collected the sample;

(2) Sample identification, indicating whether it was a routine distribution system sample, check sample, raw or process water sample, or other special purpose sample;

(3) Analysis date;

(4) Laboratory and person responsible for performing analysis;

(5) Analytical technique or method used; and

(6) Analysis results.

b. Record retention for specific analytes.

(1) Microbiological and turbidity. Records of microbiological and turbidity analyses made pursuant to 567—Chapters 41 and 43 shall be kept for not less than five years.

(2) Radionuclides, inorganic compounds, and organic compounds. Records of chemical analyses made pursuant to 567—Chapter 41 shall be kept for not less than ten years. Additional lead and copper requirements are listed in 40.9(2).

40.9(2) *Lead and copper.* A system subject to 40.8(2) shall retain original records of all data and analyses, reports, surveys, PE, letters, evaluations, and schedules and any other information required by 567—41.4(455B) and 567—Chapter 43. These records shall be kept for not less than 12 years.

40.9(3) *Records of action.* Records of action taken by a system to correct violations of primary drinking water regulations (including administrative orders) shall be kept for not less than five years after the last action taken with respect to the particular violation involved.

40.9(4) *Sanitary surveys.* Copies of any written reports, summaries, or communications relating to any sanitary surveys of a system shall be kept for not less than ten years after survey completion.

40.9(5) *Operation or construction permits.* Records concerning an operation or a construction permit issued pursuant to 567—Chapter 43 shall be kept for a period ending not less than ten years after a system achieves compliance with an MCL, TT, AL, or HA or after a system completes the associated construction project.

40.9(6) *PN.* Records of PNs, including the CCR, PN examples, and PN certifications, shall be kept for not less than five years.

40.9(7) *Self-monitoring.* MORs must be completed as described in 40.8(3)*"a"*(4). MORs and all data generated at the facility to comply with the self-monitoring requirements must be maintained at the facility for department inspection for not less than five years. The data shall be in a form that allows easy retrieval and interpretation. Examples of data that must be retained include but are not limited to recorder charts, logbooks, bench sheets, SCADA records, and electronic files.

40.9(8) *Monitoring plans.* Copies of monitoring plans developed pursuant to this chapter and 567—Chapters 41 and 43 shall be kept for the same period of time as the records of analyses taken under the plans are required to be kept unless otherwise specified.

40.9(9) *GW rule.* Additional recordkeeping requirements for the GW rule are listed in 567—paragraph 41.7(6)*"b."*

40.9(10) *Level 1 and 2 assessment forms and corrective action.* The recordkeeping requirements in this subrule pertain to the coliform bacteria sampling requirements in 567—subrule 41.2(1).

a. Systems must maintain any assessment form, regardless of who conducts the assessment, and documentation of corrective actions completed as a result of an assessment or other available summary documentation of the sanitary defects and corrective actions taken under 567—paragraph 41.2(1)*"m."* These records shall be maintained at the facility for department inspection for not less than five years after completion of the assessment or corrective action.

b. Systems must maintain a record of any repeat sample taken that meets department criteria for an extension of the 24-hour period for collecting repeat samples in accordance with 567—paragraph 41.2(1)*"j."*

These rules are intended to implement Iowa Code sections 455B.171 through 455B.188 and 455B.190 through 455B.192.

APPENDIX A:
MINIMUM SELF-MONITORING REQUIREMENTS (SMRs)

I. Minimum SMRs for TNCs (excluding SW or IGW PWSs).

(1) The SMRs only apply to those systems meeting the monthly operation report (MOR) criteria in 40.8(3)*"a"*(1), 40.8(3)*"a"*(2), and 40.8(3)*"a"*(3).

(2) TNCs are exempt from the SMRs for point-of-use (POU) treatment devices unless the device is used to remove a contaminant that has an MCL, TT, or HA, in which case additional SMRs will be assigned by the department.

(3) Daily monitoring for TNCs applies only when the facility is in operation.

(4) Additional or more frequent monitoring requirements may be assigned by the department in the operation permit.

(5) Additional SMRs are required if treatment is used to remove a regulated contaminant or a contaminant that has an MCL, TT, or HA. See Section II for the SMRs for specific treatment types.

All TNCs* that meet the MOR criteria in 40.8(3)*"a"*(1), 40.8(3)*"a"*(2), and 40.8(3)*"a"*(3) must measure the following parameters, as applicable.

Parameter	Sample Site	Frequency
GENERAL REQUIREMENTS		
Pumpage (Flow)	raw:	1/week
	finished:	1/week
Disinfectant Residual***	finished:	1/day
	distribution system**:	1/day
Disinfectant, quantity used	day tank/scale:	1/day
Static Water and Pumping Water Levels (Drawdown)****	each active well:	1/month
ION EXCHANGE OR REVERSE OSMOSIS FOR NITRATE REMOVAL		
Nitrate	finished:	1/day
UV LIGHT		
Lamp Status (On/Off)	each lamp:	1/day

*TNCs must measure and record the total water used each week, but daily measurements are recommended, and may be required by the department for specific PWSs.

**Conduct this monitoring at representative points in the distribution system that adequately demonstrate compliance with 40.8(3)*"b"*(1).

***The department may reduce the required sample site locations for a system with a minimal distribution system and only hydropneumatic tank storage.

****More or less frequent measurements may be approved by the department where justified by historical data.

II. Minimum SMRs for CWS, NTNC, and SW/IGW TNC.

(1) The SMRs only apply to those systems meeting the MOR criteria in 40.8(3)*"a"*(1), 40.8(3)*"a"*(2), and 40.8(3)*"a"*(3).

(2) NTNCs are exempt from the SMRs for POU treatment devices unless the device is used to remove a contaminant that has an MCL, TT, AL, or HA; in which case, additional SMRs will be assigned by the department.

(3) Daily monitoring for NTNCs applies only when the facility is in operation.

(4) These are the minimum SMRs. Additional or more frequent monitoring requirements may be assigned in an operation permit.

A. General Requirements. All PWSs meeting the MOR criteria in 40.8(3)*"a"*(1), 40.8(3)*"a"*(2), and 40.8(3)*"a"*(3) must measure the following parameters, as applicable. TNCs that provide treatment

other than a cation exchange softening unit or iron/manganese removal treatment unit must meet the requirements in the CWS column.

Parameter	**PWS Type:**	**NTNC* & SW/IGW TNC**	**CWS**
	Sample Site	**Frequency**	
Pumpage (Flow)	raw:	1/week	1/day
	finished:	1/week	1/day
Consecutive systems (flow)	all master meters:	1/day	
Static Water and Pumping Water Levels (Drawdown)**	each active well:	1/month	

*NTNCs must measure and record the total water used each week, but daily measurements are recommended, and may be required by the department for specific PWSs.

**If requested by the system, the department may allow an alternate frequency for systems with pressure tanks or controls that operate the well to ensure constant pump discharge pressure.

B. Chemical Addition. All PWSs that apply chemicals in the treatment process must monitor the following parameters for the applicable processes.

Parameter	**Pumpage or Flow:**	**<0.1 MGD**	**0.1-0.5 MGD**	**>0.5 MGD**
	Sample Site	**Frequency**		
DISINFECTION				
Disinfectant Residual**	finished:	1/day		
	distribution system*:	1/day		
Calculated MRDL (monthly average)	distribution system:	1/month		
Calculated MRDL (RAA)	distribution system:	1/calendar quarter		
Disinfectant, quantity used	day tank/scale:	1/day		
FLUORIDATION				
Fluoride	raw:	1/quarter	1/month	
	finished:	1/day		
Fluoride, quantity used	day tank/scale:	1/day		
pH ADJUSTMENT				
pH	finished:	1/week	2/week	1/day
Caustic Soda, quantity used	day tank/scale:	1/week		
PHOSPHATE ADDITION				
Phosphate, as PO_4	finished:	1/week	2/week	1/day
Phosphate, quantity used	day tank/scale:	1/week		
AMMONIA ADDITION				
Chemical, quantity used	day tank/scale:	1/day		
Total residual chlorine (TRC)	finished:	1/day		
	distribution system:	1/day		
Monochloramine	finished:	1/day		
	distribution system:	1/day		
Free ammonia	finished:	1/day		
	distribution system:	1/day		
OTHER CHEMICALS				

Chemical	finished:	1/week	2/week	1/day
Chemical, quantity used	day tank/scale:	1/week		

Conduct this monitoring at representative points in the distribution system that adequately demonstrate compliance with 40.8(3)"b"*(1).

**The department may reduce the required sample sites for a system with a minimal distribution system; only hydropneumatic tank storage; or, if it is a CWS, if it serves fewer than 100 persons.

C. Iron or Manganese Removal. All CWS, NTNC, and publicly owned TNC systems with iron or manganese removal equipment must monitor for the following parameters. This monitoring is not required if the removal equipment is purchased "off the shelf," is self-contained (requiring only a piping connection for installation), and operates throughout a range of 35 to 80 psi. Any chemicals applied during the treatment process must be measured under section II.B of this appendix. Systems with manganese removal must conduct the manganese monitoring. If a system utilizes the treatment only for iron removal, manganese self-monitoring is not required.

	Pumpage or Flow:	**<0.1 MGD**	**0.1-0.5 MGD**	**>0.5 MGD**
Parameter	**Sample Site**	**Frequency**		
Iron	raw:	1/quarter	1/month	
	finished:	1/week	2/week	1/day
Manganese*	raw:	1/quarter	1/month	
	finished:	1/day		
IRON/MANGANESE REMOVAL EQUIPMENT INSTALLED FOR ARSENIC REMOVAL				
Iron	raw:	1/month		
	finished:	1/day		

*A system may be allowed to conduct manganese self-monitoring 1/week if it meets all of the following criteria: an average annual pumpage of less than 0.1 MGD, raw water manganese less than 0.3 mg/L, and agrees to conduct quarterly PN.

D. Lime Softening of GW (Excluding IGW) and pH Adjustment for Iron and Manganese Removal, by precipitation and coagulation processes utilizing lime, soda ash, or other chemical additions. Testing is only required if a specific chemical is added.

	Pumpage or Flow:	**<0.1 MGD**	**0.1-0.5 MGD**	**>0.5 MGD**
Parameter	**Sample Site**	**Frequency**		
Alkalinity	raw:	1/quarter	1/month	
	finished:	1/day		
Hardness as $CaCO_3$	raw:	1/quarter	1/month	
	finished:	1/day		
Iron	raw:	1/quarter	1/month	
	finished:	1/week	2/week	1/day
Manganese	raw:	1/quarter	1/month	
	finished:	1/day		
pH	raw:	1/week		
	finished:	1/day		
Temperature	raw:	1/week		

E. Cation Exchange (Zeolite) Softening. All CWS, NTNC, and publicly owned TNC systems with ion exchange softening equipment must monitor for the following parameters. This monitoring is not required if the ion exchange softening equipment is purchased "off the shelf," is self-contained (needing only a piping connection for installation), and operates throughout a range of 35 to 80 psi. Any chemicals applied during the treatment process must be measured under section II.B of this appendix. An annual sodium sample of the finished water is required by 567—paragraph 41.9(1)*"f"* for all CWSs that use cation exchange softening, and the sodium monitoring in the following table will meet that requirement.

Parameter	**Pumpage or Flow:** / **Sample Site**	**<0.1 MGD**	**0.1-0.5 MGD**	**>0.5 MGD**
		Frequency		
Hardness as $CaCO_3$	raw:	1/quarter	1/month	
	finished:	1/week	2/week	1/day
pH	finished:	1/week	2/week	1/day
Sodium	finished:	1/year		
Bypass, in flow or percent bypassed	bypass:	1/day		
ION EXCHANGE FOR RADIONUCLIDE REMOVAL				
Hardness as $CaCO_3$	raw:	1/month		
	finished:	1/day		

F. Filtration and Disinfection Requirements for SWs or IGWs.

Parameter	Pumpage or Flow: Sample Site	All Frequency
CT Ratio*	finished:	1/day
Calculated V Value	distribution system:	1/month
Calculated MRDL (monthly average)	distribution system:	1/month
Calculated MRDL (RAA)	distribution system:	1/calendar quarter
Disinfectant Residual**	finished:	continuous
	distribution system**:	1/day
Disinfectant, quantity used	day tank/scale:	1/day
pH	finished:	1/day
Temperature	raw:	1/day
	finished:	1/day
Turbidity	IFE:	At least every 15 minutes
	raw and CFE:	567—subrules 43.5(3) and 43.5(4), 567—43.9(455B), and 567—43.10(455B) contain specific requirements; continuous turbidity monitoring may be substituted for grab sample monitoring if the continuous process is validated using a department-approved turbidity protocol.
Turbidity, 95th percentile calculation	CFE:	Monthly, per 567—paragraph 43.5(3)*"b"*
Continuous turbidity monitoring instrument***	Each turbidimeter:	Each turbidimeter must be verified with a grab sample measurement at least once per week.

Determine the total inactivation ratio ($CT_{calc}/CT_{required}$) before the first customer during peak hourly flow each day the treatment plant is in operation; 567—paragraph 43.5(2)"a"* contains more information.

**Conduct this monitoring to demonstrate compliance with 40.8(3)*"b,"* 567—subrules 43.5(2) and 43.5(4), and 567—43.6(455B).

***The calibration of each turbidimeter used for compliance must be verified to demonstrate IFE compliance with 567—paragraphs 43.9(4)*"a"* and 43.10(5)*"a"* and CFE compliance with 567—subparagraph 43.5(4)*"b"*(1) and 43.9(3) and 43.10(4).

G. Clarification or Lime Softening of SW or IGW.

Parameter	Pumpage or Flow: Sample Site	All Frequency
Alkalinity	raw:	1/day
	raw:	SW/IGW systems; 1/month at same time raw TOC sample is collected
	finished:	1/day
Carbon dioxide (CO_2), quantity used	tank/scale/feeder:	1/week
Caustic Soda, quantity used	day tank/scale:	1/week
CT Ratio*	finished:	1/day
Disinfectant Residual**	finished:	continuous
	distribution system**:	1/day
Disinfectant, quantity used	day tank/scale:	1/day
Continuous disinfectant monitoring instrument	location of instrument:	The calibration of instruments used for continuous disinfectant monitoring must be verified with a grab sample measurement at least every 7 days.
Hardness as $CaCO_3$	raw:	1/day
	finished:	1/day
Lime, quantity used	day tank/scale/feeder:	1/week
pH	raw:	1/day
	finished:	1/day
Temperature	raw:	1/day
	finished:	1/day
TOC	raw:	1/month at same time the CFE sample is taken
	CFE:	1/month at same time the raw sample is taken
	Source water alkalinity:	1/month at same time the raw sample is taken
Turbidity	raw and CFE:	567—subrules 43.5(3) and 43.5(4), 567—43.9(455B), and 567—43.10(455B) contain specific requirements.
	IFE:	At least every 15 minutes

Determine the total inactivation ratio ($CT_{calc}/CT_{required}$) before the first customer during peak hourly flow each day the treatment plant is in operation; 567—paragraph 43.5(2)"a"* contains more information.

**Conduct this monitoring to demonstrate compliance with 40.8(3)*"b,"*567—subrules 43.5(2) and 43.5(4), and 567—43.6(455B). Systems serving 3,300 or fewer persons may take grab samples in lieu of providing continuous monitoring at the frequencies in 567—subparagraph 43.5(4)*"b"*(2).

H. Reverse Osmosis, Nanofiltration, or Electrodialysis.

Parameter	Pumpage or Flow: / Sample Site	<0.1 MGD	>0.1 MGD
		Frequency	
Alkalinity	raw:	1/quarter	1/month
	finished:	1/day	
Antiscalant, quantity used	day tank/scale:	1/week	
Bypass flow or percent bypassed	bypass:	1/day	
Cleaning chemical, quantity used	day tank/scale:	1/week	
Hardness as $CaCO_3$	raw:	1/quarter	1/month
	finished:	1/day	
Iron	raw:	1/day	
Manganese	raw:	1/day	
pH	raw:	1/week	
	finished:	1/day	
Total Dissolved Solids	raw:	1/month	

I. Anion Exchange (i.e., Nitrate Reduction).

Parameter	Pumpage or Flow: / Sample Site	<0.1 MGD	>0.1 MGD
		Frequency	
Bypass flow or percent bypassed	bypass:	1/day	
Nitrate	raw:	1/day	
	finished:	1/day	
Source water	Document which sources were in use during each month and when well or source rotation occurs.		
Sulfate*	raw:	1/week	
	finished:	1/week	

*If required by the department.

J. Activated Carbon or Air-Stripping for TTHM, VOC, or SOC Removal (GAC or PAC).

Parameter	Pumpage or Flow: / Sample Site	<0.1 MGD	>0.1 MGD
		Frequency	
TOC	finished:	1/quarter	1/month

K. Lead and Copper: Corrosion Control and WQPs. The specific SMRs for corrosion control and WQPs are listed in 567—paragraph 41.4(1)*"d"* and 567—subrules 43.7(1) and 43.7(2).

L. Hydrous Manganese Oxide (HMO) Filtration and Manganese Co-precipitation for Radium Removal.

Parameter	Pumpage or Flow: / Sample Site	All / Frequency
Chemical additive, quantity used	day tank/scale:	1/day
Manganese	raw:	1/month
	finished:	1/day
Pumpage or Flow	raw:	1/day
Bypass flow, percent bypass, or blend	bypass/blend:	1/day

M. Acrylamide and Epichlorohydrin Addition.

Parameter	Pumpage or Flow: / Sample Site	All / Frequency
Chemical additive, third-party or manufacturer's certification*	Combination of dose and monomer level:	Annually

Levels must not exceed values specified in 567—subparagraph 41.5(1)"b"*(2).

N. Source Blending for Contaminant Control. Specific SMRs for source water blending to achieve compliance with an MCL, TT, AL, or HA will be specified in an operation permit on a case-by-case basis, in accordance with 40.8(3)*"a"*(4).

O. 4-log Treatment of Viruses for GW Systems. Operation permits will include operational requirements for the approved 4-log virus treatment in accordance with 567—paragraph 41.7(4)*"b."* All GW systems that provide at least 4-log virus treatment must measure the following parameters, where applicable.

Parameter	Population Served: / Sample Site	25 - 3,300 / Frequency	>3,300 / Frequency
Chemical disinfectant*	finished:	1/day**	continuously
Contact tank level	level:	1/day	
Peak flow rate	flow meter:	continuously	
pH	finished:	1/day	
Temperature***	finished:	1/day	

Monitor residual disinfectant concentration using the analytical methods in 567—subparagraph 43.5(4)"a"*(5) at a department-approved location. Record the concentration each day that water is served to the public.

**GW systems must collect a daily grab sample during the hour of peak flow or at another department-specified time.

***Daily temperature monitoring is assigned initially for one year so that the lowest temperature can be determined and assigned for subsequent compliance monitoring.

P. Biological Treatment Process for Ammonia Removal. Operation permits may include additional mandatory operational requirements for the treatment process.

Parameter	Pumpage or Flow: Sample Site	All Frequency
Ammonia, as N**	finished*:	1/week
	distribution system*:	1/week
Dissolved oxygen (DO)	contactor inlet:	1/day
	contactor outlet:	1/day
Nitrite, as N**	finished*:	1/day
	distribution system*:	1/day

*One sample from the finished water must be collected monthly, split for analysis, and analyzed by a certified laboratory and the system.

**The department may reduce the required sampling frequency once nitrification is achieved in the biological filter or contactor and the system is consistently using free available chlorine for disinfection.

Q. Membrane Filtration (including micro and ultra filtration).

Parameter	Pumpage or Flow: Sample Site	All Frequency
Antiscalant, quantity used	day tank/scale:	1/week
Cleaning chemical, quantity used	day tank/scale:	1/week
Direct integrity test (DIT)*	each membrane unit:	1/day*
Indirect integrity test**	each membrane unit:	continuous**
Log removal value (LRV)*	each membrane unit:	1/day*
Upper control limit***	each membrane unit:	If the DIT result exceeds the control limit, the system must remove the membrane from service.
Continuous turbidity monitoring equipment****		Each turbidimeter used for compliance must be verified with a grab sample measurement at least once per week.

*Conduct DITs on each membrane unit at a frequency of not less than once each day that the membrane unit is in operation and to verify repairs.

**Unless the department approves an alternative parameter, continuous indirect integrity monitoring must include continuous filtrate turbidity monitoring conducted at a frequency of no less than once every 15 minutes on each membrane unit.

***Systems must establish a control limit within the DIT sensitivity limits in order to demonstrate compliance with 567—paragraphs 43.11(12)*"b"*(3)"4" and "5."

****The calibration of each turbidimeter used for compliance must be verified to demonstrate compliance with 567—paragraphs 43.9(4)*"a"* and 43.10(5)*"a."*

R. CWS and NTNC Systems Using Ozone Treatment. CWS and NTNC systems that use ozone in their treatment process must comply with the bromide requirements of subrule 567—43.6(2).

Parameter	Pumpage or Flow: Sample Site	All Frequency
Bromate	finished:	1/month*

*The department may allow systems required to analyze for bromate to reduce bromate monitoring from monthly to once per quarter if a system demonstrates that the average source water bromide concentration is less than 0.05 mg/L based on representative monthly measurements for one year. Systems must continue bromide monitoring to remain on reduced bromate monitoring.

S. Ultraviolet Light (UV). All CWS and NTNC systems must comply with these requirements.

Parameter	Pumpage or Flow: Sample Site	All Frequency
Alarm during off-specification conditions	each reactor:	1/5 minutes
UV intensity	each lamp:	1/day
UVT	each lamp:	1/day
Ratio of minimum UV dose calculated and recorded every 4 hours to the required UV dose, OR calculate and record the log inactivation every four hours	each reactor:	1/day
Lamp status	each lamp:	1/4 hours**
Individual UV reactor flow	each reactor:	1/4 hours
	max UV flow:	daily
	total UV flow:	daily total
Total volume of off-specification water	each reactor:	1/day
	all reactors:	monthly total
Percent of off-specification water produced	all reactors:	monthly total
Perform UVT analyzer check protocol	-	1/week
Perform UV sensor verification*	each sensor:	1/month

*Reference sensor(s) must be calibrated at least once per year at a qualified facility against a traceable standard. Calibration records must be maintained for inspection during sanitary surveys. If the reference sensor is found to be out of calibration, the calibration frequency should be increased.

**Systems serving fewer than 500 persons may record lamp status 1/day.

T. Chlorine Dioxide. All CWS, NTNC and TNC systems must comply with these requirements. In the event of an acute or nonacute violation, systems must also comply with 567—paragraph 43.6(1)*"e."*

Parameter	Pumpage or Flow: Sample Site	All Frequency
Chlorine dioxide	finished:	1/day
Chlorite	finished:	1/day

U. Copper Ion Generator.

Parameter	Pumpage or Flow: Sample Site	All Frequency
Copper residual	finished:	1/week
	injection stream:	1/week

ITEM 2. Rescind and reserve **567—Chapter 42**.

[Filed 6/17/25, effective 8/13/25]
[Published 7/9/25]
EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9396C

ENVIRONMENTAL PROTECTION COMMISSION[567]

Adopted and Filed

Rulemaking related to water supplies

The Environmental Protection Commission (Commission) hereby rescinds Chapter 41, "Water Supplies," Iowa Administrative Code, and adopts a new chapter with the same title.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code sections 455B.103(2), 455B.105(3) and 455B.173.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code sections 455B.171 through 455B.188 and 455B.190 through 455B.192 and the federal Safe Drinking Water Act (SDWA) as amended (42 U.S.C. §300f et seq.).

Purpose and Summary

Chapter 41 establishes certain SDWA requirements. Specifically, it establishes programs and processes for administration of these rules in Iowa. The SDWA regulations established include but are not limited to the establishment of coverage, regulated contaminant requirements (including but not limited to biological contaminants, inorganic contaminants, lead and copper, organic contaminants, disinfection byproducts, and radionuclides), and the federal groundwater rule. Establishing coverage is essential for Iowa obtaining and maintaining primacy to enforce the SDWA and requires that the rules in 567—Chapters 40 through 44 and 83 apply to public water supply systems unless a set of conditions are met. This chapter was reviewed and edited consistent with Executive Order 10.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on January 8, 2025, as **ARC 8631C**. A public hearing was held on the following date(s):

- January 30, 2025
- January 31, 2025

Four people attended the first public hearing, and four attended the second hearing. No public comments were received at the hearings. Two comments were received via email and one via letter during the public comment period.

Minor changes from the Notice have been made. Erroneous rule references were corrected, and a phrase associated with an old date that was mistakenly kept in the Notice was removed. In addition, missing method citations were added to the radionuclide analytical methodology table since methods were mistakenly omitted from the Notice. In response to the comments, typographical errors were corrected and the language regarding the measurement of residual disinfectant concentrations was modified by the addition of a new clarifying sentence and the reinsertion of old language that was mistakenly omitted from the Notice.

Adoption of Rulemaking

This rulemaking was adopted by the Commission on June 17, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Commission for a waiver of the discretionary provisions, if any, pursuant to 567—Chapter 13.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Rescind 567—Chapter 41 and adopt the following **new** chapter in lieu thereof:

CHAPTER 41
WATER SUPPLIES

567—41.1(455B) Primary drinking water regulations—coverage. 567—Chapters 40 through 44 and 83 shall apply to each public water supply system (PWS) unless the PWS meets all of the following conditions:

1. Consists only of distribution and storage facilities (and does not have any collection and treatment facilities);
2. Obtains all of its water from, but is not owned or operated by, a PWS to which such regulations apply;
3. Does not sell water to any person; and
4. Is not a carrier which conveys passengers in interstate commerce.

567—41.2(455B) Biological maximum contaminant level (MCL), treatment technique (TT), and monitoring requirements.

41.2(1) *Coliform bacteria and Escherichia coli (E. coli).* The provisions of this subrule include both MCL and TT requirements and apply to all PWSs. Failure to comply with the applicable requirements in this subrule is a violation of the national primary drinking water regulations.

a. MCL. A PWS must determine compliance with the *E. coli* MCL for each month in which the system is required to monitor for total coliforms. A system is in compliance with the *E. coli* MCL for samples taken under this subrule unless any of the following conditions occur. For purposes of the public notification (PN) requirements in rule 567—40.5(455B), MCL violation may pose an acute health risk. A system is not in compliance if it:

(1) Has an *E. coli*-positive repeat sample following a total coliform-positive routine sample;
(2) Has a total coliform-positive repeat sample following an *E. coli*-positive routine sample;
(3) Fails to take all required repeat samples following an *E. coli*-positive routine sample; or
(4) Fails to test for *E. coli* when any repeat sample tests positive for total coliform.

b. Analytical methodology.

(1) Sample volume. The standard sample volume required for analysis is 100 mL, regardless of the analytical method used.

(2) Presence/absence (P/A) required. Only the P/A of total coliforms and *E. coli* must be determined in any compliance sample; a determination of density is acceptable but is not required.

(3) Holding time and temperature. The time from sample collection to initiation of test medium incubation shall not exceed 30 hours. Systems are encouraged but not required to hold samples below 10 degrees Celsius during transit.

(4) Dechlorinating agent required for chlorinated water. If water having a residual chlorine (measured as free, combined, or total chlorine) will be analyzed, sufficient sodium thiosulfate (Na2S2O3) must be added to the sample bottle before sterilization to neutralize any residual chlorine in the water sample. Dechlorination procedures are addressed in Standard Methods (SM) Section 9060A.2, 20th and 21st editions.

(5) Systems must conduct total coliform and E. coli analyses in accordance with one of the analytical methods in the following table.

Bacteria Analytical Methods

Methodology Category	Method Name[1]	Method Citation[1]
Total Coliform Bacteria Methods:		
Lactose Fermentation	Standard Total Coliform Fermentation Technique	SM 9221 B.1, B.2 (20th, 21st, and 22nd ed.)[2, 3] SM Online 9221 B.1, B.2-99, B-06[2, 3]
	P/A Coliform Test	SM 9221 D.1, D.2 (20th and 21st ed.)[2, 7] SM Online 9221 D.1, D.2-99[2, 7]
Membrane Filtration	Standard Total Coliform Membrane Filter Procedure	SM 9222 B, C (20th and 21st ed.)[2, 4] SM Online 9222 B-97[2, 4], 9222 C-97[2, 4]
	Membrane Filtration using MI Medium	EPA Method 1604[2]
	m-ColiBlue24 Test[2, 4]	
	Chromocult[2, 4]	
Enzyme Substrate	Colilert	SM 9223 B (20th, 21st and 22nd ed.)[2, 5] SM Online 9223 B-97, B-04[2, 5]
	Colilert-18	SM 9223 B (21st and 22nd ed.)[2, 5] SM Online 9223 B-04[2, 5]
	Colisure	SM 9223 B (20th, 21st and 22nd ed.)[2, 5, 6] SM Online 9223 B-97, B-04[2, 5, 6]
	E*Colite Test[2]	
	Readycult Test[2]	
	modified Colitag Test[2]	
	Tecta EC/TC Test[2]	
***E. coli* Methods:**		
E. coli Procedures (following Lactose Fermentation Methods)	EC-MUG Medium	SM 9221 F.1 (20th, 21st and 22nd ed.)[2] SM Online 9221 F-06[2]
E. coli Partition	EC broth with MUG (EC-MUG)	SM 9222 G.1*c*(2) (20th and 21st ed.)[2, 8]
	NA-MUG Medium	SM 9222 G.1*c*(1) (20th and 21st ed.)[2]
Membrane Filtration	Membrane Filtration using MI Medium	EPA Method 1604[2]

Methodology Category	Method Name[1]	Method Citation[1]
	m-ColiBlue24 Test[2, 4]	
	Chromocult[2, 4]	
Enzyme Substrate	Colilert	SM 9223 B (20th, 21st and 22nd ed.)[2, 5] SM Online 9223 B-97, B-04[2, 5, 6]
	Colilert-18	SM 9223 B (21st and 22nd ed.)[2, 5] SM Online 9223 B-04[2, 5]
	Colisure	SM 9223 B (20th, 21st and 22nd ed.)[2, 5, 6] SM Online 9223 B-97, 04[2, 5, 6]
	E*Colite Test[2]	
	Readycult[2]	
	modified Colitag Test[2]	
	Tecta EC/TC Test[2]	

[1] Methods are listed in 41.2(1)*"b"*(6). For SM, either the 20th (1998) or 21st (2005) edition may be used. For SM Online, the year in which each method was approved is designated by the last two digits following the hyphen in the method number, and the methods listed are the only online versions that may be used. For vendor methods, the date in 41.2(1)*"b"*(6) is the date/version of the approved method, and the methods listed are the only versions that may be used. Laboratories should use only the approved versions of the methods, as product package inserts may not match the approved versions.

[2]Incorporated by reference. See 41.2(1)*"b"*(6).

[3]Lactose broth may be used in lieu of lauryl tryptose broth (LTB) if the system conducts at least 25 parallel tests between lactose broth and LTB using the water normally tested and if the findings from this comparison demonstrate that the false-positive rate and the false-negative rate for total coliforms, using lactose broth, is less than 10 percent.

[4]All filtration series must begin with membrane filtration equipment that has been sterilized by autoclaving. Exposure of filtration equipment to UV light is not adequate to ensure sterilization. Subsequent to the initial autoclaving, exposure of the filtration equipment to UV light may be used to sanitize the funnels between filtrations within a filtration series. Alternatively, membrane filtration equipment that is presterilized by the manufacturer may be used.

[5]Multiple-tube and multi-well enumerative formats for this method are approved for use in P/A determination under this subrule.

[6]Colisure results may be read after an incubation time of 24 hours.

[7]A multiple-tube enumerative format, as described in SM for the Examination of Water and Wastewater 9221, is approved for this method for use in P/A determination under this subrule.

[8]The following changes must be made to the EC broth with MUG (EC-MUG) formulation: Potassium dihydrogen phosphate, KH_2PO_4, must be 1.5 g, and 4-methylumbelliferyl-beta-D-glucuronide must be 0.05 g.

(6) Methods incorporated by reference. The methods in this subrule are incorporated by reference with the approval of the Director of the Federal Register under 5 U.S.C. 552(a) and 1 CFR Part 51. All approved material is available for inspection at www.regulations.gov, in hard copy at the EPA's Drinking Water Docket, (Docket ID EPA-HQ-OW-2008-0878), or from NARA.

1. APHA, SM 20th edition (1998):

- SM 9221, "Multiple-Tube Fermentation Technique for Members of the Coliform Group," B.1, B.2, "Standard Total Coliform Fermentation Technique;" D.1, D.2, "Presence-Absence (P/A) Coliform Test;" and F.1, "Escherichia coli Procedure: EC-MUG Medium."
- SM 9222, "Membrane Filter Technique for Members of the Coliform Group," B, "Standard Total Coliform Membrane Filter Procedure," C, "Delayed-Incubation Total Coliform Procedure," G.1c(1), "Escherichia coli Partition Method: NA-MUG Medium," and G.1c(2), "Escherichia coli Partition Method: EC Broth with MUG (EC-MUG)."
- SM 9223, "Enzyme Substrate Coliform Test," B, "Enzyme Substrate Test," Colilert and Colisure.

2. SM, 21st edition (2005):

- SM 9221, "Multiple-Tube Fermentation Technique for Members of the Coliform Group," B.1, B.2, "Standard Total Coliform Fermentation Technique;" D.1, D.2, "Presence-Absence (P/A) Coliform Test," and F.1, "Escherichia coli Procedure: EC-MUG Medium."
- SM 9222, "Membrane Filter Technique for Members of the Coliform Group," B, "Standard Total Coliform Membrane Filter Procedure;" C, "Delayed-Incubation Total Coliform Procedure;" G.1.c(1), "Escherichia coli Partition Method: NA-MUG Medium;" and G.1.c(2), "Escherichia coli Partition Method: EC Broth with MUG (EC-MUG)."

- SM 9223, "Enzyme Substrate Coliform Test," B, "Enzyme Substrate Test," Colilert and Colisure.

3. SM Online:

- SM 9221, "Multiple-Tube Fermentation Technique for Members of the Coliform Group" (1999), B.1, B.2-99, B-06, "Standard Total Coliform Fermentation Technique" and D.1, D.2-99, "Presence-Absence (P/A) Coliform Test."
- SM 9222, "Membrane Filter Technique for Members of the Coliform Group" (1997), B-97, "Standard Total Coliform Membrane Filter Procedure" and C-97, "Delayed-Incubation Total Coliform Procedure."
- SM 9223, "Enzyme Substrate Coliform Test" (1997), B-97, "Enzyme Substrate Test," Colilert and Colisure.

4. Charm Sciences, Inc., 659 Andover Street, Lawrence, MA 01843-1032: E*Colite—"Charm E*Colite Presence/Absence Test for Detection and Identification of Coliform Bacteria and Escherichia coli in Drinking Water," January 9, 1998.

5. CPI International, Inc., 5580 Skylane Blvd., Santa Rosa, CA 95403: modified Colitag, ATP D05-0035—"Modified Colitag Test Method for the Simultaneous Detection of *E. coli* and other Total Coliforms in Water," August 28, 2009.

6. EMD Millipore (a division of Merck KGaA, Darmstadt, Germany), 290 Concord Road, Billerica, MA 01821:

- Chromocult—"Chromocult Coliform Agar Presence/Absence Membrane Filter Test Method for Detection and Identification of Coliform Bacteria and Escherichia coli for Finished Waters," November 2000, Version 1.0.
- Readycult—"Readycult Coliforms 100 Presence/Absence Test for Detection and Identification of Coliform Bacteria and Escherichia coli in Finished Waters," January 2007, Version 1.1.

7. EPA's Water Resource Center (MC-4100T), EPA Method 1604, EPA 821-R-02-024—"EPA Method 1604: Total Coliforms and Escherichia coli in Water by Membrane Filtration Using a Simultaneous Detection Technique (MI Medium)," September 2002, www.nemi.gov.

8. Hach Company, www.hach.com: m-ColiBlue24—"Membrane Filtration Method m-ColiBlue24 Broth," Revision 2, August 17, 1999.

9. SM, 22nd edition (2012):

- SM 9221, "Multiple-Tube Fermentation Technique for Members of the Coliform Group," B.1, B.2, "Standard Total Coliform Fermentation Technique," and F.1, "Escherichia coli Procedure: EC-MUG Medium."
- SM 9223, "Enzyme Substrate Coliform Test," B, "Enzyme Substrate Test," Colilert and Colisure.

10. Veolia Water Solutions and Technologies, Suite 4697, Biosciences Complex, 116 Barrie Street, Kingston, Ontario, Canada K7L 3N6: Tecta EC/TC. "Presence/Absence Method for Simultaneous Detection of Total Coliforms and Escherichia coli in Drinking Water," April 2014.

(7) Laboratory certification. Systems must have all compliance samples required under this subrule analyzed by a laboratory certified in accordance with 567—Chapter 83. The laboratory used by the system must be certified for each method and associated contaminant used for compliance monitoring analyses under this subrule.

c. Sampling plan.

(1) Written sampling plan required. Systems must collect total coliform samples according to their written sampling plan.

1. Systems must develop a written sampling plan that identifies sample locations and a sample collection schedule that are representative of water throughout the distribution system. Major elements of the plan shall include, but not be limited to, the following:

- Map of the distribution system served by the system;
- List of routine compliance sample locations for each sample period;
- List of repeat compliance sample locations for each routine compliance sample location;
- Any other sample locations necessary to meet the requirements of this subrule;
- Sample collection schedule;
- Proper sampling technique instructions;

- Log of samples taken; and
- For GW systems subject to 567—41.7(455B), triggered source water monitoring plan.

2. The system shall review the sampling plan every two years, update it as needed, and retain it on file at the facility. The plan must be made available to the department upon request and for review during sanitary surveys and must be revised at the department's direction.

3. Monitoring under this subrule may take place at a customer's premises, dedicated sampling station, or other designated compliance sampling location.

(2) Sampling schedule. Systems must collect routine samples at regular time intervals throughout the month. Systems that use only GW and serve 4,900 or fewer people, or regional water systems that use only GW and serve less than 121 miles of pipe, may collect all required routine samples on a single day, if the samples are taken from different sites.

(3) Minimum number of routine samples. Systems must take at least the minimum number of required routine samples even if the system has had an *E. coli* MCL violation or has exceeded the coliform TT triggers in 41.2(1)*"i."* Such samples must be designated as "routine" when submitted to the laboratory.

(4) Additional sampling. A system may conduct more compliance monitoring than is required to uncover or investigate potential problems in the distribution system. A system may take more than the minimum number of required routine samples, and must include the additional routine sample results when calculating whether the coliform TT trigger in 41.2(1)*"i"*(1)"1" and "2" has been exceeded, only if the samples are taken in accordance with the existing sampling plan and are representative of water throughout the distribution system. Such samples must be designated as "routine" when submitted to the laboratory.

(5) Repeat samples. Systems must identify repeat monitoring locations in the sampling plan. Repeat samples must be analyzed at the same laboratory as the corresponding original routine sample(s), unless written approval for use of a different laboratory is granted by the department. A system must collect at least one repeat sample at the following locations: from the sampling tap where the original routine total coliform-positive sample was taken, at a tap within five service connections upstream of the original sample location, and at a tap within five service connections downstream of the original sample location. Such samples must be designated as "repeat" when submitted to the laboratory.

1. If the sampling location of a total coliform-positive sample is at or within one service connection from the end of the distribution system, the system must still take all required repeat samples. However, the department may allow an alternative sampling location in lieu of one of the upstream or downstream sampling locations.

2. A GW system with two or more wells that is required to conduct triggered source water monitoring under 41.7(3) must collect GW source sample(s) in addition to the required repeat samples.

3. A GW system with a single well that is required to conduct triggered source water monitoring may, with written department approval, collect one of its required repeat samples at the triggered source water sample monitoring location. The system must demonstrate to the department's satisfaction that the sampling plan remains representative of water quality in the distribution system. If approved, the sample result may be used to meet the requirements of 41.7(3) and this subrule. If a repeat sample taken at the triggered source water monitoring location is *E. coli*-positive, the system has violated the *E. coli* MCL, and must also comply with the requirements for additional source water samples under 41.7(3)*"a"*(3).

4. The department may review, revise, and approve, as appropriate, repeat sampling proposed by a system under 41.2(1)*"c"*(5). The system must demonstrate that the sampling plan remains representative of the water quality in the distribution system.

(6) Special purpose samples. Special purpose samples, such as those taken to determine whether disinfection practices are sufficient following pipe placement, replacement, or repair, must not be used to determine whether the coliform TT trigger has been exceeded. Such samples must be designated as "special" when submitted to the laboratory and cannot be used for compliance. Repeat samples are not considered special purpose samples and must be used to determine whether the coliform TT trigger has been exceeded.

(7) Residual disinfectant measurement. Any system adding a chemical disinfectant to the water must meet the requirements of 567—subparagraph 40.8(3)*"b"*(1). The minimum required residual disinfectant measurements are as follows, unless otherwise directed by the department in writing:

1. GW systems. A system that uses only GW and adds a chemical disinfectant, or provides water that contains a disinfectant, must measure and record the free and total chlorine residual disinfectant concentration at least at the same points in the distribution system and at the same time as routine and repeat total coliform bacteria samples are collected, as specified in 41.2(1)*"e"* through *"g."* The system shall report the total residual disinfectant concentration to the laboratory with the bacteria sample and comply with the reporting requirements in 567—subrule 40.8(3). If a system is chloraminating, it may measure and report only the total chlorine residual.

2. Surface water (SW) and influenced groundwater (IGW) systems.

- Any SW or IGW PWS must meet the requirements for minimum residual disinfectant entering the distribution system pursuant to 567—paragraph 43.5(4)*"b"*(2)"1"; and
- A system that uses SW or IGW must comply with the requirements in 567—subparagraph 43.5(4)*"b"*(2)"2" for daily distribution system residual disinfectant monitoring. The system must measure and record the free and total chlorine residual disinfectant concentration at least at the same points in the distribution system and at the same time as routine and repeat total coliform bacteria samples are collected, as specified in 41.2(1)*"e"* through *"g."* The residual disinfectant measurements required in this subrule may be used to satisfy the requirement in 567—paragraph 43.5(4)*"b"*(2)"2" on the day(s) when a routine or repeat total coliform bacteria sample(s) is collected, in lieu of separate samples. The system shall report the residual disinfectant concentration to the laboratory with the bacteria sample and comply with the applicable reporting requirements of 567—subrule 40.8(3).

d. Invalidation of total coliform samples. A total coliform-positive sample invalidated under this paragraph does not count toward meeting the minimum monitoring requirements of this subrule.

(1) The department may invalidate a total coliform-positive sample only if the following conditions are met:

1. The laboratory establishes that improper sample analysis caused the total coliform-positive result.

2. The department, on the basis of the results of the required repeat samples, determines that the total coliform-positive sample resulted from a domestic or other non-distribution system plumbing problem. "Domestic or other non-distribution system plumbing problem" means a coliform contamination problem in a PWS with more than one service connection that is limited to the specific service connection from which the coliform-positive sample was taken. The department cannot invalidate a total coliform-positive sample on the basis of repeat samples unless all repeat samples collected at the same tap as the original total coliform-positive sample are also total coliform-positive and all repeat samples collected at a location other than the original tap are total coliform-negative. The department cannot invalidate a total coliform-positive sample on the basis of repeat samples if all the repeat samples are total coliform-negative or if the system has only one service connection.

3. The department has substantial grounds to believe that the total coliform-positive result is due to a circumstance or condition that does not reflect water quality in the distribution system. The system must still collect all repeat samples required under 41.2(1)*"g"* and use them to determine whether a coliform TT trigger in 41.2(1)*"i"* has been exceeded.

The decision and supporting rationale for invalidating a total coliform-positive sample under this subparagraph must be in writing and signed by the supervisor of the water supply operations section or water supply engineering section and the department official who recommended the decision. The department must make this document available to EPA and the public. The documentation must state the specific cause of the total coliform-positive sample and what action the system has taken, or will take, to correct this problem. The department may not invalidate a total coliform-positive sample solely on the grounds that all repeat samples are total coliform-negative or because of poor sampling technique.

(2) Laboratory invalidation. A laboratory must invalidate a total coliform sample (unless total coliforms are detected, in which case the sample is valid) if the sample produces a turbid culture in the

absence of gas production using an analytical method where gas formation is examined, produces a turbid culture in the absence of an acid reaction in the P/A coliform test, or exhibits confluent growth or produces colonies too numerous to count with an analytical method using a membrane filter. If a laboratory invalidates a sample because of such interference, the system must collect another sample from the same location as that of the original within 24 hours of being notified of the interference and must have the sample analyzed for the presence of total coliforms. The system must continue to resample within 24 hours and have the samples analyzed until a valid result is obtained. The department may waive the 24-hour time limit on a case-by-case basis.

e. Routine monitoring for specific groundwater (GW) NCWS serving 1,000 or fewer people. This paragraph applies to NCWS using only GW (not IGW) as a source and serving 1,000 or fewer people. GW NCWS that serve schools, preschools, and child care facilities and all PWSs owned or managed by state agencies must monitor at the same frequency as a like-sized CWS in accordance with 41.2(1) *"f"*(1), *"f"*(2), or *"f"*(3).

(1) General. Following any total coliform-positive sample taken under this paragraph, systems must comply with the repeat monitoring and *E. coli* analytical requirements in 41.2(1)*"g."* Once all monitoring required by this paragraph and 41.2(1)*"g"* for a calendar month has been completed, systems must determine whether any coliform TT triggers in 41.2(1)*"i"* have been exceeded. If any trigger has been exceeded, systems must complete the assessments required by 41.2(1)*"i."*

(2) Monitoring frequency for total coliforms. Systems must monitor each calendar quarter that they provide water to the public, with the following exceptions:

1. A system on quarterly monitoring that experiences any of the following events must begin monthly monitoring in the month following the event. A system must continue on monthly monitoring until it meets the requirements for returning to quarterly monitoring. The events include:

- An *E. coli* MCL violation;
- The triggering of one Level 2 assessment under 41.2(1)*"i"* in a rolling 12-month period.
- The triggering of two Level 1 assessments under 41.2(1)*"i"* in a rolling 12-month period.
- One coliform TT violation.
- Two coliform monitoring violations in a rolling 12-month period.
- One monitoring coliform violation and one Level 1 assessment under 41.2(1)*"i"* in a rolling 12-month period.

2. A system on monthly monitoring for reasons other than those identified above in 41.2(1)*"e"*(2)"1" is not considered to be on increased monitoring for the purposes of 41.2(1).

3. Seasonal systems must sample each month in which they are in operation. All seasonal systems must demonstrate completion of a department-approved start-up procedure before serving water to the public, which includes a requirement for a coliform-negative start-up sample.

(3) Sampling frequency evaluation during a sanitary survey. During each sanitary survey, the department must evaluate the status of a system, including the distribution system, to determine whether the system is on an appropriate monitoring schedule. The department may modify a system's monitoring schedule, as necessary, or may allow a system to stay on its existing monitoring schedule, consistent with this paragraph.

(4) Returning from monthly to quarterly sampling for nonseasonal NCWSs. The department may reduce the monitoring frequency for a nonseasonal NCWS on monthly monitoring triggered under 41.2(1)*"e"*(2)"1" to quarterly monitoring if the system meets the following criteria. For the purposes of this subparagraph, "protected water source" means either the well meets separation distances from sources of microbial contamination pursuant to 567—subrule 43.3(7), Table A; or the system has department-approved 4-log virus inactivation treatment in continuous usage.

1. The system must have a completed sanitary survey or voluntary Level 2 assessment within the previous 12 months, be free of sanitary defects, and have a protected water source;

2. The system must have a clean compliance history for at least the previous 12 months; and

3. The department must review the approved sampling plan, which must designate the monitoring time period(s) based on site-specific considerations (e.g., during periods of highest demand or highest vulnerability to contamination). The system must collect compliance samples during these time periods.

(5) Additional routine monitoring for systems on quarterly sampling in the month following a total coliform-positive routine sample. Systems collecting samples on a quarterly frequency must conduct additional routine monitoring the month following one or more total coliform-positive samples (with or without a Level 1 TT trigger). Systems must collect at least three routine samples during the next month. Systems may either collect samples at regular time intervals throughout the month or may collect all required routine samples on a single day if samples are taken from different sites. Systems must use the results of additional routine samples in coliform TT trigger calculations under 41.2(1)*"i."*

f. Routine monitoring requirements for other systems.

(1) GW CWS serving 1,000 or fewer people. This subparagraph applies to CWS using only GW (not IGW) as a source and serving 1,000 or fewer people. The routine total coliforms monitoring frequency for such systems is one sample per month.

(2) SW/IGW PWS serving 1,000 or fewer people. This subparagraph applies to all PWSs serving 1,000 or fewer people that use SW/IGW sources, including consecutive systems.

1. The routine total coliforms monitoring frequency for such systems is one sample per month. Systems may not reduce monitoring frequency.

2. Seasonal systems must sample each month in which they are in operation, and the monitoring frequency cannot be reduced. All seasonal systems must demonstrate completion of a department-approved start-up procedure before serving water to the public, which includes a requirement for a coliform-negative start-up sample.

(3) PWSs serving more than 1,000 people. This subparagraph applies to all PWSs serving more than 1,000 people, except regional water systems. The regional water system requirements are in 41.2(1)*"f"*(4) below.

1. The routine total coliforms monitoring frequency for PWSs serving more than 1,000 people is based upon the population served by the system, as follows:

Population Served	Minimum Number of Routine Samples per Month	Population Served	Minimum Number of Routine Samples per Month
1,001 to 2,500	2	41,001 to 50,000	50
2,501 to 3,300	3	50,001 to 59,000	60
3,301 to 4,100	4	59,001 to 70,000	70
4,101 to 4,900	5	70,001 to 83,000	80
4,901 to 5,800	6	83,001 to 96,000	90
5,801 to 6,700	7	96,001 to 130,000	100
6,701 to 7,600	8	130,001 to 220,000	120
7,601 to 8,500	9	220,001 to 320,000	150
8,501 to 12,900	10	320,001 to 450,000	180
12,901 to 17,200	15	450,001 to 600,000	210
17,201 to 21,500	20	600,001 to 780,000	240
21,501 to 25,000	25	780,001 to 970,000	270
25,001 to 33,000	30	970,001 to 1,230,000	300
33,001 to 41,000	40		

2. Seasonal systems must sample each month in which they are in operation, and the monitoring frequency cannot be reduced. All seasonal systems must demonstrate completion of a department-approved start-up procedure before serving water to the public, which includes a requirement for a coliform-negative start-up sample.

3. CWSs may not reduce the number of required routine samples.

4. If the department, on the basis of a sanitary survey or monitoring results history, determines that some greater monitoring frequency is more appropriate, that frequency shall be the frequency required under these rules. The increased frequency shall be confirmed or changed on the basis of subsequent surveys.

(4) Regional PWSs. This subparagraph applies to all regional water systems. The supplier of water for a regional PWS shall sample for coliform bacteria at a frequency based upon the miles of pipe in its distribution system.

1. The routine total coliforms monitoring frequency for regional PWSs is based on the miles of pipe in a system's distribution system, as indicated in the following table. The sampling frequency for a regional water system shall not be less than as set forth in this subparagraph, based upon the population equivalent served. The following table represents sampling frequency per miles of pipe in a distribution system and is determined by calculating one-half the square root of the miles of pipe.

Miles of Pipe	Minimum Number of Routine Samples per Month	Miles of Pipe	Minimum Number of Routine Samples per Month
0 – 9	1	1,850 – 2,025	22
10 – 25	2	2,026 – 2,209	23
26 – 49	3	2,210 – 2,401	24
50 – 81	4	2,402 – 2,601	25
82 – 121	5	2,602 – 2,809	26
122 – 169	6	2,810 – 3,025	27
170 – 225	7	3,026 – 3,249	28
226 – 289	8	3,250 – 3,481	29
290 – 361	9	3,482 – 3,721	30
362 – 441	10	3,722 – 3,969	31
442 – 529	11	3,970 – 4,225	32
530 – 625	12	4,226 – 4,489	33
626 – 729	13	4,490 – 4,671	34
730 – 841	14	4,672 – 5,041	35
842 – 961	15	5,042 – 5,329	36
962 – 1,089	16	5,330 – 5,625	37
1,090 – 1,225	17	5,626 – 5,929	38
1,226 – 1,364	18	5,930 – 6,241	39
1,365 – 1,521	19	6,242 – 6,561	40
1,522 – 1,681	20	6,562 and greater	41
1,682 – 1,849	21		

2. Regional PWSs may not reduce the number of required routine samples.

3. If the department, on the basis of a sanitary survey or monitoring results history, determines that some greater monitoring frequency for a regional PWS is more appropriate, that frequency shall be the frequency required under these rules. The increased frequency shall be confirmed or changed on the basis of subsequent surveys.

(5) Requirements for all systems subject to this paragraph. Following any total coliform-positive sample taken under this paragraph, systems must comply with the repeat monitoring requirements and *E. coli* analytical requirements in 41.2(1)*"g."* Once all monitoring required by this paragraph and 41.2(1)*"g"* for a calendar month has been completed, systems must determine whether any coliform TT triggers in 41.2(1)*"i"* have been exceeded. If any trigger has been exceeded, systems must complete assessments pursuant to 41.2(1)*"i."*

g. Repeat monitoring. If a routine sample taken under 41.2(1)*"e"* and *"f"* is total coliform-positive, a system must collect a set of repeat samples. The department cannot waive this requirement.

(1) A system must:

1. Collect no fewer than three repeat samples for each total coliform-positive routine sample.

2. Collect repeat samples within 24 hours of receipt of the positive result. The department may extend the 24-hour limit on a case-by-case basis if the system has a logistical problem collecting the repeat samples within 24 hours that is beyond its control. In the case of an extension, the department must specify how much time a system has to collect the repeat samples.

3. Collect all repeat samples on the same day, except that the department may allow a system with a single service connection to collect the required set of repeat samples over a three-day period. "System with a single service connection" means a system that supplies drinking water to consumers through a single service line.

4. Collect an additional set of repeat samples as specified above in 41.2(1)*"g"*(1)"1" through 41.2(1)*"g"*(1)"3" if one or more repeat samples in the current set of repeat samples is total coliform-positive. A system must collect the additional set of repeat samples within 24 hours of receipt of a positive result, unless the department extends the time limit in 41.2(1)*"g"*(1)"2." A system must continue to collect additional sets of repeat samples until either total coliforms are not detected in one complete set of repeat samples or it determines that a coliform TT trigger in 41.2(1)*"i"* has been exceeded as a result of a total coliform-positive repeat sample and notifies the department. If a TT trigger is exceeded as a result of a total coliform-positive routine sample, systems only need to conduct one round of repeat monitoring for each total coliform-positive routine sample.

(2) Results of all routine and repeat samples taken under 41.2(1)*"e"* through *"g"* that are not invalidated by the department must be used to determine whether a coliform TT trigger in 41.2(1)*"i"* has been exceeded.

h. E. coli testing requirements.

(1) If any routine or repeat sample is total coliform-positive, a system must analyze that total coliform-positive culture medium to determine the presence of *E. coli*. If *E. coli* are present, the system must notify the department by the end of the same day the system receives notification of the test result. If the notification is outside of the department's routine office hours, the system shall call the department's Environmental Emergency Reporting Hotline at 515.725.8694.

(2) The department has the discretion to allow a system, on a case-by-case basis, to forgo E. coli testing on a total coliform-positive sample if that system assumes that the total coliform-positive sample is *E. coli*-positive. Accordingly, the system must notify the department as specified above in 41.2(1)*"h"*(1), and the provisions of 41.2(1)*"a"* apply.

i. Coliform TT triggers. Systems must conduct assessments in accordance with 41.2(1)*"j"* after exceeding any TT trigger.

(1) Level 1 TT triggers.

1. For systems taking 40 or more samples per month, the system exceeds 5.0 percent total coliform-positive samples for the month.

2. For systems taking fewer than 40 samples per month, the system has two or more total coliform-positive samples in the same month.

3. The system fails to take every required repeat sample after any single total coliform-positive sample.

(2) Level 2 TT triggers.

1. An *E. coli* MCL violation, as specified in 41.2(1)*"m"*(1).

2. A second Level 1 trigger as defined above in 41.2(1)*"i"*(1) within a rolling 12-month period, unless the department has determined a likely reason that the samples that caused the first Level 1 TT trigger were total coliform-positive and has established that the system has corrected the problem.

j. Assessment requirements. Systems must ensure that Level 1 and 2 assessments are conducted to identify the possible presence of sanitary defects and defects in distribution system coliform monitoring practices. Level 1 assessments may be conducted by a system owner or operator. Level 2 assessments must be conducted by the department with the assistance of the system owner or operator.

(1) General. Systems must conduct assessments consistent with any department directives and ensure that the assessor evaluates minimum elements, including:

1. A review and identification of inadequacies in sample sites;

2. Sampling protocol and processing;

3. Atypical events that could affect or indicate an impairment in distributed water quality;

4. Changes in distribution system operation or maintenance that could affect distributed water quality (including water storage);

5. Source and treatment considerations that bear on distributed water quality, where appropriate (e.g., small GW systems); and

6. Existing water quality monitoring data.

(2) Level 1 assessment. A system must conduct a Level 1 assessment if it exceeds one of the TT triggers in 41.2(1)*"i"*(1).

1. A system must complete a Level 1 assessment as soon as practical after any trigger in 41.2(1)*"i"*(1). The assessment form must describe the sanitary defects detected and corrective actions completed and include a proposed timetable for any other corrective action completion. It may also be noted on the assessment form that no sanitary defects were identified. A system must submit the completed Level 1 assessment form to the department within 30 days of learning that it has exceeded a trigger.

2. If the department reviews the completed Level 1 assessment and determines that it is not sufficient (including any proposed timetable for corrective action completion), the department must consult with the system. If the department requires revisions after consultation, the system must submit a revised assessment form to the department on an agreed-upon schedule, not to exceed 30 days.

3. Upon submission of an assessment form, the department must determine if the system has identified the likely cause for the Level 1 trigger and, if so, establish that the system has corrected the problem or has included an acceptable schedule to correct the problem.

(3) Level 2 assessment. A system must ensure that a Level 2 assessment is conducted if it exceeds one of the TT triggers in 41.2(1)*"i"*(2). A system must comply with any department-required expedited or additional actions in the case of an E. coli MCL violation.

1. A system must ensure that a Level 2 assessment is completed by the department as soon as practical after any trigger in 41.2(1)*"i"*(2). The assessment form must describe the sanitary defects detected and corrective actions completed and include a proposed timetable for any other corrective action completion. It may also be noted on the assessment form that no sanitary defects were identified. A system must submit a completed Level 2 assessment form to the department within 30 days of learning that the system has exceeded a trigger.

2. If the department reviews the completed Level 2 assessment and determines that it is not sufficient (including any proposed timetable for corrective action completion), the department must consult with the system. If the department requires revisions after consultation, the system must submit a revised assessment form to the department on an agreed-upon schedule, not to exceed 30 days.

3. Upon submission of an assessment form, the department must determine if a system has identified the likely cause for the Level 2 trigger and determine whether the system has corrected the problem or has included an acceptable schedule to correct the problem.

(4) Corrective actions. A system must correct sanitary defects found through either a Level 1 or 2 assessment. Corrective action(s) that are not completed by a system prior to the submission of the assessment form must be completed in compliance with a timetable approved by the department in consultation with the system. Systems must notify the department when each scheduled corrective action is completed.

(5) Consultation. At any time during the assessment or corrective actions phase, either the system or the department may request a consultation with the other party to determine appropriate actions. A system may consult with the department on all relevant information that may impact its ability to comply with this subrule.

k. Reporting requirements.

(1) *E. coli.*

1. A system must notify the department by the end of the same day when it learns of an *E. coli*-positive violation or routine sample.

2. If a notification is outside of the department's routine office hours, the system shall call the department's Environmental Emergency Reporting Hotline at 515.725.8694.

(2) A system that has violated the coliform TT in 41.2(1)*"i"* must report the violation to the department no later than the end of the next business day after learning of the violation and must provide PN in accordance with rule 567—40.5(455B).

(3) A system required to conduct an assessment under the provisions of 41.2(1)*"i"* must submit an assessment form within 30 days. Systems must notify the department in accordance with 41.2(1)*"j"*(4) when each scheduled corrective action is completed.

(4) A system that has failed to comply with a coliform monitoring requirement must report the monitoring violation to the department within ten days of discovering the violation and must provide PN in accordance with rule 567—40.5(455B).

(5) A seasonal system must certify, prior to serving water to the public, that it has complied with the department-approved start-up procedure.

l. Recordkeeping requirements. Additional recordkeeping requirements are listed in 567—subrule 40.9(10).

m. Violations. A system is in violation and must conduct PN in accordance with rule 567—40.5(455B) in any of the following instances.

(1) *E. coli* MCL violation. A system is in violation of the MCL for *E. coli* when any of the following occurs:

1. An *E. coli*-positive repeat sample following a total coliform-positive routine sample;
2. A total coliform-positive repeat sample following an *E. coli*-positive routine sample;
3. Failure to take all required repeat samples following an *E. coli*-positive routine sample; or
4. Failure to test for *E. coli* when any repeat sample tests positive for total coliform.

(2) TT violation. A system is in violation of a TT trigger when any of the following occurs:

1. Exceedance of a TT trigger specified in 41.2(1)*"i"* and failure to conduct the required assessment within the time frame specified in 41.2(1)*"j"*;
2. Exceedance of a TT trigger specified in 41.2(1)*"i"* and failure to conduct the required corrective actions within the time frame specified in 41.2(1)*"j"*(4); or
3. A seasonal system failing to complete a department-approved start-up procedure prior to serving water to the public, including collection of a finished water sample that tests total coliform-negative.

(3) Monitoring violation. A system is in violation of monitoring requirements if it fails to either:

1. Take every required routine or additional routine sample in a compliance period; or
2. To analyze for *E. coli* following a total coliform-positive routine sample.

(4) Reporting violation. A system is in violation of the reporting requirements if it fails to:

1. Submit a monitoring report in a timely manner after a system properly conducts monitoring;
2. Submit a completed assessment form in a timely manner after a system properly conducts an assessment;
3. Notify the department in a timely manner following an *E. coli*-positive sample, as required by 41.2(1)*"h"*(1); or
4. Submit the certification of completion of department-approved start-up procedure by a seasonal system.

n. Best available technology (BAT). The EPA identifies, and the department has adopted, the following as the best technology, TTs, or other means available for all systems in achieving compliance with the *E. coli* MCL in 41.2(1)*"a."* The following is also identified as affordable technology, TTs, or other means available to systems serving 10,000 or fewer people for achieving compliance with the *E. coli* MCL.

(1) Protection of wells from fecal contamination by appropriate placement and construction.

(2) Maintenance of a disinfectant residual throughout the distribution system.

(3) Proper distribution system maintenance, including appropriate pipe replacement and repair procedures, main flushing programs, proper operation and maintenance of storage tanks and reservoirs, cross-connection control, and continual maintenance of a minimum positive water pressure of 20 psi in all parts of the distribution system at all times.

(4) Filtration or disinfection of surface water (SW) or influenced groundwater (IGW) in accordance with rules 567—43.5(455B), 567—43.9(455B), and 567—43.10(455B) or disinfection of GW in accordance with rule 567—41.7(455B) using strong oxidants such as, but not limited to, chlorine, chlorine dioxide, or ozone.

(5) For GW systems, compliance with the requirements of the department's wellhead protection program.

41.2(2) *Heterotrophic plate count (HPC) bacteria.*

a. Applicability. All PWSs that use a SW source or source under the direct influence of SW must provide treatment consisting of disinfection, as specified in 567—subrule 43.5(2), and filtration treatment, as specified in 567—subrule 43.5(3). The HPC is an alternate method to demonstrate a detectable disinfectant residual in accordance with 567—paragraph 43.5(2)*"d."*

b. Analytical methodology. PWSs shall conduct HPC bacteria analysis in accordance with 567—subrule 43.5(2) and the following analytical methods. When HPC bacteria are being measured in lieu of a detectable residual disinfectant pursuant to 567—paragraph 43.5(2)*"d,"* measurements must be conducted by a laboratory certified by the department to do such analysis. The time from sample collection to initiation of analysis may not exceed eight hours, and systems must hold the samples below 10 degrees Celsius during transit to the laboratory.

(1) Methods. The HPC shall be performed in accordance with one of the following methods:

1. Method 9215B Pour Plate Method, SM, 18th (1992), 19th (1995), 20th (1998), 21st (2005), and 22nd (2012) editions. The cited method in any of these editions may be used. SM Online method 9215 B-04 may be used.

2. SimPlate Method, "IDEXX SimPlate TM HPC Test Method for Heterotrophs in Water," November 2000, IDEXX Laboratories, Inc., One IDEXX Drive, Westbrook, ME 04092.

(2) Reporting. A PWS shall report the results of HPC bacteria in accordance with 567—subparagraph 40.8(3)*"c"*(2).

41.2(3) *Macroscopic organisms and algae.*

a. Applicability. This subrule applies to CWSs, NTNCs, and TNCs using SW or IGW, as defined by 567—subrule 43.5(1).

b. MCLs for macroscopic organisms and algae. Finished water shall be free of any macroscopic organisms such as plankton, worms, or cysts. The finished water algal cell count shall not exceed 500 organisms per mL or 10 percent of the total cells found in the raw water, whichever is greater.

c. Analytical methodology. Algal cell measurement shall be in accordance with Method 10200F: Phytoplankton Counting Techniques, SM, 18th edition, pp. 10-13 to 10-16. Such measurement shall be required only when the department determines, on the basis of complaints or otherwise, that excessive algal cells may be present.

567—41.3(455B) MCLs and monitoring requirements for inorganic contaminants other than lead or copper.

41.3(1) *MCLs and other requirements for inorganic chemical (IOC) contaminants.*

a. Applicability. The MCLs, BATs, and analytical methods for IOC contaminants specified in this subrule apply to CWSs and NTNCs as specified herein. The fluoride MCL applies only to CWSs and NTNCs that primarily serve children (child care facilities and schools). The nitrate, nitrite, and total nitrate and nitrite MCLs apply to CWSs, NTNCs and TNCs. At the department's discretion, nitrate levels not to exceed 20.0 mg/L may be allowed in a NCWS if the supplier of water demonstrates to the department's satisfaction that:

(1) Such water will not be available to children under six months of age;

(2) The system is meeting the PN requirements of rule 567—40.5(455B), including continuous posting of the fact that nitrate levels exceed 10 mg/L and the potential health effects of exposure;

(3) The following public health authorities will be notified annually of nitrate levels that exceed 10 mg/L, in addition to the reporting requirements of 567—Chapters 40 and 41: the local county health officials, including the health department, sanitarian, and public health administrator, and the Iowa department of health and human services; and

(4) No adverse health effects shall result.

b. IOC MCLs.

(1) The following table specifies the IOC MCLs:

IOC Contaminant	EPA Contaminant Code	MCL (mg/L)
Antimony	1074	0.006
Arsenic	1005	0.010
Asbestos	1094	7 million fibers/liter (longer than 10 micrometers in length)
Barium	1010	2
Beryllium	1075	0.004
Cadmium	1015	0.005
Chromium	1020	0.1
Cyanide (as free Cyanide)	1024	0.2
Fluoride*	1025	4.0
Mercury	1035	0.002
Nitrate	1040	10 (as nitrogen)
Nitrite	1041	1.0 (as nitrogen)
Total Nitrate and Nitrite	1038	10 (as nitrogen)
Selenium	1045	0.05
Thallium	1085	0.002

*The recommended fluoride level is 0.7 mg per liter as published by the U.S. Department of Health and Human Services, Public Health Service (July-August 2015). At this optimum level in drinking water, fluoride has been shown to have beneficial effects in reducing the occurrence of tooth decay.

(2) Compliance calculations. IOC MCL compliance shall be determined using the analytical result(s) obtained at each source/entry point (SEP). When the department requires a system to collect nitrate or nitrite samples in its distribution system, IOC MCL compliance shall also be determined using the analytical result(s) obtained at each discrete sampling point in the distribution system. Arsenic sampling results must be reported to the nearest 0.001 mg/L.

1. Sampling frequencies greater than annual. For PWSs monitoring at a frequency greater than annual, compliance with the MCLs for antimony, arsenic, asbestos, barium, beryllium, cadmium, chromium, cyanide, fluoride, mercury, selenium, and thallium is determined by a running annual average (RAA) at any sampling point. If the RAA at any sampling point is greater than the MCL, then the system is out of compliance. If any one sample would cause the RAA to be exceeded, then the system is out of compliance immediately. Any sample below the method detection limit (MDL) shall be calculated at zero for the purpose of determining the RAA. If a system fails to collect the required number of samples, compliance (average concentration) will be based on the total number of samples collected.

2. Sampling frequencies of annual or less. For PWSs monitoring annually or less frequently, the system is out of compliance with the MCLs for antimony, arsenic, asbestos, barium, beryllium, cadmium, chromium, cyanide, fluoride, mercury, selenium, and thallium if the level of a contaminant at any sampling point is greater than the MCL. If a confirmation sample is required by the department, it must be collected as soon as possible from the same sampling location, but not to exceed two weeks, and the compliance determination will be based on the average of the two samples. If a system fails to collect the required number of samples, compliance (average concentration) will be based on the total number of samples collected.

3. Nitrate and nitrite. Compliance with the nitrate and nitrite MCLs is determined based on one sample if the level of these contaminants is below the MCLs. If the level of nitrate or nitrite exceeds the MCLs in the initial sample, a confirmation sample may be required in accordance with 41.3(1)*"c"*(7)"2" and compliance shall be determined based on the average of the initial and confirmation samples.

(3) Additional requirements. The department may assign additional requirements deemed necessary to protect public health, including PN requirements or earlier compliance dates than indicated in rule. When a system is not in compliance with an MCL in this paragraph, the supplier of the water shall notify the department according to 567—subrule 40.8(1) and provide PN according to rule 567—40.5(455B).

c. IOC monitoring requirements.

(1) Routine IOC monitoring (excluding asbestos, nitrate, and nitrite). CWSs and NTNCs shall monitor to determine compliance with the IOC MCLs, in accordance with this subrule. TNCs shall

monitor to determine compliance with the nitrate and nitrite MCLs as required by 41.3(1)*"c"*(5) and *"c"*(6). All new systems or systems that use a new source of water must demonstrate compliance with the IOC MCLs within a time period specified by the department. A system must also comply with the specified initial sampling frequencies to ensure it can demonstrate MCL compliance. Routine and increased monitoring shall be conducted in accordance with this paragraph. A source of water that is determined by the department to be a new SEP is considered to be a new source for the purposes of this rule.

(2) Department designated sampling schedules. Each PWS shall monitor at the time designated by the department during each compliance period. The monitoring protocol is as follows:

1. GW sampling points. GW systems shall take a minimum of one sample at every entry point to the distribution system which is representative of each well after treatment (hereafter called a source/entry point or SEP). Systems shall take each sample at the same sampling point unless conditions make another sampling point more representative of each source or treatment plant.

2. SW sampling points. SW systems shall take a minimum of one sample at every SEP after any application of treatment or in the distribution system at a point that is representative of each SEP. For purposes of this paragraph, SW systems include systems with a combination of SW and GW sources. Systems shall take each sample at the same sampling point unless conditions make another sampling point more representative of each source or treatment plant.

3. Multiple sources. If a PWS draws water from more than one source and the sources are combined before distribution, it must sample at an SEP during periods of normal operating conditions (i.e., when water is representative of all sources being used).

4. Composite sampling. The department may reduce the total number of samples that must be analyzed by compositing. In systems serving less than or equal to 3,300 persons, composite samples from a maximum of five samples are allowed, provided that the detection limit of the analysis method is less than one-fifth of the MCL. Sample compositing must be done in the laboratory. If the concentration in the composite sample is greater than or equal to one-fifth of the MCL of any IOC, a follow-up sample must be taken within 14 days at each sampling point included in the composite. The follow-up samples must be analyzed for the contaminants that exceeded one-fifth of the MCL in the composite sample. If duplicates of the original sample taken from each sampling point used in the composite are available, the system may use the duplicates instead of resampling, provided the holding time of the duplicates is not exceeded. Duplicates must be analyzed and the results reported to the department within 14 days after sample analysis. If the system serves a population greater than 3,300 persons, compositing may only be allowed at sampling points within a single system. For systems serving less than or equal to 3,300 persons, the department may allow compositing among different systems provided the five-sample limit is maintained. Detection limits for each IOC analytical method are in 41.3(1)*"e"*(1).

(3) Asbestos monitoring frequency. Monitoring to determine compliance with the asbestos MCL shall be conducted as follows:

1. Initial sampling frequency. Each CWS and NTNC is required to monitor for asbestos during the first three-year compliance period of each nine-year compliance cycle.

2. Asbestos waiver. If a PWS believes it is not vulnerable to asbestos contamination either in its source water or due to the presence of asbestos-cement pipe, or both, it may apply for a waiver of the asbestos monitoring requirement in this subparagraph. If the department grants the waiver, the system is not required to monitor. The department may grant a waiver based on a consideration of potential asbestos contamination of the water source, the use of asbestos-cement pipe for finished water distribution, and the corrosive nature of the water. An asbestos waiver remains in effect until the completion of the three-year compliance period. Systems not receiving a waiver must monitor in accordance with the initial sampling frequency in this subparagraph.

3. Distribution system vulnerability. A PWS vulnerable to asbestos contamination due solely to the presence of asbestos-cement pipe shall take one sample at a tap served by asbestos-cement pipe and under conditions where asbestos contamination is most likely to occur.

4. Source water vulnerability. A PWS vulnerable to asbestos contamination due solely to source water shall monitor in accordance with the department designated sampling schedules in 41.3(1)*"c"*(2).

5. Combined vulnerability. A PWS vulnerable to asbestos contamination due both to its source water supply and the presence of asbestos-cement pipe shall take one sample at a tap served by asbestos-cement pipe and under conditions where asbestos contamination is most likely to occur.

6. Asbestos MCL exceedance. A PWS that exceeds the asbestos MCL shall monitor quarterly beginning in the next quarter after the violation occurred.

7. Asbestos below the MCL. The department may decrease the quarterly monitoring requirement to the initial sampling frequency in this subparagraph provided a system is reliably and consistently below the asbestos MCL. In no case can the department make this determination unless a GW system takes a minimum of two quarterly samples and a surface (or combined surface/ground) water system takes a minimum of four quarterly samples.

8. Grandfathered asbestos data. If monitoring data are generally consistent with the requirements of this subparagraph, the department may allow PWSs to use that data to satisfy the monitoring requirement.

(4) Monitoring frequency for other IOCs. Monitoring to determine compliance with the MCLs for antimony, arsenic, asbestos, barium, beryllium, cadmium, chromium, cyanide, fluoride, mercury, selenium, and thallium shall be conducted as follows:

1. IOCs sampling frequency. GW systems shall take one sample at each sampling point once every three years. SW systems (or combined SW/GW systems) shall take one sample annually at each sampling point.

2. IOC sampling waiver. The PWS may apply for a waiver from the IOC sampling frequencies specified in this subparagraph. A PWS shall take a minimum of one sample while a waiver is effective. The term during which the waiver is effective shall not exceed one compliance cycle (i.e., nine years).

3. IOC waiver and grandfathered data. The department may grant a waiver provided SW systems have monitored annually for at least three years and GW systems have conducted a minimum of three rounds of monitoring. Both SW and GW systems shall demonstrate that all previous analytical results were less than the MCL. Systems that use a new water source are not eligible for a waiver until three rounds of monitoring from the new source have been completed. Systems may be granted a waiver for cyanide monitoring, provided the department determines that the system is not vulnerable due to a lack of any industrial source of cyanide.

4. IOC sampling frequency during a waiver. In determining the appropriate reduced monitoring frequency, the department will consider: reported concentrations from all previous monitoring; the degree of variation in reported concentrations; and other factors which may affect contaminant concentrations, such as changes in GW pumping rates, system configuration, system operating procedures, or stream flow characteristics.

5. Effect of an IOC waiver. A decision to grant a waiver shall be made in writing and include the basis for the determination. The determination may be initiated by the department or upon an application by a PWS. A PWS shall specify the basis for its request. The department may review and, where appropriate, revise its determination of the appropriate monitoring frequency when a system submits new monitoring data or when other data relevant to a system's appropriate monitoring frequency become available.

6. Exceedance of an IOC MCL. PWSs that exceed the IOC MCLs shall monitor quarterly beginning in the next quarter after the violation occurred.

7. IOCs reliably and consistently below the MCL. The department may decrease the quarterly monitoring requirement to the IOC sampling frequencies specified in "1" and "3" of this subparagraph provided it has determined that a PWS is reliably and consistently below the MCL. The department shall not make this determination unless a GW system takes a minimum of two quarterly samples and a SW system takes a minimum of four quarterly samples.

(5) Nitrate monitoring frequency. All PWSs (CWSs, NTNCs, and TNCs) shall monitor to determine compliance with the nitrate MCL.

1. Initial nitrate sampling. All PWSs served by GW systems shall monitor annually.

2. GW repeat nitrate sampling frequency. For GW PWS, the repeat monitoring frequency is:

- Quarterly for at least one year following any one sample in which the concentration is greater than or equal to 5.0 mg/L as N. The department may allow a GW system to reduce its sampling frequency to annually after four consecutive quarterly samples are reliably and consistently less than 5.0 mg/L as N.
- Monthly for at least one year following any one sample in which the concentration is greater than or equal to 10.0 mg/L as N.

3. SW repeat nitrate sampling frequency. The department may allow a PWS SW system to reduce the sampling frequency to:

- Annually if all analytical results from four consecutive quarters are less than 5.0 mg/L as N.
- Quarterly for at least one year following any one sample in which the concentration is greater than or equal to 5.0 mg/L as N. The department may allow a SW system to reduce the sampling frequency to annually after four consecutive quarterly samples are reliably and consistently less than 5.0 mg/L as N.
- Monthly for at least one year following any nitrate MCL exceedance.

4. Scheduling annual nitrate repeat samples. After the initial round of quarterly sampling is completed, each CWS and NTNC monitoring annually shall take subsequent samples during the quarter(s) that previously resulted in the highest analytical result.

(6) Nitrite monitoring frequency. All PWSs shall monitor to determine compliance with the nitrite MCL.

1. Initial nitrite sampling. All PWSs shall take one sample at each sampling point.

2. Nitrite repeat monitoring. After the initial sample, systems where an analytical result for nitrite is less than 0.50 mg/L as N shall monitor at the department-specified frequency.

3. Nitrite increased monitoring. For all PWSs, the repeat monitoring frequency is:

- Quarterly for at least one year following any one sample in which the concentration is greater than or equal to 0.50 mg/L as N. The department may allow a system to reduce the sampling frequency to annually after determining a system is reliably and consistently less than 0.50 mg/L.
- Monthly for at least one year following any nitrite MCL exceedance.

4. Scheduling of annual nitrite repeat samples. Systems monitoring annually shall take each subsequent sample during the quarter(s) that previously resulted in the highest analytical result.

(7) IOC confirmation sampling.

1. IOC confirmation sample deadline (other than nitrate and nitrite). Where the results of an analysis for antimony, arsenic, asbestos, barium, beryllium, cadmium, chromium, cyanide, fluoride, mercury, nickel, selenium, or thallium indicate an MCL exceedance, the department may require the collection of one additional sample as soon as possible after the initial sample was taken (but not to exceed two weeks) at the same sampling point.

2. Nitrate and nitrite confirmation sample deadline. Where nitrate or nitrite sampling results indicate an MCL exceedance and the sampling frequency is quarterly or annual, a system shall take a confirmation sample within 24 hours of its receipt of the analytical results. PWSs unable to comply with the 24-hour confirmation sampling requirement must immediately notify the consumers served by the area served by the PWS in accordance with 567—40.5(455B) Tier 1 PN and complete an analysis of a confirmation sample within two weeks of receipt of the analytical results of the first sample. Where the sampling frequency is monthly, a confirmation sample will not be used to determine MCL compliance.

3. Compliance calculations and confirmation samples. If a required confirmation sample collected within the time specified in "1" of this subparagraph is taken for any contaminant, the results of the initial and confirmation sample shall be averaged. The resulting average shall be used to determine the system's compliance with the IOC MCLs. The department has the discretion to invalidate results of obvious sampling errors.

(8) Designation of increased sampling frequency. The department, at its discretion, may require more frequent monitoring than specified for asbestos, other IOCs, nitrate, and nitrite in 41.3(1)*"c"*(3) through *"c"*(6), or confirmation samples for positive and negative results. PWSs may apply to conduct more frequent monitoring than the minimum monitoring specified in this subrule. Any increase or

decrease in monitoring under this subparagraph will be designated in an operation permit or administrative order. To increase or decrease such frequency, the department shall consider:

1. Reported concentrations from previously required monitoring,
2. The degree of variation in reported concentrations,
3. Blending or treatment processes conducted to comply with an MCL, TT, or AL, and
4. Other factors, including changes in pumping rates in GW supplies, significant changes in a system's configuration, operating procedures, source of water, or streamflow changes.

(9) Grandfathered data. For the initial analysis required in this paragraph (41.3(1)*"c"*), data for surface waters acquired within one year prior to the effective date and data for GWs acquired within three years prior to August 13, 2025, may be substituted at the department's discretion.

d. Analytical and sampling methodology.

(1) IOC analytical methods. IOC contaminants shall be analyzed using the following methods, or their equivalent as determined by EPA. Criteria for analyzing arsenic, barium, beryllium, cadmium, chromium, copper, lead, nickel, selenium, sodium, and thallium with digestion or directly without digestion, and other analytical test procedures are contained in Technical Notes on Drinking Water Methods, EPA-600/R-94-173, October 1994, NTIS PB95-104766.

IOC Contaminant Analytical Methods

Contaminant	Methodology[15]	EPA	ASTM[3]	SM	SM Online[26]	Other	MDL in mg/L
Antimony	Atomic absorption; furnace			3113B[4, 27, 33]	3113 B-04, B-10		0.003
	Atomic absorption; platform	200.9[2]					0.0008[12]
	ICP-MS[35]	200.8[2]					0.0004
	Atomic absorption; hydride		D3697-92, 02, 07, 12				0.001
	AVICP-AES[17]	200.5, Rev. 4.2[28]					
Arsenic[16]	ICP-MS	200.8[2]					0.0014
	Atomic absorption; platform	200.9[2]					0.0005[15]
	Atomic absorption; furnace		D2972-97C, 03C, 08C	3113B[4, 27, 33]	3113 B-04, B-10		0.001
	Atomic absorption; hydride		D2972-97B, 03B, 08B	3114B[4, 27, 33]	3114 B-09		0.001
	AVICP-AES[17]	200.5, Rev. 4.2[28]					
Asbestos	Transmission electron microscopy	100.1[9]					0.01 MFL
	Transmission electron microscopy	100.2[10]					
Barium	ICP	200.7[2]		3120B[18, 27, 33]	3120 B-99		0.002
	ICP-MS[35]	200.8[2]					
	Atomic absorption; direct			3111D[4, 27, 33]	3111 D-99		0.1
	Atomic absorption; furnace			3113B[4, 27, 33]	3113 B-04, B-10		0.002
	AVICP-AES[17]	200.5, Rev. 4.2[28]					
Beryllium	ICP[35]	200.7[2]		3120B[18, 27, 33]	3120 B-99		0.0003
	ICP-MS[35]	200.8[2]					0.0003
	Atomic absorption; platform	200.9[2]					0.00002[12]
	Atomic absorption; furnace		D3645-97B, 03B, 08B	3113B[4, 27, 33]	3113 B-04, B-10		0.0002
	AVICP-AES[17]	200.5, Rev. 4.2[28]					
Cadmium	ICP[35]	200.7[2]					0.001
	ICP-MS[35]	200.8[2]					
	Atomic absorption; platform	200.9[2]					

Contaminant	Methodology[15]	EPA	ASTM[3]	SM	SM Online[26]	Other	MDL in mg/L
	Atomic absorption; furnace			3113B[4, 27, 33]	3113 B-04, B-10		0.0001
	AVICP-AES[17]	200.5, Rev. 4.2[28]					
Chromium	ICP[35]	200.7[2]		3120B[18, 27, 33]	3120 B-99		0.007
	ICP-MS[35]	200.8[2]					
	Atomic absorption; platform	200.9[2]					
	Atomic absorption; furnace			3113B[4, 27, 33]	3113 B-04, B-10		0.001
	AVICP-AES[17]	200.5, Rev. 4.2[28]					
Cyanide	Manual distillation (followed by 1 of the 4 methods listed below:)		D2036-98A, D2036-06A	4500-CN-C[18, 27, 33]			
	Spectrophotometric; amenable[14]		D2036-98B, D2036-06B	4500-CN-G[18, 27, 33]	4500-CN-G-99		0.02
	Spectrophotometric; manual[13]		D2036-98A, D2036-06A	4500-CN-E[18, 27, 33]	4500-CN-E-99	I-3300-85[5]	0.02
	Spectrophotometric; semi-automated[13]	335.4[6]					0.005
	Selective electrode[13]			4500-CN-F[18, 27, 33]	4500-CN-F-99		0.05
	UV, distillation, spectrophotometric[22]					Kelada 01[20]	0.0005
	Micro distillation, flow injection, spectrophotometric[13]					QuikChem 10-204-00-1-X[21]	0.0006
	Ligand exchange with amperometry[14]		D6888-04			OIA-1677, DW[25]	0.0005
	GC/MS headspace					ME355.01[29]	
Fluoride	IC[36]	300.0[6], 300.12[3]	D4327-97, 03, 11	4110B[18, 27, 33]	4110 B-00		
	Manual distillation; colorimetric; SPADNS			4500F-B,D[18, 27, 33]	4500 F-B,D-97		
	Manual electrode		D1179-93B, 99B, D1179-04B, 10B	4500F-C[18, 27, 33]	4500 F-C-97		
	Automated electrode					380-75WE[11]	
	Automated alizarin			4500F-E[18, 27, 33]	4500 F-E-97	129-71W[11]	
	Capillary ion electrophoresis					D6508, Rev.2[24]	
	Arsenite-free colorimetric; SPADNS					Hach SPADNS 2 Method 10225[31]	
Magnesium	Atomic absorption; direct		D511-93, 03B, 09B, 14B	3111B[4, 27, 33]	3111 B-99		
	ICP[35]	200.7[1]		3120B[18, 27, 33]	3120 B-99		
	Complexation Titrimetric Methods		D511-93, 03A, 09A, 14B	3500-Mg E[4] 3500-Mg B[19, 27, 33]	3500-Mg B-97		
	IC		D6919-03, 09				
	AVICP-AES[17]	200.5, Rev. 4.2[28]					
Mercury	Manual, cold vapor	245.1[2]	D3223-97, 02, 12	3112B[4, 27, 33]	3112 B-09		0.0002
	Automated, cold vapor	245.2[1]					0.0002
	ICP-MS[35]	200.8[2]					
	ICP[35]	200.7[2]		3120B[18, 27, 33]	3120 B-99		0.005
	ICP-MS[35]	200.8[2]					0.0005
	Atomic absorption; platform	200.9[2]					0.0006[12]

Contaminant	Methodology[15]	EPA	ASTM[3]	SM	SM Online[26]	Other	MDL in mg/L
Nickel	Atomic absorption; direct			3111B[4, 27, 33]	3111 B-99		
	Atomic absorption; furnace			3113B[4, 27, 33]	3113 B-04, 10		0.001
	AVICP-AES[35]	200.5, Rev. 4.2[28]					
Nitrate	IC[36]	300.0[6], 300.1[23]	D4327-97, 03, 11	4110B[18, 27, 33]	4110 B-00	B-1011[8]	0.01
	Automated cadmium reduction	353.2[6]	D3867-90A	4500-NO_3F[18, 27, 33]	4500-NO_3-F-00		0.05
	Ion selective electrode			4500-NO_3-D[18, 27, 33]	4500-NO_3-D-00	601[7]	1
	Manual cadmium reduction		D3867-90B	4500-NO_3-E[18, 27, 33]	4500-NO_3-E-00		0.01
	Capillary ion electrophoresis					D6508, Rev.2[24]	0.076
	Reduction/colorimetric					Systea Easy (1-Reagent)[30] NECi Nitrate-Reductase[34]	
	Colorimetric; direct					Hach TNTplus™ 835/836 Method 10206[32]	
Nitrite	IC[36]	300.0[6], 300.1[23]	D4327-97, 03, 11	4110B[18, 27, 33]	4110 B-00	B-1011[8]	0.004
	Automated cadmium reduction	353.2[6]	D3867-90A	4500-NO_3-F[18, 27, 33]	4500-NO_3-F-00		0.05
	Manual cadmium reduction		D3867-90B	4500-NO_3-E[18, 27, 33]	4500-NO_3-E-00		0.01
	Spectrophotometric			4500-NO_2-B[18, 27, 33]	4500-NO_2-B-00		0.01
	Capillary ion electrophoresis					D6508, Rev. 2[24]	0.103
	Reduction/colorimetric					Systea Easy (1-Reagent)[30] NECi Nitrate-Reductase[34]	
Selenium	Atomic absorption; hydride		D3859-98, 03A, 08A	3114B[4, 27, 33]	3114 B-09		0.002
	ICP-MS[35]	200.8[2]					
	Atomic absorption; platform	200.9[2]					
	Atomic absorption; furnace		D3859-98, 03B, 08B	3113B[4, 27, 33]	3113 B-04, 10		0.002
	AVICP-AES[17]	200.5, Rev. 4.2[28]					
Sodium	ICP[35]	200.7[2]					
	Atomic absorption; direct			3111B[4, 27, 33]	3111 B-99		
	IC[36]		D6919-03, 09				
	AVICP-AES[17]	200.5, Rev. 4.2[28]					
Thallium	ICP-MS[35]	200.8[2]					
	Atomic absorption; platform	200.9[2]					0.0007[12]

The procedures shall be done in accordance with the documents listed below. The incorporation by reference of the following documents was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. Copies may be obtained from the sources listed below. Information regarding the documents can be obtained from the Safe Drinking Water Hotline at 800.426.4791. Documents may be inspected at EPA's Drinking Water Docket or at the Office of Federal Register.

[1]"Methods for Chemical Analysis of Water and Wastes," EPA-600/4-79-020, March 1983. NTIS, PB84-128677.

[2]"Methods for the Determination of Metals in Environmental Samples—Supplement I," EPA-600/R-94-111, May 1994. NTIS, PB95-125472.

[3]ASTM, 1994, 1996, 1999 or 2003, Vols. 11.01 and 11.02; the methods listed are the only versions that may be used.

[4]18th and 19th editions, SM, 1992 and 1995, respectively.

[5]Techniques of Water Resources Investigation of the USGS, Book 5, Chapter A-1, 3rd edition, 1989, Method I-3300-85. Information Services, USGS, Federal Center, Box 25286, Denver, CO 80225-0425.

[6]"Methods for the Determination of Inorganic Substances in Environmental Samples," EPA-600-R-93-100, August 1993. NTIS, PB94-120821.

[7]The procedure shall be done in accordance with the Technical Bulletin 601, "Standard Method of Test for Nitrate in Drinking Water," July 1994, PN221890-001, Analytical Technology, Inc. ATI Orion, 529 Main Street, Boston, MA 02129.

[8]Method B-1011, "Waters Test Method for Determination of Nitrite/Nitrate in Water Using Single Column Ion Chromatography," August 1987. Waters Corporation, Technical Services Division, 34 Maple Street, Milford, MA 01757.

[9]Method 100.1, "Analytical Method for Determination of Asbestos Fibers in Water," EPA-600/4-83-043, EPA, September 1983. NTIS, PB83-260471.

[10]Method 100.2, "Determination of Asbestos Structure Over 10 Microns in Length in Drinking Water," EPA-600/R-94-134, June 1994. NTIS, PB94-201902.

[11]Industrial Method No. 129-71W, "Fluoride in Water and Wastewater," December 1972, and Method No. 380-75WE, "Fluoride in Water and Wastewater," February 1976, Technicon Industrial Systems. Bran & Luebbe, 1025 Busch Parkway, Buffalo Grove, IL 60089.

[12]Lower MDLs are reported using stabilized temperature graphite furnace atomic absorption.

[13]Screening method for total cyanides.

[14]Measures "free" cyanides when distillation, digestion, or ligand exchange is omitted.

[15]Because MDLs reported in EPA Methods 200.7 and 200.9 were determined using a 2X preconcentration step during sample digestion, MDLs determined when samples are analyzed by direct analysis (i.e., no sample digestion) will be higher. For direct analysis of cadmium by Method 200.7, sample preconcentration using pneumatic nebulization may be required to achieve lower detection limits. Preconcentration may also be required for direct analysis of antimony and thallium by Method 200.9, and antimony by Method 3113B, unless multiple in-furnace depositions are made.

[16]If ultrasonic nebulization is used in arsenic determination by Method 200.8, the arsenic must be in the pentavalent state to provide uniform signal response. For direct analysis of arsenic with Method 200.8 using ultrasonic nebulization, samples and standards must contain 1 mg/L of sodium hypochlorite.

[17]AVICP-AES means axially viewed inductively coupled plasma-atomic emission spectrometry.

[18]18th, 19th, and 20th editions, SM, 1992, 1995, and 1998, respectively.

[19]20th edition, SM, 1998.

[20]Kelada 01 Method, "Kelada Automated Test Methods for Total Cyanide, Acid Dissociable Cyanide, and Thiocyanate," Revision 1.2, August 2001, EPA #821-B-01-009 for cyanide, NTIS PB 2001-108275. Note: A 450W UV lamp may be used in this method instead of the 550W lamp specified if it provides performance within the quality control acceptance criteria of the method in a given instrument. Similarly, modified flow cell configurations and flow conditions may be used in the method, provided that the quality control acceptance criteria are met.

[21]QuikChem Method 10-204-00-1-X, "Digestion and distillation of total cyanide in drinking water and wastewaters using MICRO DIST and determination of cyanide by flow injection analysis," Revision 2.1, November 30, 2000, Lachat Instruments, 6645 W. Mill Road, Milwaukee, WI 53218.

[22]Measures total cyanides when UV-digestor is used, and "free" cyanides when UV-digestor is bypassed.

[23]"Methods for the Determination of Organic and Inorganic Compounds in Drinking Water," Volume 1, EPA 815-R-00-014, August 2000. NTIC, PB2000-106981.

[24]Method D6508, Rev. 2, "Test Method for Determination of Dissolved Inorganic Anions in Aqueous Matrices Using Capillary Ion Electrophoresis and Chromate Electrolyte," Waters Corp., 34 Maple Street, Milford, MA 01757.

[25]Method OIA-1677, DW "Available Cyanide by Flow Injection, Ligand Exchange, and Amperometry," January 2004. EPA-821-R-04-001. ALPKEM, a division of OI Analytical, P.O. Box 9010, College Station, TX 77542-9010.

[26]SM Online. The year that each method was approved is designated by the last two digits in the method number. The methods listed are the only online versions that may be used.

[27]SM, 21st edition (2005).

[28]EPA Method 200.5, Revision 4.2: "Determination of Trace Elements in Drinking Water by Axially Viewed Inductively Coupled Plasma-Atomic Emission Spectrometry," 2003. EPA/600/R-06/115, www.nemi.gov.

[29]Method ME355.01, Revision 1.0, "Determination of Cyanide in Drinking Water by GC/MS Headspace," May 26, 2009, www.nemi.gov or H & E Testing Laboratory, 221 State Street, Augusta, ME 04333.

[30]Systea Easy (1-Reagent), "Systea Easy (1-Reagent) Nitrate Method," February 4, 2009, www.nemi.gov or Systea Scientific, LLC, 900 Jorie Blvd., Suite 35, Oak Brook, IL 60523.

[31]Hach Company Method, "Hach Company SPADNS 2 (Arsenic-free) Fluoride Method 10225 – Spectrophotometric Measurement of Fluoride in Water and Wastewater," January 2011, www.hach.com.

[32]Hach Company Method, "Hach Company TNTplusTM 835/836 Nitrate Method 10206 – Spectrophotometric Measurement of Nitrate in Water and Wastewater," January 2011, www.hach.com.

[33]SM, 22nd edition (2012).

[34]Nitrate Elimination Company, Inc. (NECi). "Method for Nitrate Reductase Nitrate-Nitrogen Analysis of Drinking Water," February 2016. Superior Enzymes, Inc., 334 Hecla Street, Lake Linden, MI 49945.

[35]IPC means inductively coupled plasma, and ICP-MS means inductively coupled plasma mass spectrometry.

[36]IC means ion chromatography.

(2) IOC sampling methods. Samples for antimony, arsenic, asbestos, barium, beryllium, cadmium, chromium, cyanide, fluoride, mercury, nickel, nitrate, nitrite, selenium, and thallium under this subparagraph shall be collected using the sample preservation, container, and maximum holding time procedures specified in the table below:

IOC Sampling Methods

Contaminant	Preservative[1]	Container[2]	Time[3]
Antimony	HNO_3	P or G	6 months
Arsenic	HNO_3	P or G	6 months
Asbestos	4 degrees C	P or G	48 hours for filtration[5]
Barium	HNO_3	P or G	6 months
Beryllium	HNO_3	P or G	6 months
Cadmium	HNO_3	P or G	6 months
Chromium	HNO_3	P or G	6 months
Cyanide	4 degrees C, NaOH	P or G	14 days
Fluoride	None	P or G	1 month
Mercury	HNO_3	P or G	28 days
Nickel	HNO_3	P or G	6 months
Nitrate[4]	4 degrees C	P or G	48 hours
Nitrite[4]	4 degrees C	P or G	48 hours
Selenium	HNO_3	P or G	6 months
Thallium	HNO_3	P or G	6 months

[1]When indicated, samples must be acidified at the time of collection to pH < 2 with concentrated acid, or adjusted with sodium hydroxide to pH > 12. Samples collected for metals analysis may be preserved by acidification at the laboratory, using a 1:1 nitric acid solution (50 percent by volume), provided the shipping time and other instructions in Section 8.3 of EPA Methods 200.7, 200.8, and 200.9 are followed. When chilling is indicated, the sample must be shipped and stored at 4 degrees Celsius or less.

[2]P: plastic, hard or soft; G: glass, hard or soft.

[3]All samples should be analyzed as soon after collection as possible. Follow additional (if any) information on preservation, containers, or holding times that is specified in the method.

[4]Nitrate may only be measured separate from nitrite in samples that have not been acidified. Measurement of acidified samples provides a total nitrate (sum of nitrate plus nitrite) concentration.

[5]Instructions for containers, preservation procedures, and holding times as specified in Method 100.2 must be adhered to for all compliance analyses, including those conducted with Method 100.1.

41.3(2) Reserved.

567—41.4(455B) Lead, copper, and corrosivity.

41.4(1) *Lead, copper, and corrosivity regulation by the setting of a TT requirement.* The lead and copper rules establish a TT that includes requirements for corrosion control treatment (CCT), source water treatment, lead service line (LSL) replacement, and public education (PE). These requirements are triggered, in some cases, by lead and copper action levels (ALs) measured in samples collected at consumers' taps.

a. Applicability. Unless otherwise indicated, the provisions of this subrule apply to CWSs and NTNCs (hereinafter referred to as "PWSs" or "systems").

b. Action levels (ALs).

(1) The lead AL is exceeded if the lead concentration in more than 10 percent of tap water samples collected during any monitoring period, in accordance with 41.4(1)*"c,"* is greater than 0.015 mg/L (i.e., if the "90th percentile" lead level is greater than 0.015 mg/L).

(2) The copper AL is exceeded if the copper concentration in more than 10 percent of tap water samples collected during any monitoring period, in accordance with 41.4(1)*"c,"* is greater than 1.3 mg/L (i.e., if the "90th percentile" copper level is greater than 1.3 mg/L).

(3) 90th percentile calculation. The 90th percentile lead and copper levels shall be computed as follows:

1. The results of all lead or copper samples taken during a monitoring period shall be placed in ascending order from lowest concentration to highest concentration. Each sample shall be assigned a number, ascending by single integers beginning with the number 1 for the sample with the lowest concentration. The number assigned to the sample with the highest concentration shall be equal to the total number of samples taken.

2. The number of samples taken during the monitoring period shall be multiplied by 0.9.

3. The contaminant concentration in the numbered sample yielded by this calculation is the 90th percentile contaminant level.

4. For systems serving fewer than 100 people that collect five samples per monitoring period, the 90th percentile is computed by taking the average of the highest and second highest concentrations.

5. For a PWS allowed by the department to collect fewer than five samples, in accordance with 41.4(1)*"c"*(3), the sample result with the highest concentration is considered the 90th percentile value.

c. Lead and copper tap water monitoring requirements.

(1) Sample site selection.

1. General. PWSs shall complete a materials evaluation of their distribution systems by the date indicated in 41.4(1)*"c"*(4) in order to identify a pool of sampling sites that meets the requirements of this subrule, and that is sufficiently large to ensure that the system can collect the number of lead and copper tap samples required in 41.4(1)*"c"*(3). All sites from which first-draw samples are collected shall be selected from this pool of targeted sampling sites. Sampling sites may not include faucets that have POU or POE treatment devices designed to remove inorganic contaminants.

2. Information sources. A PWS shall use the information on lead, copper, and galvanized steel collected under 41.4(1)*"f"* when conducting a materials evaluation. When an evaluation of the information is insufficient to locate the requisite number of lead and copper sampling sites meeting the targeting criteria in this subparagraph, the PWS shall review additional information to indicate locations that may be particularly susceptible to high lead or copper concentrations. The additional information includes all building department plumbing codes, permits, and records that indicate the plumbing materials installed within all structures connected to the distribution system; all distribution system inspections and records that indicate the material composition of the service connections that connect a structure to the distribution system; and all existing water quality information, including the results of all prior analyses of the system or individual structures connected to the system. System shall seek to collect such additional information where possible in the course of normal operations.

3. Tier 1 CWS sampling sites. The Tier 1 sampling sites selected for a CWS's sampling pool shall consist of single-family structures containing copper pipes with lead solder installed after 1982 or containing lead pipes; or served by an LSL. When multiple-family residences comprise at least 20 percent of the structures served by a water system, the system may include these types of structures in its sampling pool.

4. Tier 2 CWS sampling sites. Any CWS with insufficient Tier 1 sampling sites shall complete its sampling pool with Tier 2 sampling sites, consisting of buildings, including multiple-family residences containing copper pipes with lead solder installed after 1982 or containing lead pipes; or served by an LSL.

5. Tier 3 CWS sampling sites. Any CWS with insufficient Tier 1 and Tier 2 sampling sites shall complete its sampling pool with Tier 3 sampling sites, consisting of single-family structures containing copper pipes with lead solder installed before 1983. A CWS with insufficient Tier 1, Tier 2, and Tier 3 sampling sites shall complete its sampling pool with representative sites throughout the distribution system. A representative site is defined as a site in which the plumbing materials used at that site would be commonly found at other sites served by the water system.

6. Tier 1 NTNC sampling sites. The Tier 1 sampling sites selected for a NTNC shall consist of buildings containing copper pipes with lead solder installed after 1982 or containing lead pipes; or served by an LSL.

7. Other NTNC sampling sites. An NTNC with insufficient Tier 1 NTNC sites shall complete its sampling pool with sites containing copper pipes with lead solder installed before 1983. If additional sites are needed to complete the sampling pool, the NTNC shall use representative sites throughout the

distribution system. A representative site is defined as a site in which the plumbing materials used at that site would be commonly found at other sites served by the water system.

8. LSL sampling sites. Any PWS whose distribution system contains LSLs shall draw 50 percent of the samples collected during each monitoring period from sites containing lead pipes or copper pipes with lead solder, and 50 percent of the samples from sites served by an LSL. A system that cannot identify a sufficient number of sampling sites served by an LSL shall collect first-draw samples from all of the sites identified as being served by such lines.

(2) Sample collection methods.

1. Tap samples for lead and copper collected in accordance with this subparagraph shall be first-draw samples, except for LSL samples collected under 567—subrule 43.7(4) and 41.4(1)*"c"*(2)"5."

2. First-draw tap samples for lead and copper shall be one liter in volume and have stood motionless in the plumbing system of each sampling site for at least six hours. First-draw samples from residential housing shall be collected from the cold-water kitchen tap or bathroom sink tap. First-draw samples from a nonresidential building shall be collected at an interior tap from which water is typically drawn for consumption. First-draw samples may be collected by the system, or it may allow residents to collect first-draw samples after instructing the residents of the sampling procedures specified in this paragraph. To avoid problems of residents handling nitric acid, acidification of first-draw samples may be done up to 14 days after the sample is collected. After acidification, the sample must stand in the original container for the time specified in the approved EPA method before the sample can be analyzed. If a system allows residents to perform sampling, the system may not challenge, based on alleged errors in sample collection, the accuracy of sampling results.

3. LSL samples collected to determine if the service line is directly contributing lead (as described in 567—subrule 43.7(4)) shall be one liter in volume, have stood motionless in the LSL for at least six hours, and be collected at the tap after flushing the volume of water between the tap and the LSL. The volume of water shall be calculated based on the interior diameter and length of the pipe between the tap and the LSL; tapping directly into the LSL; or if the sampling site is a building constructed as a single-family residence, allowing the water to run until there is a significant change in temperature, indicative of water that has been standing in the LSL.

4. A PWS shall collect each first-draw tap sample from the same sampling site from which it collected a previous sample. If, for any reason, a system cannot gain entry to a sampling site in order to collect a follow-up tap sample, it may collect the follow-up tap sample from another sampling site in its sampling pool as long as the new site meets the same targeting criteria, and is within reasonable proximity of the original site.

5. An NTNC system, or a CWS system meeting the criteria of 567—subparagraph 40.6(2)*"d"*(2) that does not have enough taps that can supply first-draw samples, may apply to the department in writing to substitute non-first-draw samples. Such systems must collect as many first-draw samples from appropriate taps as possible and identify sampling times and locations that would likely result in the longest standing time for the remaining sites. The department may waive the requirement for prior approval of non-first-draw sample sites selected by the system through written notification to the system. Non-first-draw samples collected in lieu of first-draw samples in accordance with this subparagraph shall be one liter in volume and shall be collected at an interior tap from which water is typically drawn for consumption.

(3) Number of samples. PWS shall collect at least one sample during each monitoring period specified in 41.4(1)*"c"*(4) from the number of sites specified below in the "standard monitoring" column. A system conducting reduced monitoring under 41.4(1)*"c"*(4) shall collect at least one sample from the number of sites specified below in the "reduced monitoring" column during each monitoring period. Reduced monitoring sites shall be representative of the sites required for standard monitoring. A PWS with fewer than five drinking water taps used for human consumption that meet the sample site criteria of 41.4(1)*"c"*(1) and that can be used to reach the required number of sample sites specified in this subparagraph must collect at least one sample from each tap and then must collect additional samples from those taps on different days during the monitoring period to meet the required number of sites. Alternatively, the department may allow these systems to collect a number of samples less than the

number of sites specified in 41.4(1)*"c"*(1), provided that 100 percent of all taps that can be used for human consumption are sampled. This reduction of the minimum number of samples must be approved in writing by the department, based upon on-site verification or a request from the system. The department may specify sampling locations when a system is conducting reduced monitoring.

Required Number of Lead/Copper Samples

System Size (Number of People Served)	Standard Monitoring (Number of Sites)	Reduced Monitoring (Number of Sites)
greater than 100,000	100	50
10,001 to 100,000	60	30
3,301 to 10,000	40	20
501 to 3,300	20	10
101 to 500	10	5
less than or equal to 100	5	5

(4) Monitoring periods.

1. Initial tap sampling. The first six-month monitoring period for small, medium-size and large systems shall begin on the following dates:

System Size (Number of People Served)	First Six-month Monitoring Period Begins on:
greater than 50,000 (large system)	January 1, 1992
3,301 to 50,000 (medium system)	July 1, 1992
less than or equal to 3,300 (small system)	July 1, 1993

All large systems shall monitor during two consecutive six-month periods. All small and medium-size systems shall monitor during each six-month monitoring period until the system exceeds the lead or copper AL and is, therefore, required to implement the CCT requirements under 567—paragraph 43.7(1)*"a,"* in which case it shall continue monitoring in accordance with this subparagraph, or the system meets the lead and copper ALs during two consecutive six-month monitoring periods, in which case it may reduce monitoring in accordance with this subparagraph.

2. Monitoring after installation of CCT and source water treatment. Large systems that install optimal corrosion control treatment (OCCT) pursuant to 567—subparagraph 43.7(1)*"d"*(4) shall monitor during two consecutive six-month monitoring periods by the date specified in 567—subparagraph 43.7(1)*"d"*(5). Small or medium-size systems that install OCCT pursuant to 567—subparagraph 43.7(1)*"e"*(5) shall monitor during two consecutive six-month monitoring periods, as specified in 567—subparagraph 43.7(1)*"e"*(6). Systems that install source water treatment shall monitor during two consecutive six-month monitoring periods by the date specified in 567—subparagraph 43.7(3)*"a"*(4).

3. Monitoring after the department specifies WQP values for optimal corrosion control (OCC). After the department specifies the values for WQP under 567—paragraph 43.7(2)*"f,"* the system shall monitor during each subsequent six-month monitoring period, with the first monitoring period to begin on the date the department specifies the OCC values under 567—paragraph 43.7(2)*"f."*

4. Reduced monitoring: a small or medium-size PWS that meets the lead and copper ALs during each of two consecutive six-month monitoring periods may reduce the number of lead and copper samples according to 41.4(1)*"c"*(3) and reduce the sampling frequency to once per year. A small or medium-size system collecting fewer than five samples as specified in 41.4(1)*"c"*(3) that meets the lead and copper ALs during each of two consecutive six-month monitoring periods may reduce the sampling frequency to once per year. This reduced sampling shall begin during the calendar year immediately following the end of the second consecutive six-month monitoring period. A system shall not ever reduce the number of samples required below the minimum of one sample per available tap.

5. Reduced monitoring: any PWS that meets the lead AL and maintains the range of values for the WQPs reflecting OCCT specified in 567—paragraph 43.7(2)*"f"* during each of two consecutive six-month monitoring periods may reduce the monitoring frequency to once per year and reduce the number of lead and copper samples according to 41.4(1)*"c"*(3), upon written department approval. This monitoring shall begin during the calendar year immediately following the end of the second consecutive

six-month monitoring period. The department shall review monitoring, treatment, and other relevant information submitted by the system in accordance with 567—subrule 40.8(2) and shall notify a system in writing when it determines that a system is eligible to commence reduced monitoring. The department will review and, where appropriate, revise its determination when a system submits new monitoring or treatment data, or when other data relevant to the number and frequency of tap sampling becomes available.

6. Reduced monitoring: a small or medium-size PWS that meets the lead and copper ALs during three consecutive years of monitoring may reduce the monitoring frequency for lead and copper from annually to once every three years. Any system that meets the lead AL and maintains the range of values for the WQP reflecting OCCT specified in 567—paragraph 43.7(2)*"f"* during three consecutive years of monitoring may reduce the monitoring frequency from annually to once every three years if it receives written department approval. Samples collected once every three years shall be collected no later than every third calendar year. The department shall review monitoring, treatment, and other relevant information submitted by a system in accordance with 567—subrule 40.8(2) and shall notify a system in writing when it determines that a system is eligible to commence reduced monitoring. The department will review and, where appropriate, revise its determination when a system submits new monitoring or treatment data, or when other data relevant to the number and frequency of tap sampling becomes available.

7. A PWS that reduces the number and frequency of sampling shall collect samples from sites included in the pool of targeted sampling sites identified in 41.4(1)*"c"*(1). Systems sampling annually or less frequently shall conduct lead and copper tap sampling during June through September unless the department, at its discretion, has approved a different sampling period. If approved, the sampling period shall be no longer than four consecutive months and must represent a time of normal operation where the highest levels of lead are most likely to occur. The department shall designate a sampling period representing normal operation for an NTNC system that does not operate during June through September, and for which the period of normal operation where the highest levels of lead are most likely to occur is not known. Sampling shall begin during the approved or designated sampling period in the calendar year immediately following the end of the second consecutive six-month monitoring period for systems initiating annual monitoring and during the three-year period following the end of the third consecutive calendar year of annual monitoring for systems initiating triennial monitoring.

8. Systems monitoring annually or triennially that have been collecting samples during June through September and that receive department approval to alter their sample collection period must collect their next round of samples during a time period that ends no later than 21 months (for annual monitoring) or 45 months (for triennial monitoring) after the previous round of sampling. Subsequent rounds of sampling must be collected annually or triennially, as required by this paragraph.

9. Small systems that have been granted waivers pursuant to 41.4(1)*"c"*(7), that have been collecting samples during June through September, and that receive department approval to alter their sample collection period as previously stated must collect their next round of samples before the end of the nine-year period.

10. Any PWS that demonstrates for two consecutive six-month monitoring periods that the 90th percentile tap water level computed under 41.4(1)*"b"*(3) is less than or equal to 0.005 mg/L for lead and is less than or equal to 0.65 mg/L for copper may reduce the number of samples in accordance with 41.4(1)*"c"*(3) and reduce the sampling frequency to once every three calendar years, if approved by the department.

11. A small or medium-size PWS subject to reduced monitoring that exceeds the lead or copper AL shall resume sampling according to 41.4(1)*"c"*(4)"3" and collect the number of samples specified for standard monitoring in 41.4(1)*"c"*(3). Any such system shall also conduct WQP monitoring in accordance with 41.4(1)*"d"*(2), *"d"*(3), or *"d"*(4), as appropriate, during the monitoring period in which it exceeded the AL. Any such system may resume annual lead and copper tap monitoring at the reduced number of sites specified in 41.4(1)*"c"*(3) after completing two subsequent consecutive six-month rounds of monitoring meeting the criteria of 41.4(1)*"c"*(4)"4" and may resume triennial lead and copper

monitoring at the reduced number of sites after demonstrating through subsequent rounds of monitoring that it meets the criteria of either 41.4(1)*"c"*(4)"6" or "10" and upon written department approval.

12. Any water system subject to reduced monitoring frequency that fails to meet the lead AL during any four-month monitoring period or that fails to operate at or above the minimum value or within the range of values for the OWQP specified in 567—paragraph 43.7(2)*"f"* for more than nine days in any six-month period specified in 41.4(1)*"d"*(4) shall resume tap water sampling according to 41.4(1)*"c"*(4)"3," collect the number of samples specified for standard monitoring in 41.4(1)*"c"*(3), and resume monitoring for WQP within the distribution system in accordance with 41.4(1)*"d"*(4). This standard tap water sampling shall begin no later than the six-month period beginning January 1 of the calendar year following the lead AL exceedance or WQP excursion. Systems may resume reduced monitoring for lead and copper at the tap and for WQPs within the distribution system under the following conditions:

- A system may resume annual lead and copper monitoring at the tap at the reduced number of sites specified in 41.4(1)*"c"*(3) after completing two subsequent six-month rounds of monitoring meeting the criteria of 41.4(1)*"c"*(4)"5" and upon written department approval. This sampling shall begin during the calendar year immediately following the end of the second consecutive six-month monitoring period.
- A system may resume triennial lead and copper monitoring at the tap at the reduced number of sites after demonstrating, through subsequent rounds of monitoring, that it meets the criteria of either 41.4(1)*"c"*(4)"6" or"10" and upon written department approval.
- A system may reduce the number of WQP tap water samples required in 41.4(1)*"d"*(5)"1" and the sampling frequency required in 41.4(1)*"d"*(5)"2." Such a system may not resume triennial monitoring for WQPs at the tap until it demonstrates that it has requalified for triennial monitoring, pursuant to 41.4(1)*"d"*(5)"2."

13. Any PWS subject to a reduced monitoring frequency under 41.4(1)*"c"*(4)"4" through "12" must notify the department of any upcoming long-term change in treatment or addition of a new source in accordance with 567—subparagraph 40.8(2)*"a"*(3). The department must review and approve the addition of a new source or long-term change in water treatment before it is implemented. The department may require a system to resume sampling pursuant to 41.4(1)*"c"*(4)"3" and collect the number of samples specified for standard monitoring under 41.4(1)*"c"*(3), or take other appropriate steps such as increased WQP monitoring or reevaluation of CCT.

(5) Additional monitoring. The results of any monitoring conducted in addition to the minimum requirements of this paragraph shall be considered by a system and the department in making any determinations under this subrule.

(6) Invalidation of lead or copper tap water samples. A sample invalidated under this paragraph does not count toward determining the lead or copper 90th percentile levels under 41.4(1)*"b"*(3) or toward meeting the minimum monitoring requirements of 41.4(1)*"c"*(3).

1. The department may invalidate a lead or copper tap water sample if one or more of the following conditions are met:

- The laboratory establishes that improper sample analysis caused erroneous results;
- The department determines the sample was taken from a site that did not meet the site selection criteria of 567—41.4(455B);
- The sample container was damaged in transit to the laboratory;
- There is a substantial reason to believe that the sample was subject to tampering;
- The sample is not representative of water that would be consumed from the tap; or
- The department determined that a major disruption of the water flow occurred in the system or building plumbing prior to sample collection, which resulted in lead or copper levels that were not representative of the system.

2. A system must report the results of all samples to the department and all supporting documentation for samples it believes should be invalidated.

3. A sample invalidation decision under 41.4(1)*"c"*(6)"1" must be documented in writing and include the reason(s) for invalidation. The department may not invalidate a sample solely on the grounds that a follow-up sample result is higher or lower than that of the original sample.

4. Systems must collect replacement samples for any samples invalidated under this subparagraph if, after the sample invalidation(s), a system has too few samples to meet the minimum requirements of 41.4(1)*"c"*(3). Replacement samples must be taken as soon as possible, but no later than 20 days after the invalidation date, or by the end of the applicable monitoring period, whichever occurs later. Replacement samples taken after the end of the applicable monitoring period shall not also be used to meet the monitoring requirements of a subsequent monitoring period. Replacement samples shall be taken at the same locations as the invalidated samples or, if that is not possible, at locations other than those already used for sampling during the monitoring period.

(7) Monitoring waivers for small systems. Any small system meeting the criteria of this subparagraph may apply to the department to reduce the lead and copper monitoring frequency under this subrule to once every nine years if it meets all of the materials criteria and monitoring criteria specified in this subparagraph.

1. Materials criteria. A system must demonstrate that its distribution system, service lines, and all plumbing, including plumbing conveying drinking water within all residences and buildings connected to the system, are free of lead-containing materials and copper-containing materials, as defined below:

- Lead. A PWS must provide certification and supporting documentation to the department that it is free of all lead-containing materials. The system must not contain any plastic pipes that contain lead plasticizers or plastic service lines that contain lead plasticizers. The system must be free of LSLs, lead pipes, lead soldered pipe joints, and leaded brass or bronze alloy fittings and fixtures unless such fittings and fixtures meet the specifications of any standard established pursuant to 42 U.S.C. 300-g-6(e).
- Copper. A PWS must provide certification and supporting documentation to the department that the system contains no copper pipes or copper service lines.

2. Monitoring criteria. A system must have completed at least one six-month round of standard tap water monitoring for lead and copper at approved sites and from the number of sites required by 41.4(1)*"c"*(3) and demonstrate that the 90th percentile levels do not exceed 0.005 mg/L for lead and 0.65 mg/L for copper for any and all rounds of monitoring conducted since the system became free of all lead- and copper-containing materials.

3. Waiver determination. The department shall notify a system of its waiver determination in writing, including the basis of its decision and any condition of the waiver. The department may require as a waiver condition that a system conduct specific activities, such as limited monitoring or periodic customer outreach to remind them to avoid installation of materials that would void the waiver. A system must continue monitoring for lead and copper at the tap as required by 41.4(1)*"c"*(4)"1" through "4," as appropriate, until it receives written department approval for a waiver.

4. Monitoring frequency for systems with waivers.

- A system with a waiver must conduct tap water monitoring for lead and copper in accordance with 41.4(1)*"c"*(4)"4" at the reduced number of sampling sites identified in 41.4(1)*"c"*(3) at least once every nine years and provide the materials certification specified in 41.4(1)*"c"*(7)"1" for both lead and copper to the department along with the monitoring results. Samples collected every nine years shall be collected no later than every ninth calendar year.
- A system with a waiver must notify the department of any upcoming long-term change in treatment or addition of a new source, pursuant to 567—subparagraph 40.8(2)*"a"*(3). The department must review and approve the addition of a new source or long-term change in water treatment before it is implemented by the system. The department has the authority to add or modify waiver conditions if it deems such modifications are necessary.
- If a system with a waiver becomes aware that it is no longer free of lead-containing or copper-containing materials, it shall notify the department in writing no later than 60 days after becoming aware of such a change.

5. Continued waiver eligibility. If a system continues to satisfy the requirements of 41.4(1)*"c"*(7) "4," the waiver will be renewed automatically unless either of the conditions below occur. A system

whose waiver has been revoked may reapply for a waiver at such time as it again meets the appropriate materials and monitoring criteria in "1" and "2" of this subparagraph.

- A system no longer satisfies the materials criteria of 41.4(1)*"c"*(7)"1" or has a 90th percentile lead level greater than 0.005 mg/L or a 90th percentile copper level greater than 0.65 mg/L.
- The department notifies the system in writing that the waiver has been revoked, including the basis of its decision.

6. Requirements following waiver revocation. A system whose waiver has been revoked by the department is subject to the following CCT and lead and copper tap water monitoring requirements:

- If a system exceeds the lead or copper AL, it must implement CCT in accordance with the deadlines specified in 567—paragraph 43.7(1)*"e"* and any other applicable parts of 567—41.4(455B).
- If a system meets both the lead and copper ALs, it must monitor for lead and copper at the tap no less frequently than once every three years using the reduced number of sample sites specified in 41.4(1)*"c"*(3).

d. Water quality parameter (WQP) monitoring requirements. All large PWSs (and all small and medium-size PWSs that exceed the lead or copper AL) shall monitor WQPs in addition to lead and copper in accordance with this subrule. The requirements of this subrule are summarized in the table at the end of 41.4(1)*"d"*(6). The WQPs must be reported in accordance with the monthly operation report (MOR) requirements in 567—subrule 40.8(3).

(1) General.

1. Sample collection methods. Tap samples shall be representative of water quality throughout the distribution system and account for the number of persons served, the different sources of water, the different treatment methods employed by the system, and seasonal variability. Tap sampling under this subrule is not required to be conducted at taps targeted for lead and copper sampling under 41.4(1)*"c"*(1)"1." Systems may conduct tap sampling for WQPs at sites used for coliform sampling. Samples collected at the SEP(s) shall be from locations representative of each source after treatment. If a system draws water from more than one source and the sources are combined before distribution, it must sample at an SEP during periods of normal operating conditions.

2. Number of samples.

- Systems shall collect two tap samples for applicable WQPs during each monitoring period specified in 41.4(1)*"d"*(2) through *"d"*(5) from the following number of sites.

Required Number of Samples: WQPs

System Size (Number of People Served)	Number of Sites for WQPs
greater than 100,000	25
10,001 to 100,000	10
3,301 to 10,000	3
501 to 3,300	2
101 to 500	1
less than or equal to 100	1

- Except as provided in 41.4(1)*"d"*(3)"3," systems shall collect two samples for each applicable WQP at each SEP during each six-month monitoring period specified in 41.4(1)*"d"*(2). During each monitoring period specified in 41.4(1)*"d"*(3) through 41.4(1)*"d"*(5), systems shall collect one sample for each applicable WQP at each SEP.

(2) Initial sampling.

1. During each six-month monitoring period specified in 41.4(1)*"c"*(4)"1":

- Large PWS shall measure the applicable WQP specified below at taps and at each SEP.
- Small and medium-size systems shall measure the applicable WQPs at taps and at each SEP, during which the system exceeds the lead or copper AL.

2. Tap water and SEP monitoring shall include: pH; alkalinity; orthophosphate, when an inhibitor containing a phosphate compound is used; silica, when an inhibitor containing a silicate compound is used; calcium; conductivity; and water temperature.

(3) Monitoring after installation of corrosion control. Large systems that install OCCT pursuant to 567—subparagraph 43.7(1)*"d"*(4) shall measure the WQPs at the locations and frequencies specified

below during each six-month monitoring period specified in 41.4(1)*"c"*(4)"2." Small or medium-size systems that install OCCT shall conduct such monitoring during each six-month monitoring period specified in 41.4(1)*"c"*(4)"2" in which the system exceeds the lead or copper AL.

1. Tap water monitoring shall include two samples for: pH; alkalinity; orthophosphate, when an inhibitor containing a phosphate compound is used; silica, when an inhibitor containing a silicate compound is used; and calcium, when calcium carbonate stabilization is used as part of corrosion control.

2. Except as provided in 41.4(1)*"d"*(3)"3," monitoring at each SEP shall include one sample every two weeks (biweekly) for: pH; a reading of the dosage rate of the chemical used to adjust alkalinity, and the alkalinity concentration when alkalinity is adjusted as part of OCC; and a reading of the dosage rate of the inhibitor used, and the concentration of orthophosphate or silica (whichever is applicable) when a corrosion inhibitor is used as part of OCC.

3. Any GW system can limit SEP sampling to those entry points that are representative of water quality and treatment conditions throughout the system. If water from untreated GW sources mixes with water from treated GW sources, a system must monitor for WQPs both at representative SEPs receiving treatment and representative SEPs receiving no treatment. Prior to the start of any monitoring under this paragraph, the system shall provide the department with written information identifying the selected SEPs and documentation sufficient to demonstrate that the sites are representative of water quality and treatment conditions throughout the system, including information on seasonal variability.

(4) Monitoring after the department specifies WQPs for OCC. After the department specifies the values for applicable WQP reflecting OCCT under 567—paragraph 43.7(2)*"f,"* all large systems shall measure the applicable WQPs according to 41.4(1)*"d"*(3) and determine compliance with 567—paragraph 43.7(2)*"g"* every six months, with the first six-month period to begin on either January 1 or July 1, whichever comes first. Any small or medium-size system shall conduct such monitoring during each monitoring period specified in 41.4(1)*"c"*(4)"3" in which the system exceeds the lead or copper AL. For any such small and medium-size system subject to a reduced monitoring frequency pursuant to 41.4(1)*"c"*(4)"4" through "12" at the time of the AL exceedance, the start of the applicable six-month monitoring period under this paragraph shall coincide with the end of the applicable monitoring period under 41.4(1)*"c"*(4)"4" through "12." Compliance with department-designated optimal WQP values shall be determined as specified in 567—paragraph 43.7(2)*"g."*

(5) Reduced monitoring.

1. PWSs that maintain the range of values for the WQP reflecting OCCT during each of two consecutive six-month monitoring periods under 41.4(1)*"c"*(4) shall continue monitoring at the SEP(s) as specified in 567—paragraph 43.7(2)*"f."* Such systems may collect two tap samples for applicable WQPs from the following reduced number of sites during each six-month monitoring period.

Reduced WQP Monitoring

System Size (Number of People Served)	Reduced Number of Sites for WQP
greater than 100,000	10
10,001 to 100,000	7
3,301 to 10,000	3
501 to 3,300	2
101 to 500	1
less than or equal to 100	1

2. A PWS that maintains the range of values for the WQPs reflecting OCCT specified in 567—paragraph 43.7(2)*"f"* during three consecutive years of monitoring may reduce the sample collection frequency for the number of tap samples for the applicable WQPs specified in 41.4(1)*"d"*(5) from every six months to annually. This sampling shall begin during the calendar year immediately following the end of the monitoring period in which the third consecutive year of six-month monitoring occurs. Any system that maintains the range of values for the WQP reflecting OCCT specified in 567—paragraph 43.7(2)*"f"* during three consecutive years of annual monitoring may reduce the sample collection frequency for number of tap samples for applicable WQPs specified in 41.4(1)*"d"*(5) from

annually to every three years. This sampling shall begin no later than the third calendar year following the end of the monitoring period in which the third consecutive year of monitoring occurs.

A system may reduce the sample collection frequency for tap samples for applicable WQPs specified in 41.4(1)*"d"*(5)"1" to every three years if it demonstrates during two consecutive monitoring periods that its tap water lead level at the 90th percentile is less than or equal to 0.005 mg/L, that its tap water copper level at the 90th percentile is less than or equal to 0.65 mg/L, and that it has maintained the range of values for the WQPs reflecting OCCT specified in 567—paragraph 43.7(2)*"f."* Monitoring conducted every three years shall be done no later than every third calendar year.

3. A PWS that conducts sampling annually shall collect these samples evenly throughout the year so as to reflect seasonal variability.

4. Any PWS subject to the reduced monitoring frequency that fails to operate at or above the minimum value or within the range of values for the WQPs specified in 567—paragraph 43.7(2)*"f"* for more than nine days in any six-month period specified in 567—paragraph 43.7(2)*"g"* shall resume distribution system tap sampling in accordance with 41.4(1)*"d"*(3). Such a system may resume annual monitoring for WQPs at the tap at the reduced number of sites specified in 41.4(1)*"d"*(5)"1" after it has completed two subsequent consecutive six-month rounds of monitoring that meet the criteria of that paragraph or may resume triennial monitoring for WQPs at the tap at the reduced number of sites after it demonstrates through subsequent rounds of monitoring that it meets the criteria in 41.4(1)*"d"*(5)"2."

(6) Additional monitoring. The results of any monitoring conducted in addition to the minimum requirements of this subrule shall be considered in making any determinations under this subrule or 567—subrule 43.7(2).

Summary of Monitoring Requirements for WQPs[1]

Monitoring Period	Location	WQPs[2]	Frequency
Initial Monitoring	Taps and SEP(s)	pH, alkalinity, orthophosphate or silica[3], calcium, conductivity, temperature	Every 6 months
After Installation of Corrosion Control	Taps	pH, alkalinity, orthophosphate or silica[3], calcium[4]	Every 6 months
	SEP(s)[6]	pH, alkalinity, if alkalinity is adjusted as part of corrosion control then include the chemical additive dosage rate and concentration, inhibitor dosage rate and inhibitor residual[5]	At least every 2 weeks
After Department Specifies WQP Values for OCC	Taps	pH, alkalinity, orthophosphate or silica[3], calcium[4]	Every 6 months
	SEP(s)[6]	pH, alkalinity, if alkalinity is adjusted as part of corrosion control then include the chemical additive dosage rate and concentration, inhibitor dosage rate and inhibitor residual[5]	At least every 2 weeks
Reduced Monitoring	Taps	pH, alkalinity, orthophosphate or silica[3], calcium[4]	Every 6 months, annually[7], or every 3 years[8], at a reduced number of sites
	SEP(s)[6]	pH, alkalinity, if alkalinity is adjusted as part of corrosion control then include the chemical additive dosage rate and concentration, inhibitor dosage rate and inhibitor residual[5]	At least every 2 weeks

[1]Table is for illustrative purposes; consult the text of this subrule for precise regulatory requirements.

[2]Small and medium-size systems must monitor for WQPs only during monitoring periods in which the system exceeds the lead or copper AL.

[3]Orthophosphate must be measured only when an inhibitor containing a phosphate compound is used. Silica must be measured only when an inhibitor containing a silicate compound is used.

[4]Calcium must be measured only when calcium carbonate stabilization is used as part of corrosion control.

[5]Inhibitor dosage rates and inhibitor residual concentrations (orthophosphate or silica) must be measured only when an inhibitor is used.

[6]GW systems may limit monitoring to representative locations throughout the systems.

[7]Systems may reduce monitoring frequency for WQPs at the tap from every six months to annually if they have maintained the range of values for WQPs reflecting OCC during three consecutive years of monitoring.

[8]Systems may further reduce the monitoring frequency for WQPs at the tap from annually to once every three years if they have maintained the range of values for WQPs reflecting OCC during three consecutive years of annual monitoring. Systems may accelerate to triennial monitoring for WQPs at the tap if they have maintained 90th percentile lead levels less than or equal to 0.005 mg/L, 90th percentile copper levels less than or equal to 0.65mg/L, and the range of WQPs designated by the department under 567—paragraph 43.7(2)*"f"* as representing OCC during two consecutive six-month monitoring periods.

e. Lead and copper source water monitoring requirements.

(1) Sample location, collection methods, and number of samples.

1. A PWS that fails to meet the lead or copper AL on the basis of tap samples collected in accordance with 41.4(1)*"c"* shall collect lead and copper source water samples in accordance with the following requirements:

- GW systems shall take a minimum of one sample at every entry point to the distribution system (hereafter called source/entry point or SEP) representative of each well after treatment. The system shall take one sample at the same SEP unless conditions make another sampling location more representative of each source or treatment plant.
- SW systems and any system with a combination of SW and GW shall take a minimum of one sample at SEP after any application of treatment or in the distribution system at a point representative of each source after treatment. The system shall take each sample at the same sampling point unless conditions make another sampling point more representative of each source or treatment plant.
- If a system draws water from more than one source and the sources are combined before distribution, the system must sample at an SEP during periods of normal operating conditions, when water is representative of all sources being used.

2. Where the results of sampling indicate an exceedance of maximum permissible source water levels established under 567—subparagraph 43.7(3)*"b"*(4), the department may require that one additional sample be collected as soon as possible after the initial sample was taken (but not to exceed two weeks) at the same sampling point. If a confirmation sample is taken for lead or copper, then the results of the initial and confirmation samples shall be averaged in determining compliance with the maximum permissible levels. Lead and copper analytical results below the detection limit shall be considered to be zero. Analytical results above the detection limit but below the practical quantification level (PQL) shall either be considered as the measured value or be considered one-half the PQL.

(2) Monitoring after system exceeds tap water AL. Any system that exceeds the lead or copper AL at the tap shall collect one source water sample from each SEP no later than six months after the end of the monitoring period during which the lead or copper AL was exceeded. For monitoring periods that are annual or less frequent, the end of the monitoring period is September 30 of the calendar year in which the sampling occurs or, if the department has established an alternate monitoring period, the last day of that period.

(3) Monitoring after installation of source water treatment. Any system that installs source water treatment pursuant to 567—subparagraph 43.7(3)*"a"*(3) shall collect an additional source water sample from each SEP during two consecutive six-month monitoring periods by the deadline specified.

(4) Monitoring frequency after the department specifies maximum permissible source water levels or determines that source water treatment is not needed.

1. A PWS shall monitor at the frequency specified below in cases where the department specifies maximum permissible source water levels under 567—subparagraph 43.7(3)*"b"*(4) or determines that the system is not required to install source water treatment under 567—subparagraph 43.7(3)*"b"*(2). A PWS using only GW shall collect samples once during the three-year compliance period in effect when the department makes this determination. Such systems shall collect samples once during each subsequent compliance period. Triennial samples shall be collected every third calendar year. A PWS using SW (or a combination of SW and GW) shall collect samples once during each year, the first annual monitoring period to begin during the year in which the department determination is made under this subparagraph.

2. A PWS using only GW is not required to conduct lead or copper source water sampling if it meets the AL for the specific contaminant in tap water samples during the entire source water sampling.

(5) Reduced monitoring frequency.

1. A system using only GW may reduce the lead and copper monitoring frequency in source water to once during each nine-year compliance cycle provided that the samples are collected no later than every ninth calendar year and the system meets one of the following criteria:

- The system demonstrates that finished drinking water entering the distribution system has been maintained below the maximum permissible lead or copper concentrations specified in

567—subparagraph 43.7(3)*"b"*(4) during at least three consecutive compliance periods under 41.4(1)*"e"*(4)"1"; or

- The department has determined that source water treatment is not needed and the system demonstrates that, during at least three consecutive compliance periods in which sampling was conducted under 41.4(1)*"e"*(4)"1," the concentrations in the source water were less than or equal to 0.005 mg/L for lead and less than or equal to 0.65 mg/L for copper.

2. A PWS using SW (or a combination of SW and GW) may reduce the monitoring frequency in 41.4(1)*"e"*(4)"1" to once during each nine-year compliance cycle provided that the samples are collected no later than every ninth calendar year and the system meets one of the following criteria:

- The system demonstrates that finished drinking water entering the distribution system has been maintained below the maximum permissible lead and copper concentrations specified in 567—subparagraph 43.7(3)*"b"*(4) for at least three consecutive years; or
- The department has determined that source water treatment is not needed and the system demonstrates that, during at least three consecutive years, the concentrations in source water were less than or equal to 0.005 mg/L for lead and less than or equal to 0.65 mg/L for copper.

3. A PWS that uses a new source of water is not eligible for reduced monitoring for lead or copper until concentrations in samples collected from the new source during three consecutive monitoring periods are below the maximum permissible lead and copper concentrations specified.

f. Corrosivity monitoring protocol—special monitoring for corrosivity characteristics. Suppliers of water for CWSs shall collect samples from a representative SEP to determine the corrosivity characteristics of the water. This determination shall only include one round of sampling, except in cases where the department concludes additional monitoring is necessary due to variability of the raw water sources. Sampling requirements and approved analytical methods are as follows:

(1) SW systems. Systems utilizing a SW source either in whole or in part shall collect two samples per plant to determine the corrosivity characteristics. One of these samples shall be collected during the midwinter months and the other during midsummer.

(2) GW systems. Systems utilizing GW sources shall collect one sample per plant or source, except systems with multiple plants that do not alter the corrosivity characteristics identified in 41.4(1)*"f"*(3) or systems served by multiple wells drawing raw water from a single aquifer may, with departmental approval, be considered one treatment plant or source when determining the required number of samples.

(3) Corrosivity characteristics analytical parameters. Determination of corrosivity characteristics of water shall include measurements of pH, calcium hardness, alkalinity, temperature, total dissolved solids (TDS or total filterable residue), and calculation of the Langelier Index. In addition, sulfate and chloride monitoring may be required by the department. At the department's discretion, the Aggressiveness Index test may be substituted for the Langelier Index test.

(4) Corrosivity indices methodology. The following methods must be used to calculate the corrosivity indices:

1. Aggressiveness Index—"ANSI/AWWA C401-93: AWWA Standard for the Selection of Asbestos Cement Pressure Pipe, 4″–16″ for Water Distribution Systems."
2. Langelier Index—SM 14th edition, Method 203, pp. 61-63.

(5) Distribution system construction materials. CWS and NTNCs shall identify whether any of the following construction materials are present in their distribution system and report to the department:

1. Lead from piping, solder, caulking, interior lining of distribution mains, alloys, and home plumbing.
2. Copper from piping and alloys, service lines, and home plumbing.
3. Galvanized piping, service lines, and home plumbing.
4. Ferrous piping materials such as cast iron and steel.
5. Asbestos cement pipe.
6. Vinyl lined asbestos cement pipe.
7. Coal tar lined pipes and tanks.
8. Pipe with asbestos cement lining.

g. Lead, copper, and WQP analytical methods.

(1) Analytical methods. Analyses for alkalinity, calcium, conductivity, orthophosphate, pH, silica, and temperature may be performed by a Grade I, II, III, or IV certified operator meeting the requirements of 567—Chapter 81, any person under the supervision of such an operator, or a laboratory certified in accordance with 567—Chapter 83. Lead and copper analyses under this subrule shall only be conducted by certified laboratories, pursuant to 567—Chapter 83. The following methods must be used:

Lead, Copper, and WQP Analytical Methods

Contaminant	Methodology[9]	Reference (Method Number)				
		EPA	ASTM[3]	SM	SM Online[16]	USGS[5] or Other
Alkalinity	Titrimetric		D1067-92B, 02B, 06B, 11B	2320 B[11, 15, 18]	2320 B-97	
	Electrometric titration					I-1030-85
Calcium	EDTA titrimetric		D511-93A, 03A, 09A, 14A	3500-Ca D[4] 3500-Ca B[12, 15, 18]	3500-Ca B-97	
	Atomic absorption; direct aspiration		D511-93B, 03B, 09B, 14B	3111 B[4, 15, 18]	3111 B-99	
	ICP	200.7[2]		3120 B[11, 15, 18]	3120 B-99	
	Ion chromatography		D6919-03, 09			
	AVICP-AES	200.5, Rev. 4.2[17]				
Chloride	Ion chromatography	300.0[8], 300.1[13]	D4327-97, 03	4110 B[11, 15]	4550 B-00	
	Potentiometric titration			4500-Cl^- D[11, 15]	4500-Cl^- D-97	
	Argentometric titration		D512-89B (reapproved 1999), D512-04B	4500-Cl^- B[11, 15]	4500-Cl^- B-97	
	Capillary ion electrophoresis					D6508, Rev. 2[14]
Conductivity	Conductance		D1125-95A (reapproved 1999), 14A	2510 B[11, 15, 18]	2510 B-97	
Copper[6]	Atomic absorption; furnace technique		D1688-95C, 02C, 07C, 12C	3113 B[4, 15, 18]	3113 B-99, 04, 10	
	Atomic absorption; direct aspiration		D1688-95A, 02A, 07A, 12A	3111 B[4, 15, 18]	3111 B-99	
	ICP	200.7[2]		3120 B[11, 15, 18]	3120 B-99	
	ICP-MS	200.8[2]				
	AVICP-AES	200.5, Rev. 4.2[17]				
	Atomic absorption; platform furnace	200.9[2]				
	Colorimetric					Hach Method 8026[19], Hach Method 10272[20]
Lead[6]	Atomic absorption; furnace technique		D3559-96D, 03D, 08D	3113 B[4, 15, 18]	3113 B-99, 04, 10	
	ICP-MS	200.8[2]				
	AVICP-AES	200.5, Rev. 4.2[17]				
	Atomic absorption; platform furnace technique	200.9[2]				

Contaminant	Methodology[9]	Reference (Method Number)				
		EPA	ASTM[3]	SM	SM Online[16]	USGS[5] or Other
	Differential pulse anodic stripping voltammetry					Method 1001[10]
pH	Electrometric	150.1[1], 150.2[1]	D1293-95, 99, 12	4500-H^+ B[11, 15, 18]	4500-H^+ B-00	
Orthophosphate (Unfiltered, no digestion or hydrolysis)	Colorimetric, automated, ascorbic acid	365.1[8]		4500-P F[11, 15, 18]	4500-P F-99	Thermo Fisher Discrete Analyzer[21]
	Colorimetric, ascorbic acid, single reagent		D515-88A	4500-P E[11, 15, 18]	4500-P E-99	
	Colorimetric, phosphomolybdate;					I-1602-85
	Automated-segmented flow					I-2601-90[8]
	Automated discrete					I-2598-85
	Ion chromatography	300.0[7], 300.1[13]	D4327-97, 03, 11	4110 B[11, 15, 18]	4110 B-00	
	Capillary ion electrophoresis					D6508, Rev. 2[14]
Silica	Colorimetric, molybdate blue					I-1700-85
	Automated-segmented flow					I-2700-85
	Colorimetric		D859-95, 00, 05, 10			
	Molybdosilicate			4500-Si D[4] 4500-SiO_2 C[12, 15, 18]	4500-SiO_2 C-97	
	Heteropoly blue			4500-Si E[15] 4500-SiO_2 D[12, 15, 18]	4500-SiO_2 D-97	
	Automated method for molybdate-reactive silica			4500-Si F 4500-SiO_2 E[12, 15, 18]	4500-SiO_2 E-97	
	ICP[6]	200.7[2]		3120 B[11, 15, 18]	3120 B-99	
	AVICP-AES	200.5, Rev. 4.2[17]				
Sulfate	Ion chromatography	300.0[7], 300.1[13]	D4327-97, 03	4110[11, 15, 18]	4110 B-00	
	Automated methylthymol blue	375.2[7]		4500-SO_4 F[11, 15]	4500-SO_4^{-2} F-97	
	Gravimetric			4500-SO_4 C[11, 15] 4500-SO_4 D[11, 15]	4500-SO_4^{-2} C-97 4500-SO_4^{-2} D-97	
	Turbidimetric		D516-90, 02, 07	4500-SO_4 E[11, 15]	4500-SO_4^{-2} E-97	
	Capillary ion electrophoresis					D6508, Rev. 2[14]

Contaminant	Methodology[9]	Reference (Method Number)				
		EPA	ASTM[3]	SM	SM Online[16]	USGS[5] or Other
Temperature	Thermometric			2550 B[11, 15, 18]	2550-00, 10	
Total Filterable Residue (TDS)	Gravimetric			2540 C[11, 15]	2540 C-97	

The procedures shall be done in accordance with the documents listed below. The incorporation by reference of the following documents was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. Copies may be obtained from the sources listed below. Information regarding the documents can be obtained from the Safe Drinking Water Hotline at 800.426.4791. Documents may be inspected at EPA's Drinking Water Docket or at the Office of Federal Register.

[1]"Methods for Chemical Analysis of Water and Wastes," EPA-600/4-79-020, March 1983. NTIS as PB84-128677.

[2]"Methods for the Determination of Metals in Environmental Samples," EPA-600/4-91-010, June 1991. NTIS as PB91-231498.

[3]ASTM, 1994, 1996, 1999, or 2003, Vols. 11.01 and 11.02; the methods listed are the only versions that may be used. The previous versions of D1688-95A and D1688-95C (copper), D3559-95D (lead), D1293-95 (pH), D1125-91A (conductivity), and D859-94 (silica) are also approved. These previous versions, D1688-90A, C, D3559-90D, D1293-84, D1125-91A and D859-88, respectively, are located in ASTM, 1994.

[4]SM, 18th and 19th editions (1992 and 1995, respectively). Either edition may be used.

[5]Techniques of Water Resources Investigation of the USGS, Book 5, Chapter A-1, 3rd ed., 1989. Information Services, USGS, Federal Center, Box 25286, Denver, CO 80225-0425.

[6]Samples may not be filtered. Samples that contain less than 1 NTU and are properly preserved (concentrated nitric acid to pH < 2) may be analyzed directly (without digestion) for total metals; otherwise, digestion is required. When digestion is required, the total recoverable technique as defined in the method must be used.

[7]"Methods for the Determination of Inorganic Substances in Environmental Samples," EPA/600/R-93/100, August 1993. NTIS as PB94-120821.

[8]"Methods of Analysis by the USGS National Water Quality Laboratory—Determination of Inorganic and Organic Constituents in Water and Fluvial Sediments, Open File Report 93-125." Information Services, USGS, Federal Center, Box 25286, Denver, CO 80225-0425.

[9]Because MDLs reported in EPA Methods 200.7 and 200.9 were determined using a 2X preconcentration step during sample digestion, MDLs determined when samples are analyzed by direct analysis (i.e., no sample digestion) will be higher. Preconcentration may be required for direct analysis of lead by Methods 200.9, 3113B, and 3559-90D unless multiple in-furnace depositions are made.

[10]Method 1001; Palintest Water Analysis Technologies, www.palintest.com or www.hach.com.

[11]SM, 18th, 19th, and 20th editions (1992, 1995, and 1998, respectively). Any edition may be used, except that the versions of 3111B and 3113B in the 20th edition may not be used.

[12]SM, 20th edition (1998).

[13]"Methods for the Determination of Organic and Inorganic Compounds in Drinking Water," Vol. 1, EPA 815-R-00-014, August 2000. NTIS, PB2000-106981.

[14]Method D6508, Rev. 2, "Test Method for Determination of Dissolved Inorganic Anions in Aqueous Matrices Using Capillary Ion Electrophoresis and Chromate Electrolyte," Waters Corp., 34 Maple Street, Milford, MA 01757.

[15]SM, 21st edition (2005).

[16]SM Online. The year in which each method was approved is designated by the last two digits in the method number. The methods listed are the only online versions that may be used.

[17]EPA Method 200.5, Revision 4.2: "Determination of Trace Elements in Drinking Water by Axially Viewed Inductively Coupled Plasma-Atomic Emission Spectrometry," 2003. EPA/600/R-06/115, www.nemi.gov.

[18]SM, 22nd edition (2012).

[19]Hach Company. "Hach Method 8026 – Spectrophotometric Measurement of Copper in Finished Drinking Water," December 2015, Revision 1.2, www.hach.com.

[20]Hach Company. "Hach Method 10272 – Spectrophotometric Measurement of Copper in Finished Drinking Water," December 2015, Revision 1.2, www.hach.com.

[21]Thermo Fisher. "Thermo Fisher Scientific Drinking Water Orthophosphate Method for Thermo Scientific Gallery Discrete Analyzer," February 2016. Revision 5. Thermo Fisher Scientific, Ratastie 2 01620 Vantaa, Finland.

(2) Lead and copper analyses under this subrule shall only be conducted by certified laboratories in accordance with 567—Chapter 83.

(3) All lead and copper levels measured between the practical quantitation limit (PQL) and MDL must be either reported as measured or reported as one-half the PQL specified for lead and copper in 567—paragraph 83.6(7)*"a"*(5)"2." All levels below the lead and copper MDLs must be reported as zero.

41.4(2) *Lead, copper, and corrosivity regulation by the setting of an MCL.* Reserved.

567—41.5(455B) Organic chemicals.

41.5(1) *MCLs and other requirements for organic chemicals.* MCLs, analytical methods, and monitoring requirements for two classes of organic chemical contaminants apply to CWSs and NTNCs as specified herein. The two referenced organic chemical classes are volatile organic chemicals (VOCs) and synthetic organic chemicals (SOCs). BAT for control of these organic contaminants is referenced in 567—paragraph 43.3(10)*"a."*

a. Compliance. Compliance with the VOC and SOC MCL is calculated pursuant to 41.5(1)*"b"*(2).

b. MCLs and analytical methodology for organic compounds. The VOC and SOC MCLs are listed in the following table. VOC and SOC analyses shall be conducted using the methods in the following table and its footnotes or their equivalent as approved by EPA. For analysis of a compliance sample, a certified laboratory must be able to achieve at least the MDL for the specific VOC or SOC shown in the following table.

(1) Table.

Organic Chemical (VOC and SOC) Contaminants, Codes, MCLs, Analytical Methods, and Detection Limits

Contaminant	EPA Contaminant Code	MCL (mg/L)	Methodology[1]	Detection Limit (mg/L)
Volatile Organic Chemicals (VOCs):				
Benzene	2990	0.005	502.2, 524.2, 524.3, 524.4[7]	0.0005
Carbon tetrachloride	2982	0.005	502.2, 524.2, 524.3, 524.4[7], 551.1	0.0005
Chlorobenzene (mono)	2989	0.1	502.2, 524.2, 524.3, 524.4[7]	0.0005
1,2-Dichlorobenzene (ortho)	2968	0.6	502.2, 524.2, 524.3, 524.4[7]	0.0005
1,4-Dichlorobenzene (para)	2969	0.075	502.2, 524.2, 524.3, 524.4[7]	0.0005
1,2-Dichloroethane	2980	0.005	502.2, 524.2, 524.3, 524.4[7]	0.0005
1,1-Dichloroethylene	2977	0.007	502.2, 524.2, 524.3, 524.4[7]	0.0005
cis-1,2-Dichloroethylene	2380	0.07	502.2, 524.2, 524.3, 524.4[7]	0.0005
trans-1,2-Dichloroethylene	2979	0.1	502.2, 524.2, 524.3, 524.4[7]	0.0005
Dichloromethane	2964	0.005	502.2, 524.2, 524.3, 524.4[7]	0.0005
1,2-Dichloropropane	2983	0.005	502.2, 524.2, 524.3, 524.4[7]	0.0005
Ethylbenzene	2992	0.7	502.2, 524.2, 524.3, 524.4[7]	0.0005
Styrene	2996	0.1	502.2, 524.2, 524.3, 524.4[7]	0.0005
Tetrachloroethylene	2987	0.005	502.2, 524.2, 524.3, 524.4[7], 551.1	0.0005
Toluene	2991	1	502.2, 524.2, 524.3, 524.4[7]	0.0005
1,1,1-Trichloroethane	2981	0.2	502.2, 524.2, 524.3, 524.4[7], 551.1	0.0005
Trichloroethylene	2984	0.005	502.2, 524.2, 524.3, 524.4[7], 551.1	0.0005
1,2,4-Trichlorobenzene	2378	0.07	502.2, 524.2, 524.3, 524.4[7]	0.0005
1,1,2-Trichloroethane	2985	0.005	502.2, 524.2, 524.3, 524.4[7], 551.1	0.0005
Vinyl chloride	2976	0.002	502.2, 524.2, 524.3, 524.4[7]	0.0005
Xylenes (total)	2955	10	502.2, 524.2, 524.3, 524.4[7]	0.0005
Synthetic Organic Chemicals (SOCs):				
Alachlor[3]	2051	0.002	505, 507, 508.1, 525.2, 525.3, 551.1	0.0002
Aldicarb	2047	0.003	531.1, 6610	0.0005
Aldicarb sulfone	2044	0.002	531.1, 6610	0.0008

Contaminant	EPA Contaminant Code	MCL (mg/L)	Methodology[1]	Detection Limit (mg/L)
Aldicarb sulfoxide	2043	0.004	531.1, 6610	0.0005
Atrazine[3]	2050	0.003	505, 507, 508.1, 523, 525.2, 525.3, 536, 551.1, Syngenta AG-625[5]	0.0001
Benzo(a)pyrene	2306	0.0002	525.2, 525.3, 550, 550.1	0.00002
Carbofuran	2046	0.04	531.1, 531.2, 6610, 6610B, 6610 B-04[2]	0.0009
Chlordane[3]	2959	0.002	505, 508, 508.1, 525.2, 525.3	0.0002
2,4-D[6] (as acids, salts, and esters)	2105	0.07	515.1, 515.2, 515.3, 515.4, 555, D5317-93, 98 (Reapproved 2003), 6610B, 6640-B, 6640 B-01, 6640 B-06	0.0001
Dalapon	2031	0.2	515.1, 515.3, 515.4, 552.1, 552.2, 552.3, 557, 6640, 6610B, 6640-B, 6640 B-01, 6640 B-06	0.001
1,2-Dibromo-3-chloropropane (DBCP)	2931	0.0002	504.1, 524.3, 551.1	0.00002
Di(2-ethylhexyl)adipate	2035	0.4	506, 525.2, 525.3	0.0006
Di(2-ethylhexyl)phthalate	2039	0.006	506, 525.2, 525.3	0.0006
Dinoseb[6]	2041	0.007	515.1, 515.2, 515.3, 515.4, 555, 6610B, 6640-B, 6640 B-01, 6640 B-06	0.0002
Diquat	2032	0.02	549.2	0.0004
Endothall	2033	0.1	548.1	0.009
Endrin[3]	2005	0.002	505, 508, 508.1, 525.2, 525.3, 551.1	0.00001
Ethylene dibromide (EDB)	2946	0.00005	504.1, 524.3, 551.1	0.00001
Glyphosate	2034	0.7	547, 6651, 6651B, 6651 B-00, 6640 B-05	0.006
Heptachlor[3]	2065	0.0004	505, 508, 508.1, 525.2, 525.3, 551.1	0.00004
Heptachlor epoxide[3]	2067	0.0002	505, 508, 508.1, 525.2, 525.3, 551.1	0.00002
Hexachlorobenzene[3]	2274	0.001	505, 508, 508.1, 525.2, 525.3, 551.1	0.0001
Hexachlorocyclopentadiene[3]	2042	0.05	505, 508, 508.1, 525.2, 525.3, 551.1	0.0001
Lindane (gamma BHC)[3]	2010	0.0002	505, 508, 508.1, 525.2, 525.3, 551.1	0.00002
Methoxychlor[3]	2015	0.04	505, 508, 508.1, 525.2, 525.3, 551.1	0.0001
Oxamyl	2036	0.2	531.1, 531.2, 6610, 6610B, 6610 B-04[2]	0.002
Pentachlorophenol	2326	0.001	515.1, 515.2, 515.3, 515.4, 525.2, 525.3, 555, D5317-93, 98 (Reapproved 2003), 6610B, 6640-B, 6640 B-01, 6640 B-06	0.00004
Picloram[3, 6]	2040	0.5	515.1, 515.2, 515.3, 515.4, 555, D5317-93, 98 (Reapproved 2003), 6610B, 6640-B, 6640 B-01, 6640 B-06	0.0001
PCBs[4] (as decachlorobiphenyl) (as Arochlors)[3]	2383	0.0005	508A 505, 508, 508.1, 525.2, 525.3	0.0001
Simazine[3]	2037	0.004	505, 507, 508.1, 523, 525.2, 525.3, 536, 551.1	0.00007

Contaminant	EPA Contaminant Code	MCL (mg/L)	Methodology[1]	Detection Limit (mg/L)
2,3,7,8-TCDD (dioxin)	2063	$3x10^{-8}$	1613	$5x10^{-9}$
2,4,5-TP[6] (Silvex)	2110	0.05	515.1, 515.2, 515.3, 515.4, 555, D5317-93, 98 (Reapproved 2003), 6610B, 6640-B, 6640 B-01, 6640 B-06	0.0002
Toxaphene[3]	2020	0.003	505, 508, 508.1, 525.2, 525.3	0.001

[1]Analyses for the contaminants in this table shall be conducted using the following EPA methods or their equivalent as approved by EPA. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. Copies may be inspected at EPA's Drinking Water Docket or at NARA.

NTIS methods:

Methods for the Determination of Organic Compounds in Drinking Water, EPA-600/4-88-039, December 1988, Revised July 1991 (NTIS PB91-231480): Methods 508A and 515.1.

Methods for the Determination of Organic Compounds in Drinking Water—Supplement I, EPA-600/4-90-020, July 1990 (NTIS PB91-146027): Methods 547, 550, 550.1.

Methods for the Determination of Organic Compounds in Drinking Water—Supplement II, EPA-600/R-92-129, August 1992 (NTIS PB92-207703): Methods 548.1, 552.1, 555.

Methods for the Determination of Organic Compounds in Drinking Water—Supplement III, EPA-600/R-95-131, August 1995 (NTIS PB95-261616): Methods 502.2, 504.1, 505, 506, 507, 508, 508.1, 515.2, 524.2, 525.2, 531.1, 551.1, 552.2.

EPA Method 523, "Determination of Triazine Pesticides and Their Degradates in Drinking Water by Gas Chromatography/Mass Spectrometry (GC/MS)," 2011. EPA-815-R-11-002, nepis.epa.gov.

EPA Method 524.3, Version 1.0. "Measurement of Purgeable Organic Compounds in Water by Capillary Column Gas Chromatography/Mass Spectrometry," June 2009. EPA 815-B-09-009, www.nemi.gov.

EPA Method 525.3, "Determination of Semivolatile Organic Chemicals in Drinking Water by Solid Phase Extraction and Capillary Column Gas Chromatograph/Mass Spectrometry (GC/MS)," 2012. EPA/600/R-12-010, nepis.epa.gov.

EPA Method 536, "Determination of Triazine Pesticides and Their Degradates in Drinking Water by Liquid Chromatography Electrospray Ionization Tandem Mass Spectrometry (LC/ESI-MS/MS)," 2007. EPA/815-B-07-002, nepis.epa.gov.

EPA Method 557, "Determination of Haloacetic Acids, Bromate, and Dalapon in Drinking Water by Ion Chromatography Electrospray Ionization Tandem Mass Spectrometry (IC-ESI-MS/MS)," September 2009. EPA 815-B-09-012, www.nemi.gov.

Method 1613 "Tetra-through Octa-Chlorinated Dioxins and Furans by Isotope-Dilution HRGC/HRMS," EPA-821-B-94-005, October 1994 (NTIS PB95-104774).

APHA documents:

SM, supplement to the 18th edition, 1994, 19th edition, 1995, 20th edition, 1998, 21st edition, 2005, or 22nd edition, 2012 (any of these editions may be used), APHA: Method 6610 and (carbofuran and oxamyl only) 6610B and 6610 B-04; Method 6640B (21st and 22nd editions only) and SM online 6640 B-01 for 2,4-D, 2,4,5-TP Silvex, dalapon, dinoseb, pentachlorophenol, and picloram; Method 6651B (21st and 22nd editions only) and SM online 6670-B-00 for glyphosate.

SM, 18th edition, 1992, 19th edition, 1995, or 20th edition, 1998, (any of these editions may be used), APHA: Method 6651.

ASTM, 1999, Vol. 11.02 (or any edition published after 1993), ASTM: D5317-93, 98 (Reapproved 2003).

Methods 515.3 and 549.2, EPA NERL, 26 W. Martin Luther King Drive, Cincinnati, OH 45268.

Method 515.4, "Determination of Chlorinated Acids in Drinking Water by Liquid-Liquid Microextraction, Derivatization and Fast Gas Chromatography with Electron Capture Detection," Revision 1.0, April 2000, EPA 815/B-00/001 and EPA Method 552.3, "Determination of Haloacetic Acids and Dalapon in Drinking Water by Liquid-liquid Microextraction, Derivatization, and Gas Chromatography with Electron Capture Detection," Revision 1.0, July 2003, EPA 815-B-03-002, nepis.epa.gov.

Method 531.2, "Measurement of n-Methylcarbamoyloximes and n-Methylcarbamates in Water by Direct Aqueous Injection HPLC with Postcolumn Derivatization," Revision 1.0, September 2001, EPA 815/B-01/002, nepis.epa.gov.

Syngenta AG-625 Method, "Atrazine in Drinking Water by Immunoassay," February 2001, Syngenta Crop Protection, Inc., 410 Swing Road, P.O. Box 18300, Greensboro, NC 27419.

Other required analytical test procedures germane to the conduct of these analyses are contained in Technical Notes on Drinking Water Methods, EPA-600/R-94-173, October 1994 (NTIS PB95-104766).

[2]SM Online. The year that each method was approved is designated by the last two digits in the method number. The methods listed are the only online versions that may be used.

[3]The detectors specified in Method 505, 507, 508, or 508.1 may be substituted for the purpose of achieving lower MDLs with either an electron capture or nitrogen-phosphorus detector, provided all regulatory requirements and quality control criteria are met.

[4]PCBs are qualitatively identified as Aroclors and measured for compliance purposes as decachlorobiphenyl. Users of Method 505 may have more difficulty in achieving the required detection limits than users of Method 508. 508.1, or 525.2.

[5]This method may not be used for atrazine analysis in any system where chlorine dioxide is used in the drinking water treatment. In samples from all other systems, any atrazine result generated by Method AG-625 that is greater than one-half the MCL must be confirmed using another approved atrazine method and should use additional volume of the original sample collected for compliance monitoring. In instances where a result from Method AG-625 triggers such confirmatory testing, the confirmatory result is to be used to determine compliance.

[6]Accurate determination of the chlorinated esters requires hydrolysis of the sample as described in EPA Methods 515.1, 515.2, 515.3, 515.4, and 555, and ASTM Method D5317-93, 98 (Reapproved 2003).

[7]EPA Method 524.4, Version 1.0. "Measurement of Purgeable Organic Compounds in Water by Gas Chromatography/Mass Spectrometry Using Nitrogen Purge Gas," May 2013, EPA 815-R-13-002.

(2) Organic chemical compliance calculations. Compliance with this paragraph shall be determined based on the analytical results obtained at each sampling point. If one sampling point is in violation of an MCL in this paragraph, the system is in violation of the MCL. If a system fails to collect the required number of samples, compliance will be based on the total number of samples collected. If a sample result is less than the detection limit, zero will be used when calculating the running annual average (RAA). If a system is in violation of an MCL, the water supplier is required to give notice to the department in accordance with 567—subrule 40.8(1) and to provide PN as required by 567—40.5(455B).

1. Monitoring more than once per year for VOC or SOC contaminants. For systems that monitor more than once per year, MCL compliance is determined by an RAA of all samples collected at each sampling point.

2. Monitoring annually or less frequently for VOC contaminants. Systems that monitor annually or less frequently and whose VOC sample result exceeds the MCL must begin quarterly sampling. The system will not be considered in violation of the MCL until it has completed one year of quarterly sampling. However, if any sample result will cause the RAA to exceed the MCL at any sampling point, a system is immediately out of compliance with the MCL.

3. Monitoring annually or less frequently for SOC contaminants. Systems that monitor annually or less frequently and whose SOC sample result exceeds the regulatory detection limit specified in 41.5(1)*"b"*(1) must begin quarterly sampling. The system will not be considered in violation of the MCL until it has completed one year of quarterly sampling. However, if any sample result will cause the RAA to exceed the MCL at any sampling point, a system is immediately out of compliance with the MCL.

(3) TTs for acrylamide and epichlorohydrin. Each PWS must certify annually in writing to the department (using third-party or manufacturer's certification) that when acrylamide and epichlorohydrin are used in drinking water systems, the combination (or product) of dose and monomer level does not exceed the following levels:

Acrylamide = 0.05 percent dosed at 1 ppm (or equivalent)

Epichlorohydrin = 0.01 percent dosed at 20 ppm (or equivalent)

Certifications can rely on information provided by manufacturers or third parties, as approved by the department.

c. VOC and SOC monitoring requirements. Each PWS shall monitor at the time designated within each compliance period. All new systems or systems that use a new source of water must demonstrate compliance with the MCLs within the department-specified time period. The system must also comply with the specified initial sampling frequencies to ensure it can demonstrate MCL compliance. A water source that is determined by the department to be a new SEP is considered to be a new source for the purposes of this paragraph. Routine and increased monitoring shall be conducted in accordance with this in this paragraph.

(1) Routine VOC monitoring requirements. CWSs and NTNCs shall monitor the VOCs listed in 41.5(1)*"b"*(1) to determine MCL compliance.

(2) VOC monitoring protocol.

1. GW monitoring. GW systems shall take a minimum of one sample at every entry point to the distribution system which is representative of each well after treatment (hereafter called a source/entry point or SEP). Each sample must be taken at the same sampling point unless conditions make another sampling point more representative of each source, treatment plant, or within the distribution system.

2. SW monitoring. SW systems (and combined SW/GW systems) shall take a minimum of one sample at each SEP after treatment. Each sample must be taken at the same sampling point unless conditions make another sampling point more representative of each source, treatment plant, or within the distribution system.

3. Multiple sources. If a system draws water from more than one source and the sources are combined before distribution, it must sample at an SEP during periods of normal operating conditions. If a representative sample of all water sources cannot be obtained, as determined by the department, separate SEPs with the appropriate monitoring requirements will be assigned by the department.

4. Initial VOC monitoring frequency. Each CWS and NTNC shall take four consecutive quarterly samples for each VOC during each compliance period, beginning in the initial compliance period. If the initial VOC monitoring has been completed by December 31, 1992, and a system did not detect any VOC, then each GW and SW system shall take one sample annually beginning with the initial compliance period.

5. Reduced VOC monitoring for GW systems. After a minimum of three years of annual sampling, the department may allow GW systems with no previous detection of any VOC to take one sample during each compliance period.

6. VOC monitoring waivers. Each CWS and NTNC GW system that does not detect a VOC may apply to the department for a waiver from 41.5(1)*"c"*(2)"4" and "5" after completing the initial monitoring. A waiver shall be effective for no more than six years (two compliance periods). The department may also issue waivers to small systems for the initial round of monitoring for 1,2,4-trichlorobenzene. Detection is defined as greater than or equal to 0.0005 mg/L.

7. Bases of a VOC monitoring waiver. The department may grant a waiver if it finds that there is no knowledge of previous use (including transport, storage, or disposal) of the contaminant within the watershed or the system's zone of influence. If previous use of the contaminant is unknown or it has been used previously, the following factors shall be used to determine whether a waiver is granted.

- Previous analytical results.
- The system's proximity to a potential point or nonpoint source of contamination. Point sources include spills and leaks of chemicals at or near: a water treatment facility or at manufacturing, distribution, or storage facilities, from hazardous and municipal waste landfills, or from other waste handling or treatment facilities.
- The environmental persistence and transport of the contaminants.
- The number of persons served by the PWS and the proximity of a smaller system to a larger system, and
- How well the water source is protected against contamination. GW systems must consider factors such as depth of the well, the type of soil, and wellhead protection. SW systems must consider watershed protection.

8. VOC waivers for GW systems. As a condition of the monitoring waiver, a GW system must take one sample at each sampling point during the time the waiver is effective and update its vulnerability assessment, considering the factors in 41.5(1)*"c"*(2)"7." Based on this vulnerability assessment, the department must reconfirm that the system is nonvulnerable. If the department does not reconfirm within three years of the initial vulnerability determination, the waiver is invalidated and the system is required to sample annually as specified in 41.5(1)*"c"*(2)"4."

9. VOC waivers for SW systems. Each CWS and NTNC that does not detect a VOC may apply to the department for a waiver from 41.5(1)*"c"*(2)"4" after completing the initial monitoring. Systems meeting this criterion must be determined by the department to be nonvulnerable based on a vulnerability assessment during each compliance period. Each system receiving a waiver shall sample at the department-specified frequency (if any).

10. Increased VOC monitoring—quarterly. If a VOC is detected at a level exceeding 0.0005 mg/L in any sample, the system must monitor quarterly at each sampling point which resulted in a detection. The department may decrease the quarterly monitoring specified in 41.5(1)*"c"*(2)"4" provided it has determined that the system is reliably and consistently below the MCL. The department shall not make this determination unless a GW system takes a minimum of two quarterly samples and a SW system takes a minimum of four quarterly samples.

11. Increased VOC monitoring—annual. If the department determines that a system is reliably and consistently below the MCL, the system may be allowed to monitor annually. Systems that monitor annually must monitor during the quarter(s) that previously yielded the highest analytical result. Systems that have three consecutive annual samples with no detection of a contaminant may apply for a waiver as specified in 41.5(1)*"c"*(2)"6."

12. Increased VOC monitoring—vinyl chloride. GW systems that have detected one or more of the following two-carbon organic compounds: trichloroethylene, tetrachloroethylene, 1,2-dichloroethane,

1,1,1-trichloroethane, cis-1,2-dichloroethylene, trans-1,2-dichloroethylene, or 1,1-dichloroethylene shall monitor quarterly for vinyl chloride. A vinyl chloride sample shall be taken at each sampling point at which one or more of the two-carbon organic compounds was detected. If the results of the first analysis do not detect vinyl chloride, the department may reduce the quarterly vinyl chloride monitoring frequency to one sample during each compliance period. SW systems are required to monitor for vinyl chloride as specified by the department.

13. VOCs reliably and consistently below the MCL. Systems that violate the MCL requirements of 41.5(1)*"b"*(1) must monitor quarterly. After a minimum of four consecutive quarterly samples that show the system is in compliance, and a department determination that the system is reliably and consistently below the MCL, the system may monitor at the frequency and times specified in 41.5(1)*"c"*(2)"10," third unnumbered paragraph (following department approval).

(3) Routine and repeat SOC monitoring requirements. Analysis of the SOCs contaminants listed in 41.5(1)*"b"*(1) to determine MCL compliance shall be conducted as follows:

1. SOC GW monitoring protocols. GW systems shall take a minimum of one sample at every SEP. Each sample must be taken at the same sampling point unless conditions make another sampling point more representative of each source or treatment plant.

2. SOC SW monitoring protocols. SW systems shall take a minimum of one sample at each SEP after treatment. Each sample must be taken at the same sampling point unless conditions make another sampling point more representative of each source or treatment plant. For purposes of this paragraph, SW systems include systems with a combination of surface and ground sources.

3. Multiple sources. If a system draws water from more than one source and the sources are combined before distribution, it must sample at an SEP during periods of normal operating conditions. If a representative sample of all water sources cannot be obtained, as determined by the department, separate SEPs with the appropriate monitoring requirements will be assigned by the department.

4. SOC monitoring frequency. CWSs and NTNCs shall take four consecutive quarterly samples for each SOC during each compliance period. Systems serving more than 3,300 persons that do not detect an SOC in the initial compliance period may reduce the sampling frequency to a minimum of two quarterly samples in one year during each repeat compliance period. Systems serving less than or equal to 3,300 persons that do not detect an SOC in the initial compliance period may reduce the sampling frequency to a minimum of one sample during each repeat compliance period.

5. SOC monitoring waivers. Each CWS and NTNC may apply to the department for a waiver from the requirements of 41.5(1)*"c"*(3)"4." A system must reapply for a waiver for each compliance period.

6. Bases of an SOC monitoring waiver. The department may grant a waiver if it finds that there is no knowledge of previous use (including transport, storage, or disposal) of the contaminant within the watershed or zone of influence of the system. If previous use of the contaminant is unknown or it has been used previously, the following factors shall be used to determine whether a waiver is granted:

- Previous analytical results.
- The system proximity to a potential point or nonpoint source of contamination. Point sources include spills and leaks of chemicals at or near a water treatment facility or at manufacturing, distribution, or storage facilities, from hazardous and municipal waste landfills, or from other waste handling or treatment facilities. Nonpoint sources include the use of pesticides to control insect and weed pests on agricultural areas, forest lands, homes, and gardens, and other land application uses.
- The environmental persistence and transport of a pesticide or PCBs.
- How well the water source is protected against contamination due to such factors as depth of the well, the type of soil, and the well casing integrity.
- Elevated nitrate levels at the water source, and
- Use of PCBs in equipment used in the production, storage, or distribution of water.

7. Increased SOC monitoring. If an SOC is detected in any sample, then:

- Each system must monitor quarterly at each sampling point that resulted in a detection.
- The department may decrease the quarterly SOC monitoring if the system is reliably and consistently below the MCL. The department shall not make this determination unless a GW system takes a minimum of two quarterly samples and a SW system takes a minimum of four quarterly samples.

- After the department determines the system is reliably and consistently below the MCL, the system may monitor annually. Systems that monitor annually must monitor during the quarter that previously yielded the highest analytical result.
- Systems that have three consecutive annual samples with no detection of a contaminant may apply for a waiver as specified in 41.5(1)*"c"*(3)"6."
- If monitoring results in detection of one or more of certain related contaminants (aldicarb, aldicarb sulfone, aldicarb sulfoxide, heptachlor, and heptachlor epoxide), subsequent monitoring shall analyze for all related contaminants.

8. MCL violation and reliably/consistently below the MCL. Systems that violate the requirements of 41.5(1)*"b"* must monitor quarterly. After a minimum of four quarterly samples show the system is in compliance and the department determines the system is reliably and consistently below the MCL, the system shall monitor at the frequency specified in 41.5(1)*"c"*(3)"7."

(4) SOC and VOC confirmation samples. The department may require a confirmation sample for positive or negative results. If a confirmation sample is required, the result must be averaged with the first sampling result and the average must be used for the compliance determination as specified by 41.5(1)*"b"*(2). The department has discretion to disregard results of obvious sampling errors from this calculation.

(5) Grandfathered VOC and SOC data. The department may allow the use of monitoring data collected after January 1, 1988, for VOCs and January 1, 1990, for SOCs required under SDWA Section 1445 for initial monitoring compliance. If the data are generally consistent with the other requirements in this subparagraph, the department may use such data to satisfy the initial monitoring requirement for the initial compliance period beginning January 1, 1993. Systems that use grandfathered samples for VOCs and did not detect any contaminants listed in 41.5(1)*"b"*(1) shall begin monitoring annually in accordance with 41.5(1)*"c"*(2) beginning January 1, 1993.

(6) Increased VOC and SOC monitoring. The department may increase the required monitoring frequency, where necessary, to detect system variations (e.g., fluctuations in concentration due to seasonal use, changes in water source, changes to treatment facilities, or normal operation thereof).

(7) VOC and SOC vulnerability assessment criteria. Vulnerability for each PWS shall be determined by the department based upon an assessment of the following factors.

1. Previous monitoring results. A system will be classified vulnerable if any sample was analyzed to contain one or more VOCs, SOCs, or acrylamide and epichlorohydrin, except for trihalomethanes or other demonstrated DBPs.

2. Proximity of SW supplies to commercial or industrial use, disposal, or storage of VOCs or SOCs. SW supplies that withdraw water directly from reservoirs are considered vulnerable if the drainage basin upgradient and within two miles of the shoreline at the maximum water level contains major transportation facilities or any of the contaminant sources in this subparagraph. SW supplies that withdraw water directly from flowing water courses are considered vulnerable if the drainage basin upgradient and within two miles of the water intake structure contains major transportation facilities or any of the contaminant sources in this subparagraph. Major transportation facilities include but are not limited to primary highways or railroads.

3. Proximity of wells to commercial or industrial use, disposal, or storage of VOCs or SOCs. Wells that are not separated from sources of contamination by at least the following distances will be considered vulnerable.

VOC and SOC Well Separation Distances

Sources of Contamination	Shallow Wells	Deep Wells
Sanitary and industrial point discharges	400 ft	400 ft
Mechanical waste treatment plants	400 ft	200 ft
Lagoons	1,000 ft	400 ft
Chemical and mineral storage (aboveground)	200 ft	100 ft
Chemical and mineral storage including underground storage tanks on or below ground	400 ft	200 ft
Solid waste disposal site	1,000 ft	1,000 ft

4. A system is deemed to be vulnerable for a period of three years after any positive measurement of one or more VOCs or SOCs, except for trihalomethanes or other demonstrated DBPs.

(8) PCB analytical methodology. PCBs analysis shall be conducted using the methods in 41.5(1)*"b"*(1) and as follows:

1. Each system that monitors for PCBs shall analyze each sample using Method 505, 508, 508.1, or 525.2. Users of Method 505 may have more difficulty in achieving the required Aroclor detection limits than users of Method 508, 508.1, or 525.2.

2. If PCBs (as one of seven Aroclors) are detected in any sample analyzed using Method 505 or 508, the system shall reanalyze the sample using Method 508A to quantitate PCBs as decachlorobiphenyl.

PCB Aroclor Detection Limits

Aroclor	Detection Limit (mg/L)
1016	0.00008
1221	0.02
1232	0.0005
1242	0.0003
1248	0.0001
1254	0.0001
1260	0.0002

3. Compliance with the PCB MCL shall be determined based upon the quantitative results of analyses using Method 508A.

41.5(2) *Organic chemicals occurring as (nontrihalomethane) DBPs.* Reserved.

567—41.6(455B) Disinfection byproducts (DBPs) MCLs and monitoring requirements.

41.6(1) *Stage 1 DBP requirements.*

a. Applicability.

(1) This rule establishes criteria under which CWSs and NTNCs that add a chemical disinfectant to the water in any part of the drinking water treatment process or that provide water that contains a chemical disinfectant must modify their practices to meet the MCLs in this rule and the maximum residual disinfectant levels (MRDL) and TT requirements for DBP precursors in 567—43.6(455B).

(2) Compliance dates for this rule are based upon the source water type and the population served. Systems are required to comply with this rule as follows, unless otherwise noted. The department may assign an earlier monitoring period as part of the operation permit, but MCL compliance is not required until the dates stated below.

1. CWSs and NTNCs which use SW or IGW in whole or in part and which serve 10,000 or more persons must comply with this rule beginning January 1, 2002.

2. All other CWSs and NTNCs covered by 41.6(1)*"a"*(1) must comply with this rule by January 1, 2004.

(3) Consecutive systems that provide water containing a disinfectant or oxidant are required to comply with this rule.

(4) Systems with water sources that are used independently from each other, are not from the same source as determined by the department, or do not go through identical treatment processes are required to monitor for the applicable disinfectants or oxidants and DBP during operation of each source. Systems must comply with this rule during the use of each water source.

b. DBP MCLs.

(1) The MCLs for DBPs are as follows:

DBP	MCL (mg/L)
Bromate	0.010
Chlorite	1.0
Haloacetic acids (HAA5)	0.060
Total trihalomethanes (TTHM)	0.080

(2) Beginning on the date in the following table, a system must comply with the TTHM and HAA5 MCL as a locational RAA at each monitoring location.

System Size (number of people served)	**Date system must comply with MCL at each sampling location***
Systems that are not part of a combined distribution system and systems that serve the largest population in the combined distribution system	
System serving at least 100,000 people	April 1, 2012
System serving 50,000-99,999 people	October 1, 2012
System serving 10,000-49,999 people	October 1, 2013
System serving fewer than 10,000 people	October 1, 2013 for all GW systems and for SW/IGW systems that did not collect *Cryptosporidium* source water samples October 1, 2014 for SW/IGW systems that collected *Cryptosporidium* source water samples
Other systems that are part of a combined distribution system	
Consecutive or wholesale system	At the same time as the system with the earliest compliance date in the combined distribution system

*The department may grant up to an additional 24 months for compliance with the MCLs and OELs if the system requires capital improvements to comply with an MCL.

c. DBP monitoring requirements.

(1) General.

1. Systems must take all samples during normal operating conditions.

2. Systems may consider multiple wells drawing water from a single aquifer as one treatment plant for determining the minimum number of TTHM and HAA5 samples required, with department approval.

3. Failure to monitor in accordance with the monitoring plan required under 41.6(1)*"c"*(1)"6" is a monitoring violation.

4. Failure to monitor is a violation for the entire period covered by the annual average where compliance is based on an RAA of monthly or quarterly samples or averages, and the system's failure to monitor makes it impossible to determine MCL compliance.

5. Systems may use only data collected under the provisions of this rule or 567—43.6(455B) to qualify for reduced monitoring.

6. Each system required to monitor under the provisions of this rule or 567—43.6(455B) must develop and implement a monitoring plan. The system must maintain the plan and make it available for inspection by the department and the general public no later than 30 days following the applicable compliance dates in 41.6(1)*"a"*(3). All systems using SW or IGW and serving more than 3,300 people must submit a copy of the monitoring plan to the department by the applicable date in 41.6(1)*"a"*(3)"1." The department may also require the plan to be submitted by any other system. After review, the department may require changes in any plan elements. The plan must include the following elements:

- Specific locations and schedules for collecting samples for any parameters included in this rule.
- How the system will calculate compliance with MCLs, MRDLs, and TTs.

7. The department may require a monthly monitoring frequency for DBPs, which would be specified in the operation permit.

(2) Bromate. CWSs and NTNCS using ozone for disinfection or oxidation must monitor for bromate.

1. Routine monitoring. Systems must take at least one sample per month for each treatment plant in the system using ozone, collected at each SEP while the ozonation system is operating under normal conditions.

2. Reduced monitoring. A system may reduce monitoring from monthly to quarterly if its RAA bromate concentration is less than or equal to 0.0025 mg/L based on monthly bromate measurements for the most recent four quarters. If a system previously qualified for reduced bromate monitoring and is on quarterly sampling frequency, it may remain on reduced monitoring as long as the RAA of the bromate samples is less than or equal to 0.0025 mg/L. If the RAA of quarterly bromate samples exceeds 0.0025 mg/L, the system must resume routine bromate monitoring. Only three analytical methods may be used

for bromate samples under reduced monitoring: EPA Method 317.0 Revision 2.0, Method 326.0, or Method 321.8.

(3) Chlorite. CWS and NTNC using chlorine dioxide, for disinfection or oxidation, must monitor for chlorite. If the system does not use chlorine dioxide on a daily basis, it must conduct the required daily monitoring each day chlorine dioxide is used, and any required monthly monitoring during those months in which chlorine dioxide is used during any portion of the month.

1. Routine daily monitoring. Systems must monitor daily at the SEP. For any daily sample that exceeds the chlorite MCL, the system must take additional samples in the distribution system the following day at the locations required by 41.6(1)*"c"*(3)"3," which are in addition to the sample required at the SEP. These daily SEP samples may be analyzed by system personnel, in accordance with 41.6(1)*"d."*

2. Routine monthly monitoring. Systems must take a three-sample set each month in the distribution system. The system must take one sample at each of the following locations: near the first customer, at a location representative of average residence time, and at a location reflecting maximum residence time (MRT) in the distribution system. Any additional routine sampling must be conducted in the same manner as the three-sample sets. The system may use the results of additional monitoring conducted in accordance with 41.6(1)*"c"*(3)"3" to meet the monitoring requirement in this subparagraph. These monthly samples must be analyzed by a certified laboratory using an approved ion chromatography method, in accordance with 41.6(1)*"d."*

3. Additional monitoring. On each day following a routine sample monitoring result that exceeds the chlorite MCL at the SEP the system is required to take three chlorite distribution system samples at the following locations: as close to the first customer as possible, in a location representative of average residence time, and as close to the end of the distribution system as possible (reflecting MRT in the distribution system). These additional samples must be analyzed by a certified laboratory using an approved ion chromatography method, in accordance with 41.6(1)*"d."*

4. Reduced monitoring.

- Daily chlorite monitoring at the SEP required by 41.6(1)*"c"*(3)"1" may not be reduced.
- The department may allow the monitoring for systems with monthly chlorite monitoring in the distribution system to be reduce to 1 three-sample set per quarter after one year of monitoring where no individual chlorite sample taken in the distribution system under 41.6(1)*"c"*(3)"2" has exceeded the chlorite MCL and the system has not been required to conduct additional monitoring under 41.6(1)*"c"*(3)"3." The system may remain on the reduced monitoring schedule until either any of the three individual chlorite samples taken quarterly in the distribution system under 41.6(1)*"c"*(3)"2" exceeds the chlorite MCL, or the system is required to conduct additional monitoring under 41.6(1)*"c"*(3)"3," at which time it must revert to routine monitoring.

(4) Total trihalomethanes (TTHM) and haloacetic acids (HAA5).

1. Routine monitoring. Systems must monitor at the frequency indicated in the following table. Both the TTHM and HAA5 samples must be collected as paired samples during the same time period in order for each parameter to have the same annual average period for result comparison. A paired sample is one that is collected at the same location and time and is analyzed for both TTHM and HAA5 parameters.

Routine Monitoring Frequency for TTHM and HAA5

Type of System (source water type and population served)	Minimum Monitoring Frequency	Sample Location in the Distribution System
SW/IGW[3] system serving ≥10,000 persons	4 water samples per quarter per treatment plant	At least 25 percent of all samples collected each quarter at locations representing MRT. Remaining samples taken at locations representative of at least average residence time in the distribution system and representing the entire distribution system, accounting for number of persons served, different sources of water, and different treatment methods.[1]
SW/IGW[3] system serving 500-9,999 persons	1 water sample per quarter per treatment plant	Locations representing MRT.[1]

Type of System (source water type and population served)	Minimum Monitoring Frequency	Sample Location in the Distribution System
SW/IGW[3] system serving <500 persons	1 sample per year per treatment plant during month of warmest water temperature	Locations representing MRT.[1] If the sample (or average of annual samples, if more than one sample is taken) exceeds MCL, system must increase monitoring to one sample per treatment plant per quarter, taken at a point reflecting the MRT in the distribution system, until system meets reduced monitoring criteria in 41.6(1)*"c"*(4)"2," second bulleted paragraph.
System using only non-IGW GW using chemical disinfectant and serving ≥10,000 persons	1 water sample per quarter per treatment plant[2]	Locations representing MRT.[1]
System using only non-IGW GW using chemical disinfectant and serving <10,000 persons	1 sample per year per treatment plant during month of warmest water temperature	Locations representing MRT.[1] If the sample (or average of annual samples, if more than one sample is taken) exceeds MCL, system must increase monitoring to one sample per treatment plant per quarter, taken at a point reflecting the MRT time in the distribution system, until system meets reduced monitoring criteria in 41.6(1)*"c"*(4)"2," second bulleted paragraph.

[1]If a system chooses to sample more frequently than the minimum required, at least 25 percent of all samples collected each quarter (including those taken in excess of the required frequency) must be taken at locations that represent the MRT of the water in the distribution system. The remaining samples must be taken at locations representative of at least average residence time in the distribution system.

[2]Multiple wells drawing water from a single aquifer may be considered one treatment plant for determining the minimum number of samples required, with department approval.

[3]SW/IGW indicates those systems that use either SW or IGW, in whole or in part.

2. Reduced monitoring. The department may allow systems a reduced monitoring frequency, except as otherwise provided, in accordance with the following table. Source water total organic carbon (TOC) levels must be determined in accordance with 567—subparagraph 43.6(2)*"c"*(1).

Reduced Monitoring Frequency for TTHM and HAA5

If you are a ...	And you have monitored at least one year and you have ...	You may reduce monitoring to this level
SW/IGW[1] system serving ≥10,000 persons with a source water annual average TOC level, before any treatment, of ≤4.0 mg/L.	TTHM annual average ≤0.040 mg/L and HAA5 annual average ≤0.030 mg/L	1 sample per treatment plant per quarter at distribution system location reflecting MRT.
SW/IGW[1] system serving 500 - 9,999 persons with a source water annual average TOC level, before any treatment, of ≤4.0 mg/L.	TTHM annual average ≤0.040 mg/L and HAA5 annual average ≤0.030 mg/L	1 sample per treatment plant per year at distribution system location reflecting MRT during month of warmest water temperature.
SW/IGW[1] system serving <500 persons	SW/IGW[1] systems serving <500 persons may not reduce monitoring to less than 1 sample per treatment plant per year.	
System using only non-IGW GW using chemical disinfectant and serving ≥10,000 persons	TTHM annual average ≤0.040 mg/L and HAA5 annual average ≤0.030 mg/L	1 sample per treatment plant per year at distribution system location reflecting MRT during month of warmest water temperature.
System using only non-IGW GW using chemical disinfectant and serving <10,000 persons	TTHM annual average ≤0.040 mg/L and HAA5 annual average ≤0.030 mg/L for two consecutive years; Or, TTHM annual average ≤0.020 mg/L and HAA5 annual average ≤0.015 mg/L for one year.	1 sample per treatment plant per 3-year monitoring cycle at distribution system location reflecting MRT during month of warmest water temperature, with the 3-year cycle beginning on January 1 following quarter in which system qualifies for reduced monitoring.

[1]SW/IGW indicates those systems that use either SW or IGW, in whole or in part.

- Systems on a reduced monitoring schedule may remain on that reduced schedule as long as the average of all samples taken in the year (for systems monitoring quarterly) or the result of the sample (for systems monitoring no more frequently than annually) is less than or equal to 0.060 mg/L for TTHMs and less than or equal to 0.045 mg/L for HAA5. Systems that do not meet these levels must resume monitoring at the frequency identified in 41.6(1)*"c"*(4)"1" in the quarter immediately following the quarter in which the system exceeds 0.060 mg/L for TTHMs and 0.045 mg/L for HAA5. For systems

using only GW not under the direct influence of SW and serving fewer than 10,000 persons, if either the TTHM annual average is >0.080 mg/L or the HAA5 annual average is >0.060 mg/L, the system must go to increased monitoring identified in 41.6(1)*"c"*(4)"1" in the quarter immediately following the monitoring period in which the system exceeds 0.080 mg/L for TTHMs or 0.060 mg/L for HAA5.

- The department may allow systems on increased monitoring to return to routine monitoring if, after one year of monitoring, TTHM annual average is less than or equal to 0.060 mg/L and HAA5 annual average is less than or equal to 0.045 mg/L.
- The department may return a system to routine monitoring at its discretion.

d. DBP Analytical requirements.

(1) Systems must use only the analytical method(s) specified in this paragraph, or equivalent methods as determined by EPA, to demonstrate compliance with this rule.

(2) Systems must measure DBPs using the methods in the following table, as modified by the footnotes:

Approved Methods for DBP Compliance Monitoring

Contaminant and Methodology	EPA Method[1]	SM[2]	ASTM Method[3]
TTHM			
P&T/GC/EICD & PID	502.2[4]		
P&T/GC/MS	524.2, 524.3, 524.4		
LLE/GC/ECD	551.1		
HAA5			
LLE (diazomethane)/GC/ECD		6251 B[5], 6251 B-07[12]	
SPE (acidic methanol)/GC/ECD	552.1[5]		
LLE (acidic methanol)/GC/ECD	552.2, 552.3		
IC electrospray ionization tandem MS (IC-ESI-MS/MS)	557[10]		
Bromate			
IC	300.1		D 6581-00
IC & postcolumn reaction[9]	317.0 Rev. 2.0[6], 326.0[6]		
IC/ICP-MS[9]	321.8[6, 7]		
Two-dimensional IC	302.0[11]		
IC electrospray ionization tandem MS (IC-ESI-MS/MS)	557[10]		
Chemically suppressed IC			D 6581-08 A
Electrolytically suppressed IC			D 6581-08 B
Chlorite[8]			
Amperometric titration		4500-ClO_2 E[8]	
Amperometric sensor			ChlordioX Plus[8, 13]
Spectophotometry	327.0 Rev. 1.1[8]		
IC	300.0, 300.1, 317.0 Rev. 2, 326.0		
Chemically suppressed IC			D 6581-08 A
Electrolytically suppressed IC			D 6581-08 B

ECD = electron capture detector
EICD = electrolytic conductivity detector
GC = gas chromatography
IC = ion chromatography
LLE = liquid/liquid extraction
MS = mass spectrometer
P&T = purge and trap
PID = photoionization detector
SPE = solid phase extractor

The procedures shall be done in accordance with the documents listed below. The incorporation by reference of the following documents was approved by the Director of the Federal Register on February 16, 1999, in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. Copies may be obtained from the sources listed below. Information regarding the documents is available from the Safe Drinking Water Hotline at 800.426.4791. Documents may be inspected at EPA's Drinking Water Docket or at the Office of Federal Register.

[1]EPA: The following methods are available from the NTIS:

Methods 300.0 and 321.8: Methods for the Determination of Organic and Inorganic Compounds in Drinking Water, Volume 1, August 2000, EPA 815-R-00-014. NTIS, PB2000-106981.

Method 300.1: "Determination of Inorganic Anions in Drinking Water by Ion Chromatography, Revision 1.0," EPA-600/R-98/118, 1997. NTIS, PB98-169196.

Method 317.0: "Determination of Inorganic Oxyhalide Disinfection By-Products in Drinking Water Using Ion Chromatography with the Addition of a Postcolumn Reagent for Trace Bromate Analysis, Revision 2.0," July 2001, EPA 815-B-01-001.

Method 326.0: "Determination of Inorganic Oxyhalide Disinfection By-Products in Drinking Water Using Ion Chromatography Incorporating the Addition of a Suppressor Acidified Postcolumn Reagent for Trace Bromate Analysis, Revision 1.0," June 2002, EPA 815-R-03-007.

Method 327.0: "Determination of Chlorine Dioxide and Chlorite Ion in Drinking Water Using Lissamine Green B and Horseradish Peroxidase with Detection by Visible Spectrophotometry, Revision 1.1," May 2005, EPA 815-R-05-008.

Methods 502.2, 524.2, 551.1, and 552.2: Methods for the Determination of Organic Compounds in Drinking Water—Supplement III, EPA-600/R-95-131, August 1995. NTIS PB95-261616.

Method 524.3: "Measurement of Purgeable Organic Compounds in Water by Capillary Column Gas Chromatography/Mass Spectrometry, Version 1.0," June 2009. EPA 815-B-09-009, www.nemi.gov.

Method 524.4: "Measurement of Purgeable Organic Compounds in Water by Gas Chromatography/Mass Spectrometry Using Nitrogen Purge Gas, Version 1.0," May 2013. EPA 815-R-13-002, nepis.epa.gov.

Method 552.1: Methods for the Determination of Organic Compounds in Drinking Water—Supplement II, EPA-600/R-92-129, August 1992. NTIS PB92-207703.

Method 552.3: "Determination of Haloacetic Acids and Dalapon in Drinking Water by Liquid-liquid Microextraction, Derivatization, and Gas Chromatography with Electron Capture Detection, Revision 1.0," July 2003, EPA-815-B-03-002.

[2]4500-ClO_2 E and 6251B: SM, 19th (1995), 20th (1998), 21st (2005), and 22nd (2012) editions.

[3]Method D 6581-00: ASTM Volume 11.01, 2001 (or any year containing the cited version).

[4]If TTHMs are the only analytes being measured in the sample, then a PID is not required.

[5]The samples must be extracted within 14 days of sample collection.

[6]IC and postcolumn reaction or IC/ICP-MS must be used for bromate analysis to demonstrate eligibility for reduced monitoring.

[7]Samples must be preserved at sample collection with 50 mg ethylenediamine (EDA)/L of sample and must be analyzed within 28 days.

[8]Amperometric titration or spectrophotometry may be used for routine daily chlorite monitoring at the SEP, as prescribed in 41.6(1)*"c"*(3)"1." IC must be used for routine monthly chlorite monitoring and additional chlorite monitoring in the distribution system, as prescribed in 41.6(1)*"c"*(3)"2" and "3."

[9]These are the only methods approved for reduced bromate monitoring under 41.6(1)*"c"*(2)"2."

[10]EPA Method 557, "Determination of Haloacetic Acids, Bromate, and Dalapon in Drinking Water by Ion Chromatography Electrospray Ionization Tandem Mass Spectrometry (IC-ESI-MS/MS)," August 2009. EPA 815-B-09-012, www.nemi.gov.

[11]EPA Method 302.0, "Determination of Bromate in Drinking Water Using Two-Dimensional Ion Chromatography with Suppressed Conductivity Detection," September 2009. EPA 815-B-014, www.nemi.gov.

[12]SM Online. The year in which each method was approved is designated by the last two digits in the method number. The methods listed are the only online versions that may be used.

[13]ChlordioX Plus. "Chlorine Dioxide and Chlorite in Drinking Water by Amperometry Using Disposable Sensors," November 2013. Palintest Water Analysis Technologies, www.palintest.com.

(3) DBP analyses under this rule shall only be conducted by laboratories certified in accordance with 567—Chapter 83, except as specified under 41.6(1)*"d"*(4). The performance evaluation sample acceptance limits and minimum reporting levels are in 40 CFR §141.131(b)(2)(iii).

(4) Daily chlorite samples at the SEP must be measured by a Grade II, III or IV operator meeting the requirements of 567—Chapter 81, any person under the supervision of such an operator, or a laboratory certified in accordance with 567—Chapter 83.

e. DBP compliance requirements.

(1) General.

1. When compliance is based on an RAA of monthly or quarterly samples or averages and the system fails to monitor for TTHM, HAA5, or bromate, this failure to monitor will be treated as a monitoring violation for the entire period covered by the annual average.

2. Unless invalidated by the department, all samples taken and analyzed under the provisions of this rule must be included in determining compliance, even if that number is greater than the minimum required.

3. If, during the first year of monitoring under 41.6(1)*"c,"* any individual quarter's average will cause the RAA of that system to exceed the MCL, the system is out of compliance at the end of that quarter.

4. Any system that violates the bromate, chlorite, or TTHM and HAA5 MCLs specified in this paragraph must provide PN pursuant to rule 567—40.5(455B) and report to the department pursuant to 567—paragraph 40.8(3)*"d."*

(2) Bromate. Compliance must be based on an RAA, computed quarterly, of monthly samples (or, for months in which the system takes more than one sample, the average of all samples taken during the month) collected by the system as prescribed by 41.6(1)*"c"*(2). If the average of samples covering any consecutive four-quarter period exceeds the MCL, a system is in violation of the MCL. If a PWS fails to complete 12 consecutive months' monitoring, MCL compliance for the last four-quarter compliance period must be based on an average of the available data.

(3) Chlorite. Compliance must be based on an arithmetic average of each three-sample set taken in the distribution system as prescribed by 41.6(1)*"c"*(3)"1" and "2." If the arithmetic average of any three-sample set exceeds the MCL, a system is in violation of the MCL.

(4) TTHM and HAA5.

1. For systems monitoring quarterly, compliance with MCLs in 41.6(1)*"b"* must be based on an RAA, computed quarterly, of quarterly averages of all samples collected by the system as prescribed by 41.6(1)*"c"*(4).

2. For systems monitoring less frequently than quarterly, systems demonstrate MCL compliance if the average of samples taken that year under 41.6(1)*"c"*(4) does not exceed the MCLs in 41.6(1)*"b."* If the average of these samples exceeds the MCL, the system must increase monitoring to once per quarter per treatment plant and is not in violation of the MCL until it has completed one year of quarterly monitoring, unless the result of fewer than four quarters of monitoring will cause the RAA to exceed the MCL, in which case the system is in violation at the end of that quarter. Systems required to increase to quarterly monitoring must calculate compliance by including the sample that triggered the increased monitoring plus the following three quarters of monitoring.

3. If the RAA of quarterly averages covering any consecutive four-quarter period exceeds the MCL

4. If a PWS fails to complete four consecutive quarters of monitoring, MCL compliance for the last four-quarter compliance period must be based on an average of the available data.

f. DBP reporting requirements. Systems required to sample quarterly or more frequently must report to the department within ten days after the end of each quarter in which samples were collected, notwithstanding the PN provisions of rule 567—40.5(455B). Systems required to sample less frequently than quarterly must report to the department within ten days after the end of each monitoring period in which samples were collected. The specific reporting requirements for DBPs are in 567—subparagraph 40.8(3)*"d"*(2).

41.6(2) *Stage 2 initial distribution system evaluation.* The requirements for the Stage 2 initial distribution system evaluation (IDSE) in 40 CFR 141.600-60,5 as adopted on January 4, 2006, are adopted by reference. This regulation establishes monitoring and requirements for identifying compliance monitoring locations that are used to determine MCL compliance for TTHM and HAA5. All CWS required to comply with 41.6(1) and all NTNC serving at least 10,000 people required to comply with 41.6(1) are required to comply with this subrule. The requirements in this subrule constitute national primary drinking water regulations. Only the analytical methods specified in 41.6(1)*"d"* may be used to demonstrate compliance with this subrule.

41.6(3) *Stage 2 DBP requirements.* The requirements of this subrule constitute national primary drinking water regulations. This subrule establishes monitoring and requirements for achieving MCL compliance based on locational running annual averages (LRAA) for TTHM and HAA5.

a. Applicability. All CWS and NTNC systems that use a primary or residual disinfectant other than UV light or deliver water that has been treated with a primary or residual disinfectant other than UV light must comply with this subrule.

(1) Schedule. Systems must comply with the dates in the appropriate schedule. For the purposes of this subrule, the combined distribution system (CDS) only includes active connections; emergency connections are excluded. Any CWS or NTNC that purchases or sells water on a routine basis through an active connection to another CWS or NTNC is part of a CDS. All systems included in a CDS must

adhere to the schedule of the system that serves the largest population in that CDS. The system must comply with the requirements on the schedule for systems that are not a part of a CDS and for systems that serve the largest population in the CDS. The schedule for the other systems that are a part of a CDS, either wholesale or consecutive, is the same schedule as that of the system with the earliest compliance date in the CDS.

Schedule	System Population	Date by Which System Must Begin Stage 2 Compliance Monitoring
1	At least 100,000	April 1, 2012
2	50,000-99,999	October 1, 2012
3	10,000-49,999	October 1, 2013
4	Fewer than 10,000	October 1, 2013, for all GW systems and any SW/IGW systems that did not conduct *Cryptosporidium* sampling under 567—paragraph 43.11(3)*"b"*(2)"4" October 1, 2014, for SW/IGW systems that conducted *Cryptosporidium* sampling under 567—paragraph 43.11(3)*"b"*(2)"4"

(2) Initiation of compliance monitoring under Stage 2. Systems shall switch from Stage 1 compliance monitoring (41.6(1)) to Stage 2 monitoring as follows:

1. Systems required to monitor quarterly must start monitoring in the first full calendar quarter that includes the compliance date in the preceding table.

2. Systems that conducted IDSE monitoring and have an approved report and that are required to monitor at a frequency less than quarterly must start monitoring in the calendar month recommended in the approved IDSE report.

3. Systems that were not required to prepare an IDSE report under 41.6(2) must update their Stage 1 monitoring plan to meet the Stage 2 requirements and submit it for department approval six months prior to the compliance date in the preceding table.

(3) Timing of initial determination of compliance under Stage 2.

1. Systems required to monitor quarterly must make compliance calculations at the end of the fourth calendar quarter that follows the compliance date or earlier if the LRAA calculated based on fewer than four quarters of data would cause an MCL exceedance regardless of the results of subsequent sampling. Compliance determination must continue at the end of each subsequent quarter.

2. Systems required to monitor at a frequency that is less than quarterly must make compliance calculations beginning with the first compliance sample taken after the compliance date.

(4) Monitoring and compliance.

1. Systems required to monitor quarterly must calculate LRAAs for TTHM and HAA5 using the monitoring results collected under this subrule and determine that each LRAA does not exceed the MCL. If the system does not complete the four consecutive quarters of monitoring, it must calculate MCL compliance based on the average of the available data from the most recent four quarters. If the system collects more than one sample per quarter at a monitoring location, all samples taken in the quarter at that location must be averaged to determine a quarterly average to be used for the LRAA calculation. If a system fails to monitor, it is in violation of the monitoring requirements for each quarter that a monitoring result would be used in calculating an LRAA.

2. Systems required to monitor yearly or triennially must determine that each sample collected is less than the MCL. If any sample exceeds the MCL, the system must comply with 41.6(3)*"e."* If no sample exceeds the MCL, the sample result for each monitoring location is considered to be the LRAA for that monitoring location. If a system fails to monitor, it is in violation of the monitoring requirements for each quarter that a monitoring result would be used in calculating an LRAA.

3. The department may grant up to an additional 24 months for compliance with MCLs and operational evaluation levels if the system is required to make capital improvements in order to comply with an MCL.

(5) Any CWS or NTNC that begins using water to which a disinfectant has been added, other than ultraviolet light, after the initial compliance dates for IDSE or Stage 2 compliance monitoring must comply with this subrule.

b. Monitoring plan. All systems must develop and implement a DBP monitoring plan that shall be kept on file at the system for review by the department and the public. The monitoring plan must contain the monitoring locations, monitoring dates, and compliance calculation procedures.

(1) If the system has an approved IDSE-standard monitoring plan (IDSE-SMP), that report contains all of the plan elements and meets this requirement.

(2) If the system does not have an approved IDSE-SMP and does not have sufficient monitoring locations from its initial DBP sampling plan, it must identify additional locations by alternating selection of locations representing high TTHM levels and high HAA5 levels until the required number of compliance monitoring locations have been identified. The system must provide the rationale for identifying locations as having high levels of TTHM or HAA5.

(3) If the system does not have an approved IDSE-SMP and has more monitoring locations from its initial Stage 1 DBP sampling plan than the number of locations required under the Stage 2 compliance monitoring, it must identify which locations it will use for compliance monitoring by alternating selection of locations representing high TTHM levels and high HAA5 levels until the required number of compliance monitoring locations have been identified.

(4) All plans must be reviewed by the system every three years and updated as system conditions change.

1. A system may revise its monitoring plan to reflect changes in treatment, distribution system operations, and layout (including new service areas), to reflect other factors that may affect TTHM or HAA5 formation, or for department-approved reasons.

2. A system must consult with the department regarding the need for plan changes and the appropriateness of changes. A system must replace existing compliance monitoring locations that have the lowest LRAA with new locations that reflect the current distribution system locations with expected high TTHM or HAA5 levels.

3. The department may require modifications in a system's monitoring plan.

(5) Systems are also required to maintain the disinfectant and MRDL elements of the Stage 1 monitoring plan pursuant to 41.6(1)*"c"*(1)"6" and 567—paragraph 43.6(1)*"c"*(1)"5."

(6) All systems are required to have a valid DBP monitoring plan prior to the start of compliance monitoring in 41.6(3)*"a"*(1).

c. Routine monitoring. Systems are required to start monitoring at the locations specified in the approved DBP monitoring plan and on the schedule specified in 41.6(3)*"a"*(1). Each system must monitor the DBPs at the minimum number of locations identified in the table below.

Routine Monitoring for DBPs

Source water type	Population size category	Monitoring frequency	Total number of distribution system monitoring location sites per monitoring period
SW/IGW	<500	per year	2
	500-3,300	per quarter	2
	3,301-9,999	per quarter	2
	10,000-49,999	per quarter	4
	50,000-249,999	per quarter	8
	250,000-999,999	per quarter	12
GW	<500	per year	2
	500-9,999	per year	2
	10,000-99,999	per quarter	4
	100,000-499,999	per quarter	6

(1) All systems must monitor during the month of highest DBP concentrations.

(2) Systems on a quarterly monitoring frequency must collect samples for TTHM and HAA5 every 90 days at each monitoring location, except that SW/IGW systems serving 500 to 3,300 people may collect at one location as provided in 41.6(3)*"c"*(3). Each sample collected at each location must be analyzed for both TTHM and HAA5 components.

(3) Systems on an annual monitoring frequency and SW/IGW systems serving 500 to 3,300 people are required to collect TTHM and HAA5 samples at the locations with the highest TTHM and HAA5 concentrations, respectively. Each sample must be analyzed for both TTHM and HAA5 components. Sample collection is required from only one location if the highest TTHM concentration and the highest HAA5 concentration occur at the same location.

(4) Analytical methods. Systems must use an approved method in 41.6(1)*"d"*(2) for TTHM and HAA5 analyses pursuant to this subrule. DBP analyses must be conducted by laboratories certified in accordance with 567—Chapter 83.

d. Reduced monitoring. A system may reduce monitoring to the level specified in the Reduced Monitoring for DBPs table below anytime the LRAA is less than or equal to half the MCL for TTHM and HAA5 at all monitoring locations (i.e., less than or equal to 0.040 mg/L for TTHM and 0.030 mg/L for HAA5). Only data collected under this rule may be used to qualify for reduced monitoring.

Reduced Monitoring for DBPs

Source water type	Population size category	Monitoring frequency[1]	Distribution system monitoring location sites per monitoring period[2]
SW/IGW	<500	per year	Monitoring may not be reduced
	500-3,300	per year	1 sample per year at same location if the highest TTHM and HAA5 measurements occurred at the same location and in the same quarter, analyzed for both TTHM and HAA5
	3,301-9,999	per year	2 samples: 1 at location and during quarter with the highest TTHM single measurement; 1 at location and during quarter with the highest HAA5 single measurement
	10,000-49,999	per quarter	2 samples: 1 at highest TTHM LRAA location; 1 at highest HAA5 LRAA location
	50,000-249,999	per quarter	4 samples: 1 sample each at highest two TTHM LRAA locations; 1 sample each at highest two HAA5 LRAA locations
	250,000-999,999	per quarter	6 samples: 1 sample each at highest 3 TTHM LRAA locations; 1 sample each at highest 3 HAA5 LRAA locations
GW	<500	every third year	1 sample at same location if the highest TTHM and HAA5 measurements occurred at the same location and in the same quarter, analyzed for both TTHM and HAA5
	500-9,999	per year	1 sample per year at same location if the highest TTHM and HAA5 measurements occurred at the same location and in the same quarter, analyzed for both TTHM and HAA5
	10,000-99,999	per year	2 samples: 1 at location and during quarter with the highest TTHM single measurement; 1 at location and during quarter with the highest HAA5 single measurement
	100,000-499,999	per quarter	2 samples: 1 at the highest TTHM LRAA location; 1 at the highest HAA5 LRAA location

[1]Systems on a quarterly monitoring frequency must collect the sample(s) every 90 days.

[2]Each sample must be analyzed for all TTHM and HAA5 components.

(1) Additional source water TOC requirement for SW/IGW systems. For SW/IGW systems, the source water RAA TOC level, before any treatment, must be less than or equal to 4.0 mg/L at each treatment plant treating SW or IGW, based on the monitoring conducted under 567—paragraph 43.6(2)*"b,"* in order to qualify for reduced monitoring.

(2) Continued reduced monitoring frequency. Systems may remain on a reduced monitoring frequency as long as they meet the following criteria. For SW/IGW systems, the source water annual average TOC level requirement in 41.6(3)*"d"*(1) must continue to be met.

1. A system with a quarterly reduced monitoring frequency may remain on reduced monitoring as long as the TTHM LRAA is less than or equal to 0.040 mg/L and the HAA5 LRAA is less than or equal to 0.030 mg/L at each monitoring location.

2. A system with an annual or triennial monitoring frequency may remain on reduced monitoring as long as each TTHM sample is less than or equal to 0.060 mg/L and each HAA5 sample is less than or equal to 0.045 mg/L.

(3) Return to routine monitoring frequency. Systems that cannot meet the requirements for reduced monitoring must resume routine monitoring according to 41.6(3)*"c"* or begin increased monitoring according to 41.6(3)*"e."*

1. A system with a quarterly reduced monitoring frequency must resume routine monitoring if the LRAA from any location exceeds either 0.040 mg/L for TTHM or 0.030 mg/L for HAA5.

2. A system with an annual or triennial monitoring frequency must resume routine monitoring if the annual sample at any location exceeds either 0.060 mg/L for TTHM or 0.045 mg/L for HAA5.

3. Any SW/IGW system must resume routine monitoring if the RAA source water TOC level, prior to any treatment, is more than 4.0 mg/L.

4. In addition, the department may require any system to resume routine monitoring at the department's discretion.

(4) Remaining on reduced monitoring from Stage 1 to Stage 2 transition. A system may remain on reduced monitoring after the dates in 41.6(3)*"a"*(1) if all of the following three criteria are met. If the three criteria are not met, the system must return to routine monitoring.

1. Under the IDSE, the system qualified for a 40/30 certification or received a very small system waiver;

2. The system meets the reduced monitoring criteria of this paragraph; and

3. The system has not changed or added locations for DBP monitoring from those used under the Stage 1 requirements in 41.6(1).

e. Increased monitoring.

(1) Systems that are monitoring annually or triennially must increase their monitoring frequency to quarterly if the following conditions are met.

1. Single result exceeds the TTHM or HAA5 MCL. A system that is monitoring annually or triennially must increase monitoring to quarterly at all locations if a single TTHM sample is greater than 0.080 mg/L or a single HAA5 sample is greater than 0.060 mg/L. Quarterly samples must be analyzed for both TTHM and HAA5 components.

2. Systems with a TTHM or HAA5 MCL violation. A system that is monitoring annually or triennially that is in violation of the TTHM or HAA5 MCL, based upon the LRAA, must increase monitoring to quarterly at all locations. Quarterly samples must be analyzed for both TTHM and HAA5 components. Calculate the LRAA using either four consecutive quarters of monitoring or using fewer quarters of monitoring if the MCL would be exceeded regardless of the monitoring results of subsequent quarters.

(2) Systems on a quarterly monitoring frequency during Stage 1 to Stage 2 transition. A system that was on increased monitoring under Stage 1 must remain on increased monitoring until it qualifies for a return to routine monitoring under 41.6(3)*"e"*(3). The system must conduct the increased monitoring at the monitoring locations in the monitoring plan developed under 41.6(3)*"b,"* beginning on the date identified in 41.6(3)*"a"*(1).

(3) Return to routine monitoring frequency. A system may return to routine monitoring once it has conducted increased monitoring for at least four consecutive quarters and the LRAA for every monitoring location is less than or equal to 0.060 mg/L for TTHM and less than or equal to 0.045 mg/L for HAA5. A system may not have any monitoring violations during the most recent four consecutive quarters.

f. Operational evaluation level (OEL).

(1) TTHM OEL. The TTHM OEL is determined by the sum of the two previous quarters' TTHM results plus twice the current quarter's TTHM result, divided by four to determine an average. If that average exceeds 0.080 mg/L, a system has exceeded the TTHM OEL.

(2) HAA5 OEL. The HAA5 OEL is determined by the sum of the two previous quarters' HAA5 results plus twice the current quarter's HAA5 result, divided by four to determine an average. If that average exceeds 0.060 mg/L, a system has exceeded the HAA5 OEL.

(3) OEL compliance. A system must calculate the OEL at any monitoring location that has a single analytical result in excess of the TTHM or HAA5 MCL in the analytical data used to calculate the current 12-month LRAA. A system must determine compliance with the OEL every quarter.

(4) OEL exceedance requirements. A system must conduct an operational evaluation and submit a written evaluation report to the department within 90 days after the system is notified of the analytical result that caused it to exceed the OEL. The report must be made available to the public upon request. The report must include an evaluation of system treatment and distribution operational practices, including storage tank operations, excess storage capacity, distribution system flushing, changes in source water or source water quality, and treatment changes or problems that may contribute to DBP formation, and what steps could be considered to minimize future exceedances.

1. A system may request that the department limit the scope of the evaluation if it is able to identify the cause of the OEL exceedance. The 90-day report submission deadline cannot be extended.

2. A system must have written department approval to limit the scope of the evaluation. The approval must be kept with the completed report.

g. Reporting and recordkeeping. All systems required to comply with this rule must meet the reporting requirements of 567—paragraph 40.8(3)*"d,"* and retain monitoring plans and analytical results as required by 567—subrule 40.9(8).

567—41.7(455B) Groundwater (GW) rule: sanitary survey, microbial source water monitoring, TT.

41.7(1) *General requirements.*

a. Scope. The requirements of this rule constitute national primary drinking water regulations.

b. Applicability. This rule applies to all PWSs that use GW, except for PWSs that combine all of their GW with SW or with IGW prior to treatment under 567—43.5(455B). For the purposes of this rule, "GW system" is defined as any PWS meeting this applicability statement, including consecutive systems receiving finished GW. For the purposes of this rule, "4-log virus treatment" means treatment that includes inactivation, removal, or a department-approved combination of inactivation and removal before or at the first customer of 4-log (99.99 percent) of viruses.

c. General. Systems subject to this rule must comply with the following:

(1) Sanitary survey requirements for all GW systems are described in 41.7(2).

(2) Microbial source water monitoring requirements for GW systems that do not treat all of their GW to at least 99.99 percent (4-log) virus treatment, as described in 41.7(3).

(3) TT requirements that apply to GW systems either with fecally contaminated source waters, as determined by monitoring conducted under 41.7(3), or with significant department-identified deficiencies. A GW system with fecally contaminated source water or with significant deficiencies subject to the TT requirements of this rule must implement one or more of the following corrective action options:

1. Correct all significant deficiencies;
2. Provide an alternate source of water;
3. Eliminate the source of contamination; or
4. Provide treatment that reliably achieves at least 4-log virus treatment before or at the first customer.

(4) GW systems that provide at least 4-log virus treatment must conduct compliance monitoring to demonstrate treatment effectiveness, as described in 41.7(4).

(5) If requested, GW systems must provide information that will enable the department to perform a hydrogeologic sensitivity assessment. For the purposes of this rule, "hydrogeologic sensitivity assessment" is a determination of whether GW systems obtain water from hydrogeologically sensitive settings.

(6) Analyses under this rule shall only be conducted by laboratories certified in accordance with 567—Chapter 83.

41.7(2) *Sanitary surveys for GW systems.* For the purposes of this rule, a "sanitary survey" conducted in accordance with 567—subrule 43.1(7), includes, but is not limited to, an on-site review of the water sources (identifying sources of contamination using source water assessments or other relevant information), facilities, equipment, operation, maintenance, and monitoring compliance of a PWS.

41.7(3) *GW source microbial monitoring and analytical methods.* A GW system that has a department-approved 4-log virus treatment process and is fulfilling the requirements of 41.7(4)*"b"* is not required to conduct the triggered source water monitoring under 41.7(3)*"a."*

a. Triggered source water monitoring requirements.

(1) General. A GW system must conduct triggered source water monitoring if it:

1. Does not provide at least 4-log virus treatment for each GW source; and

2. Is notified that a sample collected under 41.2(1)*"e"* and *"f"* is total coliform-positive, and the sample is not invalidated under 41.2(1)*"d."*

(2) Sampling. A GW system must collect at least one GW source sample from each GW source in use at the time the total coliform-positive sample was collected under 41.2(1)*"e"* and *"f"* that could have reasonably contributed to the positive sample. The source sample must be collected within 24 hours of the system's receipt of the total coliform-positive sample.

1. The department may extend the 24-hour time limit on a case-by-case basis if the system cannot collect the GW source sample within 24 hours due to circumstances beyond its control. The department must specify how much time the system has to collect the sample.

2. A GW system serving 1,000 or fewer people may use a repeat sample collected from a GW source to meet both the requirements of 41.2(1)*"g"* and this paragraph if:

- The department approves the use of *E. coli* as the fecal indicator,
- The system only has one GW source required to be sampled,
- The system has no treatment, and
- Should the source water sample be *E. coli*-positive, the system would incur an acute coliform bacteria MCL violation, and would need to comply with Tier 1 PN requirements and the additional sample monitoring in 41.7(3)*"a"*(3).

(3) Additional sampling. Unless the department requires corrective action for a valid triggered source water sample that tested positive for the fecal indicator, the system must collect five additional source water samples from that same source within 24 hours of receipt of a fecal indicator-positive sample result.

(4) Consecutive and wholesale systems. In addition to the other requirements in this paragraph:

1. A consecutive GW system that has a total coliform-positive sample collected under 41.2(1)*"f"* must notify the wholesale system(s) within 24 hours of receipt of the total coliform-positive sample, and

2. A wholesale GW system that does not provide 4-log virus treatment must comply with the following:

- A wholesale GW system that receives notice from a consecutive system it serves that a sample collected under 41.2(1)*"f"* is total coliform-positive must, within 24 hours of receipt, collect triggered sample(s) from its GW source(s) under 41.7(3)*"a"*(2) and analyze the sample(s) for a fecal indicator.
- If the triggered source sample(s) is fecal indicator-positive, the wholesale GW system must, within 24 hours of receipt of the result, notify all consecutive systems served by that GW source of the fecal indicator-positive result and collect the required additional five source water samples in accordance with 41.7(3)*"a."*

(5) Exceptions. A GW system is not required to comply with the triggered source water monitoring requirements of this paragraph if either of the following conditions exists:

1. The department determines in writing that the total coliform-positive sample collected under 41.2(1)*"e"* and *"f"* was caused by a distribution system deficiency; or

2. The total coliform-positive sample collected under 41.2(1)*"e"* and *"g"* is collected at a location that meets department criteria for distribution system conditions that will cause total coliform-positive samples.

b. Assessment source water monitoring. If directed by the department, GW systems must conduct assessment source water monitoring that meets department-determined requirements. GW systems conducting assessment source water monitoring may use a triggered source water sample collected under 41.7(3)*"a"*(2) to meet the requirements of this paragraph. Department-determined assessment source water monitoring requirements may include:

(1) Collection of:

1. A total of 12 GW source samples representing each month the system provides GW to the public;

2. Samples from each well, unless the system obtains written department approval to conduct monitoring at one or more wells within the GW system that are representative of multiple wells used by that system and that draw water from the same hydrogeologic setting;

3. A standard sample volume of at least 100 mL for fecal indicator analysis, regardless of technical indicator or analytical method used;

4. GW source samples at a location before any treatment of the GW source, unless the department approves a sampling location after treatment; and

5. GW source samples at the well itself, unless the system's configuration does not allow for sampling at the well itself and the department approves an alternate sampling location representative of the water quality of that well; or

(2) Analysis of all GW source samples using one of the analytical methods listed in 41.7(3)*"c"* for the presence of *E. coli*, enterococci, or coliphage.

c. Analytical methods.

(1) GW systems subject to the source water monitoring requirements of this rule must collect a standard sample volume of at least 100 mL for fecal indicator analysis regardless of the fecal indicator or analytical method used.

(2) GW systems must analyze all GW source samples collected under this rule using one of the analytical methods in the following table for the presence of *E. coli*, enterococci, or coliphage.

Analytical Methods for Source Water Monitoring

Fecal Indicator[1]	Methodology	Method Citation
E. coli	Colilert[3]	9223B[2, 12, 13], 9223 B-97, B-04[18]
	Colisure[3]	9223B[2, 12, 13], 9223 B-97, B-04[18]
	Membrane filter method with MI agar	EPA Method 1604[4]
	Colilert-18	9223B[2, 12, 13], 9223B-97, B-0418
	m-ColiBlue24 Test[5]	
	E*Colite Test[6]	
	EC-MUG[7]	9221F[2, 13], 9221 F-06[18]
	NA-MUG[7]	9222G[2]
	Readycult	Readycult[14]
	Colitag	Modified Colitag[15]
	Chromocult	Chromocult[16]
	Tecta EC/TC	Tecta EC/TC[19]
Enterococci	Multiple-tube technique	9230B[2], 9230 B-04[18]
	Membrane filter technique	9230C[2], EPA Method 1600[8]
	Enterolert[9]	
Coliphage	Two-step enrichment presence-absence procedure	EPA Method 1601[10], FastPhage[17]
	Single agar layer procedure	EPA Method 1602[11]

Analyses must be conducted in accordance with the documents listed below. The Director of the Federal Register approves the incorporation by reference of the documents listed in footnotes 2 through 11 in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. Copies may be obtained from the sources listed below or inspected at EPA's Drinking Water Docket or at NARA.

[1]The time from sample collection to initiation of analysis may not exceed 30 hours. GW systems are encouraged but not required to hold samples below 10 degrees Celsius during transit.

[2]Methods are described in SM, 20th edition (1998).

[3]Medium is available through IDEXX Laboratories, Inc., One IDEXX Drive, Westbrook, ME 04092.

[4]EPA Method 1604: Total Coliforms and Escherichia coli in Water by Membrane Filtration Using a Simultaneous Detection Technique (MI Medium); September 2002, EPA 821-R-02-024, www.nemi.gov.

[5]A description of the m-ColiBlue24 Test, "Total Coliforms and *E. coli* Membrane Filtration Method with m-ColiBlue24 Broth," Method No. 10029, Revision 2, August 17, 1999, Hach Company, 100 Dayton Avenue, Ames, IA 50010.

[6]A description of the E*Colite Test, "Charm E*Colite Presence/Absence Test for Detection and Identification of Coliform Bacteria and *Escherichia coli* in Drinking Water," January 9, 1998, Charm Sciences, Inc., 659 Andover Street, Lawrence, MA 01843-1032.

[7]EC-MUG (Method 9221F) or NA-MUG (Method 9222G) can be used for *E. coli* testing step as described in 41.2(1)"f"(6) or (7) after use of SM 9221B, 9221D, 9222B, or 9222C.

[8]EPA Method 1600: Enterococci in Water by Membrane Filtration Using Membrane-Enterococcus Indoxyl-β-D-Glucoside Agar (MEI), EPA 821-R-02-022 (September 2002), is an approved variation of SM 9230C, www.nemi.gov. The holding time and temperature for GW samples is specified in footnote 1 above, rather than as specified in Section 8 of EPA Method 1600.

[9]Medium is available through IDEXX Laboratories, Inc., One IDEXX Drive, Westbrook, ME 04092. Preparation and use of the medium is set forth in the article "Evaluation of Enterolert for Enumeration of Enterococci in Recreational Waters" by Budnick, G.E., Howard, R.T., and Mayo, D.R., 1996, Applied and Environmental Microbiology, 62:3881-3884.

[10]EPA Method 1601: Male-Specific (F+) and Somatic Coliphage in Water by Two-Step Enrichment Procedure; April 2001, EPA 821-R-01-030, www.nemi.gov.

[11]EPA Method 1602: Male-Specific (F+) and Somatic Coliphage in Water by Single Agar Layer (SAL) Procedure; April 2001, EPA 821-R-01-029, www.nemi.gov.

[12]SM, 21st edition (2005).

[13]SM, 22nd edition (2012).

[14]Readycult Method, "Readycult Coliforms 100 Presence/Absence Test for Detection and Identification of Coliform Bacteria and *Escherichia coli* in Finished Waters," January 2007, Version 1.1. EMD Millipore, 290 Concord Road, Billerica, MA 01821.

[15]Modified Colitag Method, "Modified Colitag Test Method for the Simultaneous Detection of *E. coli* and Other Total Coliforms in Water (ATP D05-0035)," August 28, 2009, www.nemi.gov or CPI International, 5580 Skylane Blvd., Santa Rosa, CA 95403.

[16]Chromocult Method, "Chromocult Coliform Agar Presence/Absence Membrane Filter Test Method for Detection and Identification of Coliform Bacteria and *Escherichia coli* in Finished Waters," November 2000, Version 1.0. EMD Millipore, 290 Concord Road, Billerica, MA 01821.

[17]Charm Sciences, Inc., "FastPhage Test Procedure. Presence/Absence for Coliphage in Ground Water with Same Day Positive Prediction," Version 009, November 2012, www.federalregister.gov.

[18]SM Online. The year in which each method was approved is designated by the last two digits in the method number. The methods listed are the only online versions that may be used.

[19]Tecta EC/TC. "Presence/Absence Method for Simultaneous Detection of Total Coliforms and *Escherichia coli* in Drinking Water," April 2014. Veolia Water Solutions and Technologies, Suite 4697, Biosciences Complex, 116 Barrie Street, Kingston, Ontario, Canada K7L 3N6.

d. Invalidation of a fecal indicator-positive GW source sample.

(1) GW systems may obtain invalidation from the department of a fecal indicator-positive GW source sample collected under 41.7(3)*"a"* only under these conditions:

1. The system provides the department with written notice from the laboratory that improper sample analysis occurred; or

2. The department determines in writing that there is substantial evidence that a fecal indicator-positive GW source sample is not related to source water quality.

(2) If the department invalidates a fecal indicator-positive GW source sample, the system must collect another source water sample under 41.7(3)*"a"* within 24 hours of department notification of the invalidation decision. The sample must be analyzed for the same fecal indicator using the analytical methods in 41.7(3)*"c."* The department may extend the 24-hour time limit on a case-by-case basis if the system cannot collect the source water sample within 24 hours due to circumstances beyond its control. For an extension, the department must specify how much time the system has to collect the sample.

e. Sampling location.

(1) Any GW source sample required under 41.7(3)*"a"* must be collected at a location prior to any treatment of the GW source, unless the department approves a sampling location after treatment.

(2) If the system's configuration does not allow for sampling at the well itself, the system may collect a sample at a department-approved location to meet the requirements of 41.7(3)*"a"* if the sample is representative of the water quality of that well.

f. New sources. As directed by the department, a GW system that places a new GW source into service must conduct assessment source water monitoring, including the sampling and analysis in 41.7(3)*"b"*(3) to 41.7(3)*"b"*(6). If directed, the system must begin monitoring before the GW source is used to provide water to the public.

g. PN. A system with a GW source sample collected under 41.7(3)*"a"* or *"b"* that is fecal indicator-positive and that is not invalidated under 41.7(3)*"d,"* including consecutive systems served by the GW source, must conduct Tier 1 PN under 567—subrule 40.5(2).

h. Monitoring violations. Failure to meet the requirements of 41.7(3)*"a"* through *"f"* is a monitoring violation that requires the system to provide Tier 3 PN under 567—subrule 40.5(4).

41.7(4) *GW system TT requirements.*

a. GW systems with significant deficiencies or source water fecal contamination.

(1) The TT requirements of this subrule must be met by GW systems when a significant deficiency is identified or when a GW source sample collected under 41.7(3)*"a"*(3) is fecal indicator-positive.

(2) If directed by the department, a GW system with a GW source sample collected under 41.7(3)*"a"*(2), *"a"*(4), or 41.7(3)*"b"* that is fecal indicator-positive must comply with the TT requirements of this subrule.

(3) When a significant deficiency is identified at a SW or IGW system that also uses a GW source not under the influence of SW, the system must comply with provisions of this paragraph, except in cases where the department determines that the significant deficiency is in a portion of the distribution system that is served solely by the SW or IGW source.

(4) Unless the department directs the GW system to implement a specific corrective action, the system must consult with the department regarding the appropriate corrective action within 30 days of either receiving a written department notice of a significant deficiency, written notice from a laboratory that a GW source sample collected under 41.7(3)*"a"*(3) is fecal indicator-positive, or direction from the department that a fecal indicator-positive sample collected under 41.7(3)*"a"*(2), *"a"*(4), or 41.7(3)*"b"* requires corrective action. For the purposes of this subrule, significant deficiencies include, but are not limited to, defects in design, operation, or maintenance, or a failure or malfunction of the sources, treatment, storage, or distribution system that the department determines to be causing, or have potential for causing, the introduction of contamination into the water delivered to consumers.

(5) Within 120 days, or earlier if directed by the department, of either receiving written department notification of a significant deficiency, written notice from a laboratory that a GW source sample collected under 41.7(3)*"a"*(3) is fecal indicator-positive, or direction from the department that a fecal indicator-positive sample collected under 41.7(3)*"a"*(2), *"a"*(4), or 41.7(3)*"b"* requires corrective action, the GW system must either:

1. Have completed corrective action in accordance with applicable department plan review processes or other department guidance or direction, if any, including department-specified interim measures; or

2. Be in compliance with a department-approved corrective action plan and schedule, subject to the following conditions:

- Any subsequent modifications to a department-approved corrective action plan and schedule must also be approved by the department; and
- If the department specifies interim measures for public health protection, pending department approval of the corrective action plan and schedule, or pending completion of the corrective action plan, the system must comply with these interim measures in addition to any department-specified schedule.

(6) Corrective action alternatives. GW systems meeting the conditions of 41.7(4)*"a"*(1) or *"a"*(2) must implement one or more of the following corrective action alternatives:

1. Correct all significant deficiencies;
2. Provide an alternate source of water;
3. Eliminate the source of contamination; or
4. Provide treatment that reliably achieves at least 4-log virus treatment for the GW source.

(7) Special PN of significant deficiencies or source water fecal contamination.

1. In addition to the Tier 1 PN requirements of 567—subrule 40.5(2), a community GW system that receives department notice of a significant deficiency or notification of a fecal indicator-positive GW source sample that is not invalidated under this rule must inform the public served by the water system of the fecal indicator-positive source sample or of any uncorrected significant deficiency, in accordance with 567—paragraph 40.7(9)*"e."* The system must continue to inform the public annually until the significant deficiency is corrected or until the department determines that the fecal contamination in the GW source is corrected, in accordance with 41.7(3)*"a"*(5).

2. In addition to the Tier 1 PN requirements of 567—subrule 40.5(2), a noncommunity GW system that receives department notice of a significant deficiency must inform the public served by the system, in a department-approved manner, of any significant deficiency that is not corrected within 12 months of department notification or earlier if directed by the department. The system must continue to inform the public annually until the significant deficiency is corrected. The information must include:

- The nature of the significant deficiency and the date it was identified by the department;
- The department-approved plan and schedule for correction of the significant deficiency, including interim measures, progress to date, and any interim measures completed; and
- For systems with a large proportion of non-English speaking consumers, as determined by the department, information in the applicable language(s) regarding the importance of the notice, or a telephone number or address where consumers may contact the system to obtain a translated copy of the notice or assistance in the appropriate language.

3. If directed by the department, an NCWS with significant deficiencies that have been corrected must inform its customers of the significant deficiencies, how the deficiencies were corrected, and the dates of correction under 41.7(4)*"a"*(7)"2."

b. Compliance monitoring.

(1) Existing GW sources. A GW system that provides at least 4-log virus treatment must submit a request to the department to avoid the source water monitoring requirements of 41.7(3). The request must include engineering, operational, or other information that the department may need to evaluate the submission. The department must approve the request in writing before the system can avoid the GW source monitoring requirements. The system's operation permit will include the mandatory operational requirements for the approved 4-log virus treatment. If the system subsequently discontinues 4-log virus treatment or no longer wishes to be exempt, the system must conduct GW source monitoring as required under 41.7(3).

(2) New GW sources. A GW system that places a GW source in service that is not required to meet the source water monitoring requirements of this subrule because it provides at least 4-log virus treatment for the GW source must comply with the following requirements:

1. The system must notify the department in writing that it provides at least 4-log virus treatment for the GW source. The department notification must include engineering, operational, or other information that the department requests to evaluate the submission. The contact time values for virus inactivation using free chlorine, chlorine dioxide, and ozone are in 567—Chapter 43, Appendix C. No CT table is provided for chloramines and total chlorine as the CT values would be prohibitively high for GW systems.

2. The system must conduct compliance monitoring under 41.7(4)*"b"*(3) within 30 days of placing the source in service.

3. The system must conduct GW source monitoring under 41.7(3) if it subsequently discontinues 4-log virus treatment for the GW source.

(3) Monitoring requirements. A GW system subject to 41.7(4)*"a,"* 41.7(4)*"b"*(1), and *"b"*(2) must monitor the effectiveness and reliability of treatment for that GW source before or at the first customer as follows:

1. Chemical disinfection. A GW system must monitor the residual disinfectant concentration, using analytical methods specified in 567—subparagraph 43.5(4)*"a"*(4), at a department-approved location and must record the lowest residual disinfectant concentration each day that water from the GW source is served to the public. A GW system must maintain the department-determined minimum residual disinfectant concentration every day the GW system serves water from the GW source to the public.

- A GW system serving more than 3,300 people must monitor continuously. If there is a failure in the continuous monitoring equipment, the system must conduct grab sampling every four hours until the continuous monitoring equipment is returned to service. The system must resume continuous residual disinfectant monitoring within 14 days.
- A GW system serving 3,300 or fewer people must take a daily grab sample during the hour of peak flow or at another department-specified time. If any daily grab sample measurement falls below the

department-determined minimum residual disinfectant concentration, the system must take follow-up samples every four hours until the residual disinfectant concentration is restored to the department-determined minimum level. Alternatively, a GW system that serves 3,300 or fewer people may monitor continuously and meet the requirements of 41.7(4)*"b"*(3)"1," first bulleted paragraph.

2. Membrane filtration. A GW system using membrane filtration to meet the requirements of this paragraph to provide at least 4-log virus treatment must monitor and operate the membrane filtration process in accordance with all department-specified monitoring and compliance requirements. A GW system that uses membrane filtration is in compliance with the requirement to achieve at least 4-log virus removal when:

- The membrane has an absolute molecular weight cut-off (MWCO), or an alternate parameter that describes the exclusion characteristics of the membrane, that can reliably achieve at least 4-log virus removal;
- The membrane process is operated in accordance with department-specified compliance requirements; and
- The integrity of the membrane is intact.

3. Alternative treatment. A GW system using a department-approved alternative treatment to meet the requirements of 41.7(4)*"b"* by providing at least 4-log virus treatment must:

- Monitor the alternative treatment in accordance with all department-specified monitoring requirements; and
- Operate the alternative treatment in accordance with all compliance requirements that the department determines to be necessary to achieve at least 4-log virus treatment.

c. Discontinuing treatment. A GW system may discontinue 4-log virus treatment for a GW source if the department determines in writing that 4-log virus treatment is no longer necessary for that GW source. A system that discontinues 4-log virus treatment is subject to 41.7(3).

d. Monitoring violation. Failure to meet the monitoring requirements of 41.7(4)*"b"* is a monitoring violation and requires the GW system to provide Tier 3 PN under 567—subrule 40.5(4).

41.7(5) *GW system TT violations.* A GW system must give Tier 2 PN under 567—subrule 40.5(3) for the TT violations specified in this subrule.

a. Significant deficiency. A GW system with a significant deficiency is in violation of the TT requirement if, within 120 days (or earlier if directed by the department) of receiving written department notice of the significant deficiency, the system:

(1) Does not complete corrective action in accordance with any applicable department plan review processes or other department direction, including department-specified interim measures; or

(2) Is not in compliance with a department-approved corrective action plan and schedule.

b. Fecal indicator-positive source sample. Unless the department invalidates a fecal indicator-positive GW source sample under 41.7(3)*"d"*(1), a GW system is in violation of the TT requirement if, within 120 days (or earlier if directed by the department) of meeting the conditions of 41.7(4)*"a"*(1) or *"a"*(2), the system:

(1) Does not complete corrective action in accordance with any applicable department plan review processes or other department direction, including department-specified interim measures; or

(2) Is not in compliance with a department-approved corrective action plan and schedule.

c. Failure to maintain 4-log treatment. A GW system subject to 41.7(4)*"b"*(3) that fails to maintain at least 4-log virus treatment for a GW source is in violation of the TT requirement if the failure is not corrected within four hours of the determination that the system is not maintaining at least 4-log virus treatment before or at the first customer.

41.7(6) *GW system reporting and recordkeeping.*

a. Reporting. In addition to meeting the requirements of 567—subrule 40.8(1), GW systems must provide the following information to the department:

(1) A GW system conducting compliance monitoring under 41.7(4)*"b"* must provide notification any time it fails to meet any of the requirements for 4-log virus treatment including, but not limited to, minimum residual disinfectant concentration, membrane operating criteria or membrane integrity, and alternative treatment operating criteria, if operation in accordance with the criteria or requirements is not

restored within four hours. Notification must be provided as soon as possible but in no case later than the end of the next business day.

(2) Notification of action completion, within 30 days of completing any corrective action under 41.7(4)*"a."*

(3) If a GW system subject to 41.7(3)*"a"* does not conduct source water monitoring under 41.7(3)*"a"*(5)"2," the system must provide documentation within 30 days of the total coliform-positive sample that it met the department's criteria.

b. Recordkeeping. In addition to the requirements in 567—40.9(455B), GW systems must maintain the following information for the specified time period:

(1) Documentation of corrective actions must be kept for not less than ten years.

(2) Documentation of PN required under 41.7(4)*"a"*(7) must be kept for not less than three years.

(3) Records of decisions under 41.7(3)*"a"*(5)"2" and records of fecal indicator-positive GW source sample invalidation under 41.7(3)*"d"*(1) must be kept for not less than five years.

(4) For consecutive systems, documentation of notification to the wholesale system(s) of total coliform-positive samples that are not invalidated under 41.2(1)*"d"* must be kept for not less than five years.

(5) Systems, including wholesale systems, required to perform compliance monitoring under 41.7(4)*"b"*(1), must maintain the following records:

1. The department-specified minimum disinfectant residual must be kept for not less than ten years.

2. Both the lowest daily residual disinfectant concentration and the date and duration of any failure to maintain the department-prescribed minimum residual disinfectant concentration for more than four hours must be kept for not less than five years.

3. Department-specified compliance requirements for membrane filtration, department-specified parameters for department-approved alternative treatment, and the date and duration of any failure to meet the membrane operating, membrane integrity, or alternative treatment operating requirements for more than four hours must be kept for not less than five years.

567—41.8(455B) Radionuclides.

41.8(1) *Radionuclides.*

a. Applicability.

(1) This rule applies to all CWSs and specifies radionuclide MCLs, analytical methodology requirements, and monitoring requirements. Radionuclide reporting requirements are listed in 567—subrule 40.8(1), PN requirements are in 567—40.5(455B), and BAT is in 567—subparagraph 43.3(10)*"b"*(3). All CWSs must comply with the requirements and MCLs for gross alpha particle activity, radium-226, radium-228, uranium, beta particle activity, and photon emitter radioactivity. Only those CWSs designated by the department to be vulnerable to man-made radioactivity contamination are required to monitor for beta particle activity and photon emitter radioactivity. To determine whether a system is vulnerable to man-made nuclear radioactivity, the department will evaluate proximity to a nuclear facility, source water, historical analytical data, ongoing surveillance data from the nuclear facility, and any other factor considered to be relevant.

(2) Compliance dates. CWS must comply with the MCLs in 41.8(1)*"b"*(1). Compliance shall be determined in accordance with 41.8(1)*"c"* through *"f."* Compliance with the radionuclides reporting requirements is required. All CWSs must conduct initial monitoring to determine compliance with 41.8(1)*"b"*(1) by December 31, 2007.

b. MCLs for radionuclides.

(1) Gross alpha particle activity, radium-226, radium-228, and uranium MCLs are specified in the following table:

Contaminant	MCL
Gross alpha particle activity, including Radium-226 but excluding radon and uranium	15 pCi/L
Combined Radium-226 and Radium-228	5 pCi/L[1]
Uranium	30 μg/L

[1]Determine the combined radium-226 and radium-228 by the adding the results of analysis for radium-226 and radium-228.

(2) Beta particle activity and photon radioactivity MCLs.

1. The average annual concentration of beta particle and photon radioactivity from man-made radionuclides in drinking water must not produce an annual dose equivalent to the total body or any internal organ greater than 4 mrem/year.

2. Except for the radionuclides listed below, the concentration of man-made radionuclides causing 4 mrem total body or organ dose equivalents must be calculated on the basis of 2 liter per day drinking water intake, using the 168-hour data lists in "Maximum Permissible Body Burdens and Maximum Permissible Concentrations of Radionuclides in Air and in Water for Occupational Exposure," National Bureau of Standards Handbook 69 as amended August 1963, U.S. Department of Commerce. If two or more radionuclides are present, the sum of their annual dose equivalent to the total body or to any organ shall not exceed 4 mrem/year.

Average Annual Concentrations Assumed to Produce a Total Body or Organ Dose of 4 mrem/year

Radionuclide	Critical Organ	Concentration
Strontium-90	Bone marrow	8 pCi/L
Tritium	Total body	20,000 pCi/L

c. Detection limits and compliance determinations. Compliance with the radionuclide MCLs will be determined based on the analytical results obtained at each sampling point. If one sampling point is in violation of an MCL, the system is in violation of the MCL. If a system is in violation of an MCL, the supplier of the water is required to give notice to the department in accordance with 567—subrule 40.8(1) and to provide PN as required by rule 567—40.5(455B).

(1) Detection limits. When monitoring gross alpha particle activity, radium-226, radium-228, uranium, and beta particle and photon radioactivity concentration in drinking water, the required sensitivity of the radioanalysis is defined in terms of a detection limit. The detection limit shall be that concentration which can be counted with a precision of plus or minus 100 percent at the confidence level (1.960 sigma, where sigma is the standard deviation of the net counting rate of the sample).

1. To determine compliance with the specified radionuclide MCLs, the detection limit shall not exceed the following concentrations:

Detection Limits for Gross Alpha Particle Activity, Radium-226, Radium-228, and Uranium

Contaminant	Detection Limit
Gross alpha particle activity	3 pCi/L
Radium-226	1 pCi/L
Radium-228	1 pCi/L
Uranium	1 µg/L

2. To determine compliance with the specified radionuclide MCLs, the detection limits shall not exceed the following concentrations:

Detection Limits for Man-Made Beta Particle and Photon Emitters

Contaminant	Detection Limit
Gross beta	4 pCi/L
Cesium-134	10 pCi/L
Iodine-131	1 pCi/L
Strontium-89	10 pCi/L
Strontium-90	2 pCi/L
Tritium	1,000 pCi/L
Other radionuclides	1/10 of the applicable limit

(2) Compliance determination.

1. For systems monitoring more than once per year, MCL compliance is determined by a running annual average (RAA) at each sampling point. If the average of any sampling point is greater than the MCL, the system is immediately in violation of the MCL. If any sample result causes the RAA to exceed the MCL at any sample point, the system is immediately in violation of the MCL.

2. Systems monitoring annually or less frequently whose sample result exceeds the MCL must revert to quarterly sampling for that contaminant during the next quarter. Systems are required to conduct quarterly monitoring only at the SEP at which the sample was collected and for the specific contaminant that triggered the increased monitoring frequency. Systems triggered into increased monitoring will not be considered in violation of the MCL until they have completed one year of quarterly sampling. If any sample result causes the RAA to exceed the MCL at any sample point, the system is immediately in violation of the MCL.

3. Systems must include all samples taken and analyzed under the provisions of this rule in determining compliance, even if that number is greater than the minimum required by the department.

4. If a system does not collect all required samples when compliance is based on an RAA of quarterly samples, compliance will be based on the running average of the samples collected.

5. If a sample result is less than the detection limit, use a value of zero to calculate the annual average.

6. The department may invalidate results of obvious sampling or analytical errors.

7. To judge compliance with the radionuclide MCLs, averages of data shall be used and shall be rounded to the same number of significant figures as the MCL for the contaminant in question.

(3) The department will determine compliance or initiate enforcement action based upon analytical results or other information compiled by department staff or the department's designee.

(4) The department may assign additional requirements deemed necessary to protect public health, including PN requirements.

d. Radionuclide analytical methodology. Analysis for radionuclides shall be conducted to determine compliance with the radionuclide MCLs in accordance with the methods in the following table, or equivalent methods determined in accordance with rule 567—41.10(455B).

(1) Radionuclide Analytical Methodology Table.

Radionuclide Analytical Methodology

Contaminant	Methodology	Reference (method or page number)								
		EPA[1]	EPA[2]	EPA[3]	EPA[4]	SM[5]	ASTM[6]	USGS[7]	DOE[8]	Other
Naturally occurring:										
Gross alpha[11] & beta	Evaporation	900.0	p. 1	00-01	p. 1	302, 7110B, 7110 B-00		R-1120-76		
Gross alpha[11]	Co-precipitation			00-02		7110C, 7110 C-00				
Radium-226	Radon emanation	903.1	p. 16	Ra-04	p. 19	305, 7500-Ra C, 7500Ra C-01	D 3454-97, 05	R-1141-76	Ra-04	NY[9]
	Radiochemical	903.0	p. 13	Ra-03		304, 7500-Ra B, 7500-Ra B-01	D 2460-97, 07	R-1140-76		GA[14]
Radium-228	Radiochemical	904.0	p. 24	Ra-05	p. 19	7500-Ra D, 7500-Ra D-01		R-1142-76		NY[9] NJ[10] GA[14]
Uranium[12]	Radiochemical	908.0				7500-U B, 7500-U B-00				
	Fluorometric	908.1				7500-U C (17th ed.)	D 2907-97	R-1180-76 R-1181-76	U-04	
	ICP-MS	200.8[13]				3125	D 5673-03, 05, 10			
	Alpha spectrometry			00-07	p. 33	7500-U C, 7500-U C-00	D 3972-97, 02, 09	R-1182-76	U-02	
	Laser phosphorimetry						D 5174-97, 02, 07			

Contaminant	Methodology	Reference (method or page number)								
		EPA[1]	EPA[2]	EPA[3]	EPA[4]	SM[5]	ASTM[6]	USGS[7]	DOE[8]	Other
	Alpha liquid scintillation spectrometry						D 6239-09			
Man-made:										
Radioactive Cesium	Radiochemical	901.0	p. 4			7500-Cs B, 7500-Cs B-00	D 2459-72	R-1111-76		
	Gamma ray spectrometry	901.1			p. 92	7120, 7120-97	D 3649-91, 98a, 06	R-1110-76	4.5.2.3	
Radioactive Iodine	Radiochemical	902.0	p. 6 p. 9			7500-I B, 7500-I B-00 7500-I C, 7500-I C-00 7500-I D, 7500-I D-00	D 3649-91, 98a, 06			
	Gamma ray spectrometry	901.1			p. 92	7120, 7120-97	D 4785-93, 00a, 08		4.5.2.3	
Radioactive Strontium 89, 90	Radiochemical	905.0	p. 29	Sr-04	p. 65	303, 7500-Sr B, 7500-Sr B-01		R-1160-76	Sr-01 Sr-02	
Tritium	Liquid scintillation	906.0	p. 34	H-02	p. 87	306, 7500-^{3}H B, 7500-^{3}H B-00	D 4107-91, 98 (Reapproved 2002), 08	R-1171-76		
Gamma emitters	Gamma ray spectrometry	901.1 902.0 901.0			p. 92	7120 7500-Cs B, 7500-Cs B-00, 7500-I B, 7500-I B-00	D 3649-91, 98a, 06 D 4785-93, 00a, 08	R-1110-76	Ga-01-R	

The procedures shall be done in accordance with the documents listed below. The incorporation by reference of documents 1 through 10 was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. Copies may be obtained from the sources listed below. Information regarding the documents can be obtained from the Safe Drinking Water Hotline at 800.426.4791. Documents may be inspected at EPA's Drinking Water Docket or at the Office of Federal Register.

[1]"Prescribed Procedures for Measurement of Radioactivity in Drinking Water," EPA 600/4-80-032, August 1980. NTIS, PB 80-224744.

[2]"Interim Radiochemical Methodology for Drinking Water," EPA 600/4-75-008(revised), March 1976. NTIS, ibid. PB 253258.

[3]"Radiochemistry Procedures Manual," EPA 520/5-84-006, December 1987. NTIS, ibid. PB 84-215581.

[4]"Radiochemical Analytical Procedures for Analysis of Environmental Samples," March 1979. NTIS, ibid. EMSL LV 053917.

[5]SM, 13th, 17th, 18th, 19th, 20th, 21st, and 22nd editions, 1971, 1989, 1992, 1995, 1998, 2005, and 2012. Methods 302, 303, 304, 305, and 306 are in the 13th edition. Methods 7110B, 7500-Ra B, 7500-Ra C, 7500-Ra D, 7500-U B, 7500-Cs B, 7500-I B, 7500-I C, 7500-I D, 7500-Sr B, 7500-3H B are in the 17th, 18th, 19th, 20th, 21st, and 22nd editions. Method 7110C and Method 7500-U C Alpha spectrometry are in the 18th, 19th, 20th, 21st, and 22nd editions. Method 7500-U C Fluorimetric Uranium is in the 17th and 21st editions. Method 7120 is in the 19th, 20th, 21st, and 22nd editions. Method 3125 is in the 20th edition. Methods 7110 B-00, 7110 C-00, 7500-Ra B-01, 7500-Ra C-01, 7500-Ra D-01, 7500-U B-00, 7500-U C-00, 7500-I B-00, 7500-I C-00, 7500-I D-00, 7120-97, 7500-Sr B-01, and 7500-3H B-00. The year that each method was approved is designated by the last two digits in the method number. The methods listed are the only online versions that may be used.

[6]ASTM, Volumes 11.01 and 11.02, 2002. Any year containing the cited version of the method may be used.

[7]"Methods for Determination of Radioactive Substances in Water and Fluvial Sediments," Chapter A5 in Book 5 of Techniques of Water-Resources Investigations of the USGS, 1977. USGS Information Services, Box 25286, Federal Center, Denver, CO 80225-0425.

[8]"EML Procedures Manual," 28th (1997) or 27th (1990) edition, Volumes 1 and 2; either edition may be used. In the 27th edition, Method Ra-04 is listed as Ra-05, and Method Ga-01-R is listed as Sect. 4.5.2.3. Environmental Measurements Laboratory, U.S. Department of Energy, 376 Hudson Street, New York, NY 10014-3621.

[9]"Determination of Ra-226 and Ra-228 (Ra-02)," January 1980, revised June 1982. Radiological Sciences Institute Center for Laboratories and Research, New York State Department of Health, Empire State Plaza, Albany, NY 12201.

[10]"Determination of Radium-228 in Drinking Water," August 1980. State of New Jersey, Department of Environmental Protection, Division of Environmental Quality, Bureau of Radiation and Inorganic Analytical Services, 9 Ewing Street, Trenton, NJ 08625.

[11]Natural uranium and thorium-230 are approved as gross alpha calibration standards for gross alpha with co-precipitation and evaporation methods; americium-241 is approved with co-precipitation methods.

[12]If uranium (U) is determined by mass, a 0.67 pCi/μg of uranium conversion factor must be used. This conversion factor is based on the 1:1 activity ratio of U-234 to U-238 that is characteristic of naturally occurring uranium.

[13]"Determination of Trace Elements in Waters and Wastes by Inductively Coupled Plasma-Mass Spectrometry," Revision 5.4, published in "Methods for the Determination of Metals in Environmental Samples – Supplement 1," EPA 600-R-94-111, May 1994. NTIS, PB 95-125472.

[14]"The Determination of Radium-226 and Radium-228 in Drinking Water by Gamma-Ray Spectrometry Using HPGW or Ge(Li) Detectors," Revision 1.2, December 2004. Environmental Resources Center, Georgia Institute of Technology, 620 Cherry Street, Atlanta, GA 30332-0335.

(2) Method references for other radionuclides. When the identification and measurement of radionuclides other than those listed in 41.8(1)*"b"* are required, the following references shall be used, except in cases where alternative methods have been approved in accordance with 567—41.12(455B).

1. "Procedures for Radiochemical Analysis of Nuclear Reactor Aqueous Solutions," H. L. Krieger and S. Gold, EPA-R4-73-014, EPA, Cincinnati, Ohio 45268 (May 1973).

2. "HASL Procedure Manual," edited by John H. Harley. HASL 300, ERDA Health and Safety Laboratory, New York, NY (1973).

e. Monitoring requirements for gross alpha, radium-226, radium-228, and uranium.

(1) General.

1. Monitoring frequency and confirmation samples. The department may require more frequent monitoring than specified in this paragraph and may require confirmation samples at its discretion. The results of the initial and confirmation samples will be averaged for use in compliance determinations.

2. Monitoring period. Each PWS shall monitor during the time period specified in the operation permit.

(2) Applicability and sampling locations.

1. Existing systems and sources. All existing CWSs must sample at every SEP representative of all sources being used under normal operating conditions. Systems must take each sample at the same SEP sampling point, unless conditions make another alternate sampling point more representative of each source, or the department has designated a distribution system location, in accordance with this paragraph. The department must approve any alternate sampling point for radionuclides.

2. New systems and sources. All new CWSs or CWSs that use a new source of water must begin initial monitoring for the new system or source within the first calendar quarter after initiating use of the system or source. More frequent monitoring must be conducted by a CWS when required by the department, in the event of possible contamination, or when changes in the distribution system or treatment processes occur which may increase the concentration of radioactivity in finished water.

(3) Initial monitoring. Systems must conduct initial monitoring for gross alpha particle activity, radium-226, radium-228, and uranium as follows. If the average of the initial monitoring results for an SEP is above the MCL, a system must collect and analyze quarterly samples at that SEP until it has results from four consecutive quarters that are at or below the MCL unless it enters into another schedule as part of a formal compliance agreement with the department.

1. Systems without historical monitoring data. Systems without historical monitoring data must collect four consecutive quarterly samples at all SEP sampling points before December 31, 2007. The department may waive the final two quarters of initial monitoring from an SEP if the results of the samples from the previous two quarters are below the detection limit.

2. Systems with historical monitoring data and one SEP. Systems with only one SEP may use historical monitoring data collected between January 1, 2000, and December 31, 2003, from either the representative point in the distribution system or the SEP to satisfy the initial monitoring requirement.

3. Systems with historical SEP monitoring data and multiple SEPs. Systems with multiple SEPs that also have appropriate historical monitoring data for each SEP may use the monitoring data collected between January 1, 2000, and December 31, 2003, to satisfy the initial monitoring requirement.

4. Systems with historical distribution system monitoring data and multiple SEPs. Systems with appropriate historical data for a representative point in the distribution system and multiple SEPs may use the monitoring data collected between January 1, 2000, and December 31, 2003, provided that the department determines that the historical data satisfactorily demonstrates that each SEP is expected to be in compliance based upon the historical data and reasonable assumptions about the variability of

contaminant levels between SEPs. The department must make a written finding indicating how the data conforms to these requirements in order for the data to satisfy the initial monitoring requirements.

(4) Reduced monitoring. The department may allow a CWS to reduce the future monitoring frequency from once every three years to once every six or nine years at each SEP, based on the following criteria. The samples collected during the reduced monitoring period must be used to determine the monitoring frequency for subsequent monitoring periods. If a system has a monitoring result that exceeds an MCL while on reduced monitoring, the system must collect and analyze quarterly samples at that SEP until it has results from four consecutive quarters that are below the MCL unless it enters into another schedule as part of a formal compliance agreement with the department.

1. Nine-year frequency. If the average of the initial monitoring results for each contaminant is below the radionuclide detection limits specified in this subrule, a system must collect and analyze for that contaminant using at least one sample at that SEP every nine years.

2. Six-year frequency. If the average of the initial monitoring results for gross alpha particle activity, uranium, and combined radium-226 and radium-228 is at or above the detection limit and at or below half the MCL for a contaminant, a system must collect and analyze for that contaminant using at least one sample at that SEP every six years. The analytical results for radium-226 and radium-228 must be added together to yield the combined result.

3. Three-year frequency. If the average of the initial monitoring results for gross alpha particle activity, uranium, and combined radium-226 and radium-228 is above half of the MCL and at or below the MCL for a contaminant, a system must collect and analyze for that contaminant using at least one sample at that SEP every three years. The analytical results for radium-226 and radium-228 must be added together to yield the combined result.

(5) Composite samples. To fulfill quarterly monitoring requirements for gross alpha particle activity, radium-226, radium-228, or uranium, a system may composite up to four consecutive quarterly samples from a single entry point if analysis is done within one year of the first sample. The analytical results from the composited samples will be considered by the department as the average analytical result to determine MCL compliance and to determine the future monitoring frequency. If the analytical result from the composited sample is greater than half of the MCL, the department may require additional quarterly samples from the system before the system will be allowed to sample under a reduced monitoring schedule.

(6) Data substitution using gross alpha particle activity results.

1. A gross alpha particle activity measurement may be substituted for the required uranium measurement provided that the measured gross alpha particle activity does not exceed 15 pCi/L.

2. The gross alpha particle activity measurement shall have a confidence interval of 95 percent (1.65 sigma, where sigma is the standard deviation of the net counting rate of the sample) for uranium. When a system uses a gross alpha particle activity measurement in lieu of a uranium measurement, the gross alpha particle activity analytical result will be used to determine the future monitoring frequency for uranium. If the gross alpha particle activity result is less than the detection limit, half the detection limit will be used to determine compliance and the future monitoring frequency.

f. Monitoring requirements for beta particle and photon emitters. To determine compliance with the radionuclide MCLs for beta particle and photon radioactivity, a system must monitor at a frequency specified in this paragraph.

(1) General.

1. Monitoring frequency and confirmation samples. The department may require more frequent monitoring than specified in this paragraph and may require confirmation samples at its discretion. The results of the initial and confirmation samples will be averaged for use in compliance determinations.

2. Monitoring period. Each PWS shall monitor during the time period designated by the department in the operation permit.

(2) Systems designated by the department as vulnerable to man-made radioactivity.

1. Initial monitoring. Systems that have been determined by the department to be vulnerable to man-made radioactivity must collect quarterly samples for beta emitters and annual samples for tritium and strontium-90 at each SEP, beginning within one quarter after being notified by the department of this

requirement. Systems already required to conduct beta particle and photon radioactivity monitoring must continue to sample until the department removes the monitoring requirement.

2. Reduced monitoring. The department may reduce the monitoring frequency at that sampling point to once every three years, if the gross beta particle activity minus the naturally occurring potassium-40 beta particle activity at an SEP has an RAA (computed quarterly) of less than or equal to 50 pCi/L (screening level). Systems must collect all of the samples required in "1" of this subparagraph during the reduced monitoring period.

3. Data substitution. For a system in the vicinity of a nuclear facility, the department may allow the system to utilize environmental surveillance data collected by the nuclear facility in lieu of monitoring at its SEP(s), where the department determines such data is applicable. In the event that there is a release from a nuclear facility, systems using surveillance data must begin monitoring at its SEP(s) in accordance with this subparagraph.

(3) Systems determined to utilize waters contaminated by effluents from nuclear facilities.

1. Initial monitoring. Systems designated by the department as utilizing water contaminated by effluents from nuclear facilities must sample for beta particle and photon radioactivity. Systems must collect quarterly samples for beta emitters and iodine-131 and annual samples for tritium and strontium-90 at each SEP, beginning within one quarter after department notification. Systems already designated by the department as systems using waters contaminated by effluents from nuclear facilities must continue to sample until the department removes the sampling requirement.

- Gross beta particle activity. Quarterly monitoring for gross beta particle activity shall be based on the analysis of monthly samples or the analysis of a composite of three monthly samples. The former is recommended.
- Iodine-131. A composite of five consecutive daily samples shall be analyzed once each quarter for iodine-131. The department may require more frequent monitoring when iodine-131 is identified in the finished water.
- Strontium-90 and tritium. Annual monitoring for strontium-90 and tritium shall be conducted either by analyzing a composite of four consecutive quarterly samples or by analyzing four quarterly samples. The latter is recommended.

2. Reduced monitoring. If the gross beta particle activity minus the naturally occurring potassium-40 beta particle activity at a sampling point has an RAA (computed quarterly) less than or equal to 15 pCi/L (screening level), the department may reduce the monitoring frequency at that sampling point to every three years. Systems must collect all samples required in this subparagraph during the reduced monitoring period.

3. Data substitution. For systems in the vicinity of a nuclear facility, the department may allow a CWS to utilize environmental surveillance data collected by the nuclear facility in lieu of monitoring at the system's entry point(s), where the department determines such data is applicable. In the event that there is a release from a nuclear facility, systems that are using surveillance data must begin monitoring at the CWS SEP in accordance with 41.8(1)*"f"*(2)"1."

(4) Monitoring frequency waiver. A CWS designated by the department to monitor for beta particle and photon radioactivity cannot apply to the department for a waiver from the monitoring frequencies in 41.8(1)*"f"*(2) or (3).

(5) CWSs may analyze for naturally occurring potassium-40 beta particle activity from the same or an equivalent sample used for the gross beta particle activity analysis. Systems are allowed to subtract the potassium-40 beta particle activity value from the total gross beta particle activity value to determine if the screening level is exceeded. The potassium-40 beta particle activity must be calculated by multiplying elemental potassium concentrations (in mg/L) by a factor of 0.82.

(6) If the gross beta particle activity minus the naturally occurring potassium-40 beta particle activity exceeds the appropriate screening level, a sample analysis must be performed to identify the major radioactive constituents present in the sample, and the appropriate doses must be calculated and summed to determine compliance with 41.8(1)*"b"*(2)"1," using the formula in 41.8(1)*"b"*(2)"2." Doses must also be calculated and summed for measured levels of tritium and strontium to determine compliance.

(7) Monitoring after an MCL violation. Systems must monitor monthly at the sampling point(s) that exceed the MCL in 41.8(1)*"b"*(2) beginning the month after the exceedance occurs. Systems must continue monthly monitoring until a system has established, by a rolling average of three monthly samples, that the MCL is being met. Systems that establish that the MCL is being met must return to quarterly monitoring until they meet the requirements of 41.8(1)*"f"*(2) or 41.8(1)*"f"*(3)"2."

41.8(2) Reserved.

567—41.9(455B) Special monitoring.

41.9(1) *Sodium special monitoring.* Suppliers of water for CWSs shall collect and have analyzed one sample per source or plant to determine the sodium concentration in the distribution system. Systems utilizing multiple wells that draw raw water from a single aquifer may, with departmental approval, be considered as one source for determining the minimum number of samples to be collected. Sampling frequency and approved analytical methods are as follows:

a. SW systems. Systems utilizing a SW source, in whole or in part, shall monitor for sodium at least once annually at the SEP.

b. GW systems. Systems utilizing GW sources shall monitor at least once every three years at the SEP.

c. Increased monitoring. Suppliers may be required to monitor more frequently where sodium levels are variable or if certain types of treatment are used, such as cation exchange softening.

d. Analytical methodology. Sodium analyses shall be performed in accordance with 41.3(1)*"e"*(1).

e. Reporting. The sodium level shall be reported to the public by at least one of the following methods:

(1) The CWS shall notify the appropriate local public health officials of the sodium levels by written notice by direct mail within three months of receipt of the analytical results. A copy of each notice required by this subrule shall be sent to the department within ten days of its issuance.

(2) In lieu of the reporting requirement in this paragraph, the CWS shall include the sodium level in its annual consumer confidence report, pursuant to 567—subparagraph 40.7(4)*"a"*(11).

f. CWSs using cation exchange treatment. CWS utilizing cation exchange treatment shall collect one sodium sample of the finished water per year after all treatment. Analysis and reporting must be done in accordance with this subrule.

41.9(2) *Ammonia special monitoring.* Ammonia in GW is a precursor to the development of nitrite and nitrate in a drinking water system, which are both contaminants with acute health effects. This subrule lists the ammonia analytical methodology, sample preservation requirements, and holding times to be used for drinking water samples.

a. Analytical methodology. Analyses for ammonia shall be performed in accordance with the following methodology, with a detection limit of 0.1 mg/L ammonia as N:

Analytical Methodology for Ammonia

Methodology	EPA[1]	SM (20th edition)	ASTM	USGS[2]	Other
Manual distillation at pH 9.5[4], followed by:	350.2	4500-NH3 B			973.49[3]
Titration	350.2				
Manual electrode	350.3	4500-NH3 D or E	D1426-93(B)		
Automated phenate	350.1	4500-NH3 G		I-4523-85	
Automated electrode					See note 5

[1]"Methods for Chemical Analysis of Water and Wastes," EPA-600/4-79-020, Revised March 1983 and 1979 where applicable.

[2]Fishman, M.J., et al., "Methods for Analysis of Inorganic Substances in Water and Fluvial Sediments," U.S. Department of the Interior, Techniques of Water—Resource Investigations of the USGS, Denver, CO, Revised 1989, unless otherwise stated.

[3]"Official Methods of Analysis of the Association of Official Analytical Chemists," 15th edition, 1990.

[4]Manual distillation is not required if the samples are very low in turbidity; however, manual distillation should be used whenever matrix interferences could be present in the sample, and will be required to resolve any controversies.

[5]Ammonia, Automated Electrode Method, Industrial Method Number 379-75 WE, February 19, 1976, Bran & Luebbe (Technicon) Auto Analyzer II, Bran & Luebbe Analyzing Technologies, Inc., Elmsford, NY 10523.

b. Sample preservation and holding time. Systems must collect a 500 mL grab sample into a plastic or glass bottle. The sample must be acidified at the time of collection to a pH of less than 2 by the addition of sulfuric acid (H_2SO_4) and refrigerated at 4 degrees Celsius. The sample must be analyzed within 28 days. If the sample is analyzed within 24 hours of collection, the sample acidification is not required.

567—41.10(455B) Department analytical results used to determine compliance. Analytical results or other information compiled by departmental staff may be used to determine compliance with the MCLs, TTs, or ALs in this chapter or 567—Chapter 43 or for initiating remedial action with respect to these violations.

567—41.11(455B) Other monitoring.

41.11(1) *Monitoring of interconnected PWS.* When a PWS system supplies water to one or more other PWSs, the department may modify the monitoring requirements imposed by this chapter to the extent that the interconnection of the systems justifies treating them as a single system for monitoring purposes. Any modified monitoring shall be conducted pursuant to a schedule specified by the department and concurred with by the EPA administrator.

41.11(2) *Monitoring of other contaminants.* If the department determines that other contaminants are present in a PWS, and the contaminants are known to pose, or scientific evidence strongly suggests that they pose, a threat to human health, a water supply may be required to monitor for such contaminants. The water supply will monitor at a frequency and in a manner which will adequately identify the magnitude and extent of the contamination. The monitoring frequency and sampling location will be determined by the department. All analytical results will be obtained using EPA-approved methods and submitted to the department for review and evaluation. Any monitoring required under this paragraph will be incorporated into an operation permit or an order.

These rules are intended to implement Iowa Code sections 455B.171 through 455B.188 and 455B.190 through 455B.192.

[Filed 6/17/25, effective 8/13/25]
[Published 7/9/25]
EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9397C

ENVIRONMENTAL PROTECTION COMMISSION[567]

Adopted and Filed

Rulemaking related to water supplies—design and operation

The Environmental Protection Commission (Commission) hereby rescinds Chapter 43, "Water Supplies—Design and Operation," Iowa Administrative Code, and adopts a new chapter with the same title.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code sections 455B.103(2), 455B.105(3) and 455B.173.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code sections 455B.171 through 455B.188 and 455B.190 through 455B.192 and the federal Safe Drinking Water Act (SDWA) as amended (42 U.S.C. §300f et seq.).

Purpose and Summary

Chapter 43 implements federal health-based drinking water standards and minimum drinking water treatment requirements in Iowa. The chapter establishes the following for water supply systems: emergency procedures, engineering and construction standards and associated permitting, procedures for periodic sanitary surveys to ensure compliance with the SDWA, operation permitting and procedures, and certain drinking water treatment requirements for compliance with the SDWA. This chapter is necessary for the State of Iowa to maintain primacy for enforcing the federal SDWA since Iowa's rules must be at least as stringent as the requirements established in the SDWA. This chapter was reviewed and edited consistent with Executive Order 10.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on January 8, 2025, as **ARC 8617C**. A public hearing was held on the following date(s):

- January 30, 2025
- January 31, 2025

Four people attended the first public hearing, and four attended the second hearing. No public comments were received at the hearings. Two comments were received via email and one via letter during the public comment period.

Minor changes from the Notice have been made. Erroneous rule references were corrected, and the subrule regarding recordkeeping for enhanced Cryptosporidium treatment was reinserted since it was mistakenly omitted from the Notice. Additional minor changes were made based on the comments, including the removal of an erroneous phrase from the paragraph concerning field surveys for source evaluations since the phrase was mistakenly left in the revised paragraph in the Notice, the removal of language regarding an obsolete compliance schedule extension that is nine years out of date, clarification of the automatic water shutoff criteria for disinfection systems in order to ensure the consistency of the paragraphs in the disinfection requirements subrule, the addition of an internal rule reference to correct a discrepancy between two subrules regarding the verification frequency for continuous monitoring instruments, the addition of units to the header paragraph and tables in Appendix A, and the correction of typographical errors and additional erroneous rule references.

Adoption of Rulemaking

This rulemaking was adopted by the Commission on June 17, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Commission for a waiver of the discretionary provisions, if any, pursuant to 567—Chapter 13.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Rescind 567—Chapter 43 and adopt the following **new** chapter in lieu thereof:

CHAPTER 43
WATER SUPPLIES—DESIGN AND OPERATION

567—43.1(455B) General information.

43.1(1) *Emergency actions regarding water supplies.* When, in the opinion of the director, an actual or imminent hazard exists, a water supplier shall comply with the directives or orders of the director necessary to eliminate or minimize that hazard.

a. Water hauling on an emergency basis. A system that is providing finished drinking water hauled from another PWS must ensure the safety of the water in an emergency situation.

(1) Hauled water must come from a PWS currently regulated by the department and in compliance with 567—Chapters 40 through 43. Written department approval is required prior to the use of water from any PWS with a chronic health-based standard violation.

(2) The receiving PWS must have written department approval prior to the use of water from any PWS located in another state. The providing PWS must be in compliance with SDWA requirements.

(3) The hauled water must be disinfected with chlorine to ensure bacterial safety in the tanker, storage vessel, and distribution system. If the PWS providing the water does not disinfect, chlorine disinfectant must be added to the hauled water before use or storage at the receiving PWS. A minimum disinfectant residual of 2.0 mg/L as total chlorine or chloramines or 0.5 mg/L as free chlorine must be maintained in the tanker, storage vessel, and distribution system. If no disinfectant is used, the transported water must be boiled before any human consumptive use, which includes drinking, bathing, handwashing, oral hygiene, food preparation, dishwashing, ice making, or food processing.

(4) The tanker or water bladder must be approved for hauling or storing food grade materials and be sanitized in accordance with AWWA C652 prior to first use.

(5) Both filling and dispensing devices must include backflow protection to protect the source water, such as an air gap, double-check-valve assembly, or reduced pressure zone device.

(6) Total coliform bacteria samples must be collected from the tanker, storage tank or bladder, and distribution system as follows:

1. Tanker: one sample after cleaning and one before first potable water use.
2. Storage tank or bladder: one sample after cleaning and one before first use.
3. Distribution system: one sample initially before first use and with each new load of water or once per month, whichever is more frequent.

(7) Records must be maintained and available for inspection for five years.

b. Water hauling on a nonemergency basis. A system that is providing finished drinking water hauled from another PWS must comply with the conditions in its operation permit.

43.1(2) *Prohibition on the use of lead.* Any pipe, pipe fitting, plumbing fitting, plumbing fixture, solder, or flux that is used in the installation or repair of any public water supply system (PWS) or any plumbing in a facility providing water for human consumption that is connected to a PWS shall be lead free as defined in 567—40.2(455B). This shall not apply to leaded joints necessary for the repair of cast iron pipe.

a. The following items are exempted from the prohibition, depending upon their use in the system: pipes, pipe fittings, plumbing fittings, or fixtures, including backflow preventers, that are used exclusively for nonpotable services such as manufacturing, industrial processing, irrigation, outdoor watering, or any other uses where the water is not anticipated to be used for human consumption.

b. Additional products that could be used exclusively for nonpotable services include:

(1) Products that are clearly labeled on the product, package, or tags with a phrase such as "not for use with water for human consumption" or another phrase that conveys the same meaning in plain language;

(2) Products that are incapable of use in potable services with other products that would be needed to convey water for potable uses; or

(3) Products that are plainly identifiable and marketed as being solely for a use other than the conveyance of water. These other uses include conveyance of air, chemicals other than water, hydraulic fluids, refrigerants, gases, or other nonwater fluids.

c. The following items are exempted from the prohibition: toilets, bidets, urinals, fill valves, flushometer valves, tub fillers, shower valves, fire hydrants, service saddles, water distribution main gate valves two inches in diameter or larger, clothes washing machines, emergency drench showers, emergency face wash equipment, eyewash devices, fire suppression sprinklers, steam capable clothes dryers, and sump pumps.

43.1(3) *Use of noncentralized treatment devices.*

a. Community PWS. CWSs shall not use bottled water, point-of-use (POU) or point-of-entry (POE) devices to achieve permanent compliance with a maximum contaminant level (MCL), treatment technique (TT), or action level (AL) requirement in 567—Chapters 41 and 43.

b. Noncommunity PWS. The department may allow NCWSs to use POU devices to achieve MCL compliance, provided the contaminant does not pose an imminent threat to health (such as bacteria) nor place a sensitive population at risk (such as infants for nitrate or nitrite).

c. Reduced monitoring requirements. Bottled water, POU, or POE devices cannot be used to avoid the monitoring requirements of 567—Chapters 41 and 43, but the department may allow reduced monitoring requirements in specific instances.

d. Bottled water requirements. The department may require a PWS exceeding an MCL, TT, or AL requirement in 567—Chapters 41 and 43 to use bottled water as a condition of an interim compliance schedule or as a temporary measure to avoid an unreasonable health risk. Any bottled water must meet the federal Food and Drug Administration (FDA) bottled water standards in 21 CFR §165.110. The system must meet the following requirements:

(1) Monitoring program. Submit a monitoring program for bottled water to the department. The monitoring program must provide reasonable assurances that the bottled water complies with all MCLs, TT, or AL requirements in 567—Chapters 41 and 43. The PWS must monitor a representative sample of bottled water for all contaminants regulated under 567—Chapters 41 and 43 the first quarter that it supplies the bottled water to the public, and annually thereafter. Monitoring program results shall be provided to the department annually. If the bottled water is from a CWS that currently meets all of the federal SDWA requirements, the monitoring requirements of this subparagraph shall be waived by the department. The specific supplier of the bottled water must be identified in order for the department to waive the monitoring requirements.

(2) Certification. The PWS must receive a certification from the bottled water company that the bottled water supplied has been taken from an approved source; the bottled water company has conducted monitoring in accordance with 43.1(3)*"b"*(1); and the bottled water meets MCL, TT, or AL requirements in 567—Chapters 41 and 43. The PWS shall provide the certification to the department the first quarter after it supplies bottled water and annually thereafter.

(3) Provision of bottled water. The PWS is fully responsible for the provision of sufficient quantities of bottled water to every person supplied by the PWS via door-to-door bottled water delivery.

43.1(4) *Cross-connection control.* To prevent backflow or backsiphonage of contaminants into a PWS, connection shall not be permitted between a PWS and any other system that does not meet the monitoring and drinking water standards of this chapter, except as provided in 43.1(4)*"a," "b,"* or *"c."*

a. Piping and plumbing systems. Piping systems or plumbing equipment carrying nonpotable water, contaminated water, stagnant water, liquids, mixtures, or waste mixtures shall not be connected to a PWS unless properly equipped with an antisiphon device or backflow preventer acceptable to the department.

b. Water loading stations. The Ten States Standards contain the construction standards regarding water loading stations.

c. Contamination as a result of cross-connection. When, in the department's opinion, evidence clearly indicates the source of contamination within a system is the result of a cross-connection, the department may require a PWS to provide public notice (PN), identify and eliminate the connection, and implement a systemwide cross-connection program.

43.1(5) *Requirement for certified operator.* The department maintains a list of certified operators in accordance with 567—Chapter 81. The list includes the operator's name, certification classification (Water Treatment, Water Distribution, or Grade A Water System), and grade (A, I, II, III, or IV), and is periodically updated during the year.

a. CWS and NTNC systems. All CWSs and NTNCs must have a certified operator in direct responsible charge (DRC) of the treatment and distribution systems, pursuant to 567—Chapters 40 through 44 and 81.

b. TNC systems.

(1) Any TNCs owned by the state or federal government or using a surface water (SW) or IGW source must have a certified operator in DRC of the treatment and distribution systems, pursuant to 567—Chapters 40 through 44 and 81.

(2) Any TNC that uses chlorine dioxide as a disinfectant or oxidant must have a certified operator in DRC of the system, pursuant to 567—Chapter 81.

(3) The department may require any TNC to have a certified operator in DRC.

43.1(6) *Return water in PWSs.* Steam condensate, cooling water from engine jackets, water used in conjunction with heat exchange devices, or treated wastewater shall not be returned to a PWS.

43.1(7) *Sanitary surveys.* Each PWS must have a periodic sanitary survey conducted by the department or its designee. Systems must provide, upon request, any information that will enable the department to conduct the sanitary survey.

a. A sanitary survey is a records review and on-site inspection that evaluates a system's ability to produce and distribute safe drinking water and identifies improvements necessary to maintain or improve drinking water quality. A survey includes review and inspection of the following areas: water source; treatment facilities; distribution systems; finished water storage; pumps, pump facilities, controls and other equipment; monitoring, reporting, and data verification, including self-monitoring; system operation and management; maintenance; operator certification; and records.

b. A sanitary survey report is issued by the department or its designee, and may include both enforceable required actions for remedying significant deficiencies and nonenforceable recommended actions.

c. Sanitary surveys shall be conducted at least once every five years for TNCs and NTNCs and once every three years for CWSs.

d. The department or its designee shall provide the PWS with a written notice describing any significant deficiencies identified during the survey no later than 30 days after identification of the deficiency. The notice may be included in the sanitary survey report and may specify corrective actions and deadlines for completion of corrective actions. Systems must respond in writing to significant deficiencies outlined in the sanitary survey report or written notice and indicate how and on what schedule the system will address the noted deficiencies, either within 30 days of receiving the survey report or notice or within the time period specified in the report or notice. All systems must take the steps necessary to address significant deficiencies identified in a sanitary survey report or written notice that are within the control of the system and its governing body.

567—43.2(455B) PWS operation permit.

43.2(1) *Fees.*

a. Annual fee. A fee for the operation of a PWS shall be paid annually. The fee will not be prorated and is nonrefundable. The fee shall be based on the population served. The fee shall be the greater of $25 per year or $0.14 multiplied by the total population served by the PWS for all CWSs and NTNCs. The fee shall be $25 per year for all TNCs. Where a system provides water to another PWS (consecutive

PWS) that is required to have an operation permit, the population of the recipient system shall not be counted as a part of the PWS providing the water.

b. Fee notices. The department will send annual notices to PWSs at least 60 days prior to the operation fee due date.

c. Fee payments. The annual operation fee must be paid to the department by September 1 each year.

d. Fee adjustment. The department may adjust the per capita fee payment by up to +/– $0.02 per person served so as to achieve the targeted revenue of $350,000 during each fiscal year. The commission must approve any per capita fee rate above $0.14 per person. Any fee adjustment shall comply with Iowa Code section 455B.183A.

e. Exempted PWSs. PWSs located on Indian lands are exempt from the fee requirements.

f. Late fees. When the owner of a PWS fails to remit payment of fees by September 1, the department will notify the system by a single notice of violation and assess a late fee of $100. The department may thereafter issue an administrative order pursuant to Iowa Code section 455B.175(1)*"a"* or request a referral to the attorney general under Iowa Code section 455B.175(1)*"c."*

43.2(2) *Operation permit requirement.* Except as provided in 43.2(3), no person shall operate any PWS or part thereof without, or contrary to any condition of, an operation permit issued by the director.

43.2(3) *Operation permit applications.* The owner of any PWS or part thereof must submit an application for an operation permit. Upon submission of a completed application form, the time requirement for having a valid operation permit is automatically extended until the application has either been approved or disapproved by the director.

a. Application forms and timeline.

(1) Applications for operation permits shall be made on forms provided by the department.

(2) An application shall be filed at least 90 days prior to the date operation is scheduled to begin unless a shorter time is approved by the director.

(3) The director shall issue or deny operation permits within 60 days of receipt of a completed application, unless a longer period is required and the applicant is so notified.

(4) The director may require the submission of additional information deemed necessary to evaluate an application.

(5) An application that is incomplete or otherwise deficient shall not be processed until the applicant has supplied the missing information or otherwise corrected the deficiency.

b. Identity of signatories. The person who signs the application for an operation permit shall be:

(1) Corporation. In the case of a corporation, a principal executive officer of at least the level of vice president. The corporation has the option of appointing a designated signatory to satisfy this requirement.

(2) Partnership. In the case of a partnership, a general partner.

(3) Sole proprietorship. In the case of a sole proprietorship, the proprietor.

(4) Public facility. In the case of a municipal, state or other public facility, by either the principal executive officer or the ranking elected official.

c. Late applications. When the owner of a PWS fails to make timely application, the department will notify the system by a single notice of violation and may thereafter issue an administrative order pursuant to Iowa Code section 455B.175(1)*"a"* or request a referral to the attorney general under Iowa Code section 455B.175(1)*"c."*

43.2(4) *Operation permit conditions.*

a. Conditions. Operation permits may contain conditions deemed necessary by the director to ensure compliance with all applicable department rules, to ensure that a PWS is properly operated and maintained, to ensure that potential hazards to the water consumer are eliminated promptly, and to ensure compliance with the SDWA.

b. Compliance schedule. Where one or more MCLs, TTs, ALs, or designated HAs cannot be met immediately, a compliance schedule for achieving compliance with standards may be included in a permit. A compliance schedule requiring alterations in accordance with the standards for construction in

43.3(1) and 43.3(2) may also be included for any supply that, in the opinion of the director, contains a potential hazard.

c. Treatment. If the department determines that a treatment method identified in 43.3(10) is technically feasible, the department may require a system to install or use that treatment method in connection with a compliance schedule, pursuant to 43.2(4)*"b."* The department's determination shall be based upon studies by the system and other relevant information.

43.2(5) *Notification of change.* The owner of a PWS shall notify the director within 30 days of any change in conditions identified in the permit application. This notice does not relieve the owner of the responsibility to obtain a construction permit as required by 567—43.3(455B).

43.2(6) *Renewal.* The department may issue operation permits for durations of up to five years. Operation permits must be renewed prior to expiration in order to remain valid. The renewal date shall be specified in the permit or in any renewal. Application for renewal must be submitted in accordance with 43.2(3).

43.2(7) *Denial, modification, or suspension.* The director may deny a new or renewal of, modify, or suspend, in whole or in part, any operation permit for good cause. Denial of a new permit, renewal of an existing permit, or modification of a permit may be appealed to the commission pursuant to 567—Chapter 7. Suspension or revocation may occur after hearing, pursuant to 567—Chapter 7. Good cause includes:

a. Violation of any term or condition of the permit.

b. Failure to pay the fee in accordance with 43.2(1).

c. Obtaining a permit by misrepresentation of fact or failure to disclose fully all material facts.

d. A change in any condition that requires either a permanent or temporary modification of a permit condition.

e. Failure to submit records and information the director may require both generally and as a condition of the operation permit in order to ensure compliance with permit conditions.

f. Violation of any requirements in, or significant noncompliance with, 567—Chapters 40 through 43, including noncompliance with applicable MCLs, TTs, or ALs.

g. Inability of a system to either achieve or maintain technical, managerial, or financial viability, as determined in 567—43.8(455B).

567—43.3(455B) PWS construction.

43.3(1) *PWS standards.*

a. Any PWS that does not meet the drinking water standards in 567—Chapters 41 and 43 shall make alterations necessary to comply with the drinking water standards in accordance with the construction standards contained in this rule unless the PWS has been granted a waiver from an MCL or TT as a provision of its operation permit pursuant to this chapter, provided that the PWS meets the schedule established pursuant to this chapter.

b. Any PWS that, in the opinion of the director, contains a potential hazard shall make alterations necessary to eliminate or minimize the hazard in accordance with the construction standards in this rule.

c. A PWS that is not operating within the construction standards may be required by the department via a compliance schedule to upgrade the deficient areas of the system before a construction permit will be issued for any work that does not address the current deficiencies.

43.3(2) *Construction standards.*

a. The construction standards for a drinking water project are the Ten States Standards, the AWWA Standards as adopted through 2023, and 43.3(7) through 43.3(9). In any conflict between the Ten States Standards, and the AWWA Standards, and 43.3(7) through 43.3(9), the Ten States Standards, 43.3(2), and 43.3(7) through 43.3(9) shall prevail. Additional standards include the following:

(1) Polyvinyl chloride (PVC) pipe manufactured in accordance with ASTM D2241, AWWA C900, AWWA C905, ASTM F1483, or AWWA C909 may be used for water main construction. The maximum allowable pressure for PVC or polyethylene pipe shall be determined based on a safety factor of 2.0 and a surge allowance of no less than two feet per second.

(2) For CWS groundwater (GW) systems, a minimum of two wells shall be provided, unless the system demonstrates to the department's satisfaction that a single well will provide a reliable and adequate source. For NTNC and TNC GW systems, a single well is acceptable.

(3) Separation of water mains from sanitary and combined sewers.

1. Horizontal separation of water mains from gravity sanitary and combined sewers. Water mains shall be separated from gravity sanitary and combined sewer mains by a horizontal distance of at least ten feet measured edge to edge unless the bottom of the water main is at least 18 inches above the top of the sewer, and either:

- The water main is placed in a separate trench, or
- The water main is located on a bench of undisturbed earth at a minimum horizontal separation of three feet from the sewer.

If it is not possible to obtain a horizontal separation of three feet and a vertical separation of 18 inches between the bottom of the water main and the top of the sewer, a linear separation of at least three feet shall be provided, and one of the following shall be utilized:

- The water main shall be enclosed in watertight casing pipe with an evenly spaced annular gap and watertight end seals, or
- The sewer shall be constructed of water main materials.

The separation distance (SD) between the water main and the sewer shall be the maximum feasible in all cases.

2. Horizontal separation of water mains from sanitary sewer force mains. Water mains shall be separated from sanitary sewer force mains by a horizontal distance of at least ten feet measured edge to edge unless the sanitary sewer force main is constructed of water main materials and the water main is laid at least four feet horizontally from the sanitary sewer force main. The SD between the water main and the sanitary sewer force main shall be the maximum feasible in all cases.

3. Vertical separation of water mains from sanitary and combined sewer crossovers. Vertical separation of water mains crossing over any sanitary or combined sewers shall be at least 18 inches when measured from the bottom of the water main to the top of the sewer. If it is not possible to maintain the required vertical separation, one of the following shall be utilized:

- The bottom of the water main shall not be placed closer than six inches above the top of a sewer, or
- The top of the water main shall not be placed closer than 18 inches below the bottom of a sewer.

When a water main crosses below or less than 18 inches above a sanitary or combined sewer, one of the following shall be utilized within approximately ten feet measured edge to edge horizontally, centered on the crossing, with joints located as far as possible from the point of crossing:

- The water main shall be enclosed in watertight casing pipe with an evenly spaced annular gap and watertight ends, or
- Sewer pipe of water main material shall be installed.

The SD shall be the maximum feasible in all cases. Wherever a water main crosses a sanitary or combined sewer, the water main and sanitary or combined sewer pipes must be adequately supported. A low permeability soil shall be used for backfill material within ten feet of the point of crossing along the water main.

4. Horizontal separation of water mains from sanitary and combined sewer manholes. No water pipe shall pass through or come in contact with any part of a sanitary or combined sewer manhole. A minimum horizontal separation of three feet shall be maintained.

(4) Separation of water mains from storm sewers.

1. Horizontal separation of water mains from gravity storm sewers. Water mains shall be separated horizontally from gravity storm sewers by at least ten feet measured edge to edge. If it is not possible to maintain the required horizontal separation of ten feet, a minimum of three feet of separation shall be maintained and one of the following shall be utilized within ten feet measured edge to edge:

- The water main shall be constructed of ductile iron pipe with gaskets impermeable to hydrocarbons, or

- The water main shall be enclosed in watertight casing pipe with an evenly spaced annular gap and watertight end seals, or
- Storm sewer pipe of water main material shall be installed, or
- Reinforced concrete pipe storm sewers shall be constructed with gaskets manufactured in accordance with ASTM C443.

2. Vertical separation of water mains from storm sewer crossovers. Water mains shall be vertically separated from storm sewers by at least 18 inches between the outside edges of the water main and the storm sewer. The SD shall be the maximum feasible in all cases. In all cases where a water main crosses a storm sewer, the water main and storm sewer pipes must be adequately supported. A low permeability soil shall be used for backfill material within ten feet of the point of crossing along the water main. If it is not possible to obtain 18 inches of vertical separation where the water main crosses above a storm sewer, a minimum of 6 inches vertical separation shall be maintained and one of the following shall be utilized within ten feet measured edge to edge horizontally, centered on the crossing:

- The water main shall be constructed of ductile iron pipe with gaskets impermeable to hydrocarbons, or
- The water main shall be enclosed in watertight casing pipe with an evenly spaced annular gap and watertight end seals, or
- Storm sewer pipe of water main material shall be installed, or
- Reinforced concrete pipe storm sewers shall be constructed with gaskets manufactured in accordance with ASTM C443.

(5) All water mains, including those not designed to provide fire protection, shall be sized based on flow demands and pressure requirements. For regional water systems and for major distribution system upgrades, a hydraulic analysis may be required as part of the project submittal. Systems shall be designed to maintain a minimum pressure of 20 psi at ground level at all points in the distribution system under all conditions of flow. The normal working pressure in the distribution system should be approximately 60 to 80 psi and should not be less than 35 psi.

b. When engineering justification satisfactory to the director is provided substantially demonstrating that a waiver from the construction standards will result in equivalent or improved effectiveness, a waiver may be granted by the director. A waiver denial may be appealed to the commission pursuant to 567—Chapter 7. Waiver requests for projects qualifying for a waiver from the engineering requirement of 43.3(4) may be made without the retained services of a professional engineer.

43.3(3) *Construction permits.* No person shall construct, install or modify any project without first obtaining, or contrary to any condition of, a construction permit issued by the director or by a local public works department authorized to issue permits under Iowa Code section 455B.183, except as provided in this chapter. Construction permits are not required for POU treatment devices installed by a noncommunity water system (NCWS), except for those devices required by the department to meet a drinking water standard pursuant to 567—Chapters 41 and 43. No construction permit will be issued for a new PWS without a completed, department-approved viability assessment, which demonstrates that the system is viable pursuant to 567—43.8(455B).

a. Issuance conditions. A construction permit shall be issued by the director if the director concludes that the project will comply with department rules. Project construction must begin within one year from the permit issuance date; if it does not, the permit is no longer valid. If construction is ongoing and continuous (aside from weather delays) and the permitted project cannot be completed within one year, the permit shall remain valid until the project is completed. The department may extend a permit for a multiphase project, for a maximum two additional years.

b. Applications. A construction permit application for any project shall be submitted to the department at least 30 days prior to the proposed date for commencing construction or awarding contracts. This requirement may be waived when the department determines that an imminent health hazard exists to a PWS's consumers. Under this waiver, construction, installation, or modification may be allowed by the department prior to review and issuance of a permit if all the following conditions are met:

(1) The construction, installation, or modification will alleviate the health hazard;

(2) The construction is done in accordance with the construction standards, pursuant to 43.3(2);

(3) Plans and specifications are submitted within 30 days after construction;

(4) A professional engineer, licensed in the state of Iowa, supervises the construction; and

(5) The supplier of water receives approval of this waiver prior to any construction, installation, or modification.

c. Fees. A nonrefundable fee, as noted in this paragraph, shall be submitted with a construction permit application.

(1) Construction permit fees. The fee shall be determined based upon the total length of water main plus the non-water-main-related construction costs, calculated as follows:

1. Water mains (minimum $100; maximum $5,000):

Length of permitted water main	Rate
First 1,000 ft.	$100
Next 19,000 ft.	$0.10/ft.
Next 300,000 ft.	$0.01/ft.
Over 320,000 ft.	No additional charge

2. Non-water-main-related construction costs, including source, treatment, pumping, storage and waste handling (minimum $100; maximum $16,000):

Estimated construction cost	Rate
First $50,000	$100
Next $950,000	0.2% of estimated construction cost
Next $14,000,000	0.1% of estimated construction cost
Over $15,000,000	No additional charge

(2) "As-built" construction fees. "As-built" construction is defined as construction that occurred before a construction permit is issued. The fee shall be calculated according to 43.3(3)*"c"*(1), plus an additional fee of $200. The fee for water main projects permitted in accordance with 43.3(3)*"e"* shall be calculated in accordance with 43.3(3)*"c"*(1); however, the additional "as-built" fee of $200 shall not be assessed for these projects.

(3) Other fees. A fee for change orders, addenda, or permit supplements will only be charged if the aggregate of the changes approved for the project to date causes the total project construction cost to exceed the original project construction cost by at least 5 percent. For water main extensions, the fee will be charged if the total length of water main exceeds the original approved length by 5 percent. The request for a time extension is a flat fee.

Other Categories	Rate
Change orders, addenda, and permit supplements for water mains	$0.10/ft. of additional water main, minimum: $50
Change orders, addenda, and permit supplements for non-water-main-related construction costs	0.2% of additional non-water-main-related construction costs, minimum: $50
Request for time extension	$50

(4) Calendar year fee cap. The total amount of construction permit fees for a PWS owner during any calendar year shall not exceed $5,000 for water mains and $16,000 for non-water-main-related construction projects.

d. Water well construction. All water well construction must be performed by a certified well contractor in accordance with 567—Chapter 82. It is the responsibility of the PWS and certified well contractor to ensure that a public well construction permit has been issued by the department prior to initiation of well construction and to ensure that all well construction is performed in accordance with this chapter.

e. Minor water main construction permit. A PWS may obtain a minor water main construction permit from the department for construction or replacement of minor water mains that serve additional users. By obtaining this permit, the system is able to construct, extend, or replace new or existing minor

water mains without obtaining an individual construction permit for each specific water main. The permit shall allow construction or replacement of minor water mains that do not exceed six inches in diameter and, in aggregation, do not increase the average daily demand (in gallons per day) of the PWS by more than 5 percent over the duration of the permit.

The additional users must have been included in the system's approved hydraulic analysis. The water demands of the additional users must be consistent with the water demands in the approved hydraulic analysis.

(1) A minor water main construction permit shall be issued subject to the following conditions:

1. The system has approved standard specifications for water main construction filed with the department;

2. The system has adequate source capacity and, where treatment is provided, adequate treatment plant capacity to meet the peak day demand of all existing users and the proposed additional users covered under the permit;

3. The system has adequate storage capacity to meet the average day demand of all existing users and the proposed additional users covered under the permit; and

4. The system submits an application for a minor water main construction permit to the department 90 days before the anticipated first use of the permit. Construction shall not commence prior to the issuance of a permit.

(2) An application for minor water main construction permit shall include:

1. An up-to-date hydraulic analysis of the system, prepared by a licensed professional engineer (unless one is already on file with the department). The hydraulic basis of flow (gallons per minute per connection) used in the analysis must be acceptable to the department. A hydraulic analysis shall include:

- All existing water mains within the system;
- All proposed water mains intended to be covered by the permit;
- A demonstration that the system has adequate hydraulic capacity to serve the existing and new users under peak flow conditions without causing the pressure to fall below 20 psi anywhere within the system;
- The location of all potential users of the system;
- The diameter of all existing and proposed pipes;
- The projected system flows; and
- The static and dynamic pressures anticipated throughout the system with the addition of the new users incorporated in the analysis.

2. A completed Schedule 1b, Form 542-3151.

(3) The PWS must submit completed Schedule 2c, Form 542-3152, prior to the construction or replacement of each minor water main covered by a permit. Each water main covered by a permit must have either been included in the previously submitted hydraulic analysis or must be included in an update to the hydraulic analysis, submitted with Schedule 2c. If an update to the hydraulic analysis is submitted, it must include all portions of the distribution system potentially affected by the new construction.

(4) By January 31 of the year following permit issuance, the PWS shall submit the following to the department:

1. A complete set of plans for all water main extensions constructed under the permit, prepared and submitted by a licensed professional engineer.

2. Completed Schedules 1a, 1c, and 2a.

3. The construction permit fee calculated in accordance with 43.3(3)*"c"*(1). The fee calculation shall be based upon the total length of water main constructed under a permit. For the purpose of calculating the total fee amount in accordance with 43.3(3)*"c"*(4), the fee shall be credited to the calendar year in which it was received by the department.

(5) A permit shall contain conditions deemed necessary by the director to ensure compliance with all applicable department rules.

(6) The director may modify a permit, in whole or in part, at any time. The director may suspend or revoke a permit, in whole or in part, at any time by providing written notice to the permit holder, and is not obligated to renew the permit. Cause for modification, suspension, or revocation of a permit includes but is not limited to:

1. Violation of any term or condition of a permit;
2. Misrepresentation of fact or failure to disclose fully all material facts in order to obtain a permit;
3. Failure to submit department-required records and information, both generally and as condition of a permit;
4. Failure to submit timely reports from previous permits; or
5. Failure to construct in accordance with either approved construction standards, in accordance with 43.3(2), or with the system's approved standard specifications.

(7) A minor water main construction permit expires on December 31 of the year in which it is issued.

(8) No waiver to the construction standards is allowed under a minor water main construction permit, except for AWWA C651 Section 5.1, Sampling Frequency. If a waiver to the construction standards is needed, the system must apply for an individual construction permit following the procedures in 567—subrule 40.4(1).

43.3(4) *Waiver from engineering requirements.* The requirement for preparation of plans and specifications by a licensed professional engineer may be waived for the following types of projects, provided the proposed improvement complies with the construction standards. This waiver does not relieve the supplier of water from meeting the application and permit requirements of 43.3(3), except that the applicant need not obtain a written permit prior to installing the equipment.

a. Simple chemical feed, if all the following conditions are met:

(1) The improvement consists only of a simple chemical solution application or installation, which in no way affects the performance of a larger treatment process, or is included as part of a larger treatment project;

(2) The chemical application is by a positive displacement pump, the acceptability of said pump to be determined by the department;

(3) The supplier of water provides the department with a schematic of the installation and manufacturer's specifications sufficient to determine if the simple chemical feed installation meets the applicable construction standards, pursuant to 43.3(2);

(4) The final installation is approved based on an on-site inspection by department staff; and

(5) The installation includes only the prepackaged delivery of chemicals (from sacks, containers, or carboys) and does not include the bulk storage or transfer of chemicals (from a delivery vehicle).

b. Self-contained treatment unit, if all the following conditions are met:

(1) The equipment can be purchased "off the shelf"; is self-contained, requiring only a piping hookup for installation; and operates throughout a range of 35 to 80 psi;

(2) The plant is designed to serve no more than an average of 250 individuals per day;

(3) The supplier of water provides the department with a schematic of the installation, manufacturer's specifications, or other necessary information, sufficient to determine if the installation of the self-contained treatment unit will alleviate an MCL violation; and

(4) The final installation is approved based on an on-site inspection by department staff.

43.3(5) *Project planning and design basis.* An engineering report describing the project design basis must be submitted to the department either with the project or in advance of construction.

a. The report must contain information and data necessary to determine:

(1) Project conformance with the construction and operation standards in 43.3(2), and

(2) The adequacy of the project to supply water in sufficient quantity, at sufficient pressure, and of a quality that complies with drinking water standards in 567—Chapters 41 and 43.

b. The report must supply pertinent information as set forth in part one of the Ten States Standards.

c. The department may reject receipt or delay review of the plans and specifications until an adequate design basis is received.

43.3(6) *Standard specifications for water main construction.* Standard specifications for water main construction by an entity may be submitted to the department or an authorized local public works department for approval.

a. An approval shall apply to all future water main construction by or for that entity for which plans are submitted with a statement requiring construction in accordance with all applicable approved standard specifications unless the standards for PWSs specified in 43.3(2) are modified subsequent to an approval and the standard specifications would not be approvable under the modified standards.

b. Where approved specifications are on file, construction may commence 30 days following plan receipt by the department or an authorized local public works department, if no response has been received indicating construction shall not commence until a permit is issued.

43.3(7) *Site and monitoring requirements for new raw water source(s) and underground finished water storage facilities, and water supply separation distances (SDs).*

a. Site approval. The site for each proposed raw source or finished water below-ground level storage facility must be approved by the department prior to the submission of plans and specifications.

b. Site approval criteria. A site may be approved if the director concludes that the criteria in this paragraph are met.

(1) Groundwater (GW) source. GW wells shall be planned and constructed to adapt to the geologic and GW conditions of the proposed site to ensure production of water that is both microbially safe and free of substances that could cause harmful human health effects. GW wells must meet the following requirements:

1. Drainage must be directed away from a well in all directions for a minimum radius of 15 feet.

2. A well site must meet the minimum SDs from contamination sources specified in Table A in 43.3(7)*"d."*

3. After a well site has received preliminary department approval, the owner of the proposed well must submit, as part of the construction permit application, proof of legal control of the land for a 200-foot radius around the well, through purchase, lease, easement, ordinance, or other similar means. Legal control must be maintained by the PWS for the life of the well. The SDs specified in Table A in 43.3(7) *"d"* must be maintained for the life of the well as legal control allows. However, if the proposed well is for an existing NCWS and is replacing an existing well that either does not meet the current standards or is in poor condition, the 200-foot legal control requirement may be waived by the department, provided that:

- The proposed well is located on the best available site;
- The existing facility does not have adequate land to provide the 200-foot control zone;
- The owner has attempted to obtain legal control without success; and
- There is no other PWS available to which the supply could connect.

4. No GW well shall be constructed within the projected plume of any known anthropogenic GW contamination without the department's written approval. The department may allow well construction within a contamination plume if an applicant can provide treatment that ensures all drinking water standards are met and ensures that the pumpage of the proposed well will not cause plume migration that impacts the water quality of other nearby wells. An applicant must demonstrate, using a hydrogeologic model acceptable to the department, that the time of transport is greater than two years for any viral, bacterial, or other microorganism contaminant and greater than ten years for all chemical contaminants. The projected plume modeling must account for the proposed well pumpage rate. The department may require additional construction standards for these situations to ensure protection of the GW from contamination.

5. The department may require that an identification tag be applied to each GW well and may supply the numbered tag. The responsibility for ensuring that the tag is properly attached to the well is with the certified water well contractor for new wells and with the department for existing wells.

(2) Surface water (SW) source.

1. An applicant must submit proof that a proposed SW source can, through readily available treatment methodology, comply with 567—Chapters 41 and 43, and that the SW source is adequately

protected against potential health hazards including, but not limited to, point source discharges, hazardous chemical spills, and the potential sources of contamination listed in Table A in 43.3(7)*"d."*

2. After a SW impoundment has received preliminary department approval for use as a raw water source, the owner of the PWS shall submit proof of legal control through ownership, lease, easement, or other similar means, of contiguous land for a distance of 400 feet from the shoreline at the maximum water level. Legal control shall be for the life of the impoundment and shall control location of sources of contamination specified in Table A in 43.3(7)*"d"* within the 400-foot distance. Proof of legal control should be submitted with the construction permit application and shall be submitted prior to issuance of a construction permit.

c. New source water monitoring requirements. Water quality monitoring shall be conducted on all new water sources and results submitted to the department prior to placing the new water source into service.

(1) All sources. Water samples shall be collected from each new water source and analyzed for all appropriate contaminants, as specified in 567—Chapter 41, consistent with the particular system classification. If multiple new sources are being added, sample compositing (within a single system) shall be allowed in accordance with the composite sampling requirements in 567—Chapter 41. A single sample may be allowed to meet this requirement, if approved by the department. Subsequent water testing shall be conducted consistent with the system's operation permit monitoring schedule.

(2) GW sources. Water samples from GW sources shall be collected at the conclusion of the drawdown/yield test pumping procedure, with the exception of bacteriological monitoring. Bacteriological monitoring must be conducted after disinfection of each new well and subsequent pumping of the chlorinated water to waste. Water samples must be analyzed for ammonia and should be analyzed for alkalinity, pH, calcium, chloride, copper, hardness, iron, magnesium, manganese, potassium, silica, specific conductance, sodium, sulfate, filterable and nonfilterable solids, and zinc.

(3) SW sources. Water samples from SW sources should be collected prior to the design of the SW treatment facility and shall be collected and analyzed prior to utilization of the source. Samples shall be collected during June, July, and August. In addition, quarterly monitoring shall be conducted in March, June, September, and December at a location representative of the raw water at its point of withdrawal. Samples shall be analyzed for turbidity, alkalinity, pH, calcium, chloride, color, copper, hardness, iron, magnesium, manganese, potassium, silica, specific conductance, sodium, sulfate, filterable and nonfilterable solids, carbonate, bicarbonate, algae (qualitative and quantitative), total organic carbon (TOC), five-day biochemical oxygen demand, dissolved oxygen, surfactants, nitrogen series (organic, ammonia, nitrite, and nitrate), and phosphate.

d. Separation distances (SDs). The minimum lateral SDs between wells and belowground finished water storage facilities and structures or sources of contamination are specified below in Table A. Additional legal and conveyance-specific SD requirements are specified for public wells in 43.3(7)*"b"* and for water mains in 43.3(2)*"a"*(3) and *"a"*(4).

(1) There shall be no physical connection between a public or private potable water supply system and a sewer, or appurtenance thereto, that would permit the passage of any sewage into a potable water supply.

(2) When a proposed well is located in an existing well field and will withdraw water from the same aquifer as the existing well(s), the individual SDs listed in Table A may be waived if substantial historical data are available indicating that no contamination has resulted.

(3) Greater SDs than those listed in Table A may be required where necessary to ensure that no adverse effects to systems or the existing environment will result. Lesser SDs may be considered if detailed justification is provided by the applicant's engineer showing that no adverse effects will result from the lesser distance and the regional department field office staff recommend approval of the lesser distance. Such exceptions must be based on special construction techniques or localized geologic or hydrologic conditions.

TABLE A: PUBLIC WELL AND BELOWGROUND LEVEL FINISHED WATER STORAGE FACILITY SEPARATION DISTANCES

Structure or Source of Contamination	Required Minimum Lateral Distance, as Measured Horizontally on the Ground Surface, in feet		
	Public Wells		Belowground level finished water storage facility
	Deep Well[1]	Shallow Well[1]	
PRIVATE WELLS:			
Private wells (new or existing, deep or shallow)	200	400	50
GHEX loop boreholes[2]	200		50
WASTEWATER STRUCTURES:			
Land Disposal of Treated Wastes:			
Irrigation of wastewater	200	400	50
Land application of solid wastes[3]	200	400	50
Land application of septage[4]	500		50
Water treatment plant waste discharged to the ground surface	50		50
Other sanitary and industrial discharges to the ground surface	400		50
Wastewater Disposal Systems:			
Water treatment plant waste treatment structures[5]	50		50
PSDSs and onsite treatment systems – closed portion[6]	100	200	50
PSDSs and onsite treatment systems – open portion[6]	200	400	50
Lagoons[7]	400	1000	50
Mechanical wastewater treatment plants[8]	200	400	50
CHEMICALS:			
Transmission pipelines (including, but not limited to, fertilizer, liquid petroleum, or anhydrous ammonia)	200	400	50
Chemical applications to ground surface	100	200	50
Chemical and mineral storage, except for liquid propane gas (LPG)			
Above ground storage[9]	100	200	50
On or under ground storage	200	400	50
Liquid propane gas (LPG) storage tanks	15		15
ANIMALS:			
Animal pasturage	50		50
Animal enclosures (such as confinement buildings or open feedlots)	200	400	50
Earthen silage storage trenches or pits	100	200	50
Animal Wastes:			
Storage basins or lagoons or runoff control basins	400	1000	50
Solids stockpiles, solids settling facilities, or storage tanks	200	400	50
Land application of liquid, slurry, or solids	200	400	50
WATERBODIES:			
Flowing streams, ponds, lakes, reservoirs, wetlands, or drainage channels[10]	50		50
MISCELLANEOUS STRUCTURES:			
Basements, pits, or sumps[11]	10		10
Cemeteries	200		50
Cisterns	50	100	50
Railroads	100	200	50
Solid waste landfills and disposal sites[12]	1000		50
GRAVITY SANITARY SEWER MAINS AND STORM SEWERS[13] Includes sewers carrying water treatment plant wastes, building sewer service lines, and laterals[14]			
General gravity sanitary and storm sewer minimums	0-25: prohibited		0-25: prohibited
Water main materials[15]	25-75		25

Structure or Source of Contamination	Required Minimum Lateral Distance, as Measured Horizontally on the Ground Surface, in feet		
	Public Wells		Belowground level finished water storage facility
	Deep Well[1]	Shallow Well[1]	
Standard sanitary sewer materials[15]	75-200		50
SANITARY SEWER FORCE MAINS:[13]			
General sanitary sewer force main minimums	0-75: prohibited		0-50: prohibited
Water main materials[15]	75-400		50
Standard sanitary sewer materials[15]	400-1000		50
DRAINS:[13]			
General drains, including well house floor drains to sewers:			
General drain minimums	0-25: prohibited		0-25: prohibited
General drains - water main materials[15]	25-75		25-50
General drains - sanitary sewer materials[15]	75-200		50
Well house floor drains to surface:			
General well house floor drains to surface minimums	0-5: prohibited		0-5: prohibited
Standard sanitary sewer material[15]	5-50		5-50
MISCELLANEOUS CONVEYANCES:[13]			
Internal conveyance piping for water plant treatment process wastes treated onsite:			
Internal conveyance piping minimums	0-5: prohibited		0-5: prohibited
Standard sanitary sewer materials[15]	5-50		5-50

[1]Deep and shallow wells are defined in 567—40.2(455B).

[2]GHEX loop boreholes are defined in 567—49.2(455B).

[3]Solid wastes, for the purpose of land application, are those derived from the treatment of water or wastewater, including sewage sludge, as defined in 567—Chapter 67. Certain types of solid wastes from water treatment processes may be land-applied within the SD on an individual, case-by-case basis.

[4]Septage shall be land applied in accordance with 567—Chapter 68.

[5]The term "water treatment plant waste treatment structures" includes lagoons that are used solely to store wastes or wastewater from drinking water treatment plants, such as lime sludge storage lagoons.

[6]PSDS (private sewage disposal system) is defined in 567—subrule 69.1(2). "Onsite treatment system" includes any wastewater treatment system not included in the definition of a private sewage disposal system (i.e., provides treatment or disposal of domestic sewage from more than four dwelling units or 16 or more individuals on a continuing basis) that is utilizing onsite wastewater treatment technologies described in 567—Chapter 69 to treat domestic waste. Closed portion refers to the part of a treatment system that is fully contained and does not allow effluent or pretreated effluent to enter soil or groundwater (e.g., septic tank or impervious vault toilet). Open portion refers to the part of a treatment system that allows effluent or pretreated effluent to discharge into soil or groundwater for treatment or disposal (e.g., soil absorption system or unlined ISSF system). These SDs also apply to septic systems that are not considered privately owned.

[7]The term "lagoons" includes aerated lagoon systems, advanced aerated lagoon systems, and waste stabilization lagoons as defined in 567—subrule 81.1(1) and holding ponds, equalization basins, and sludge digestion or holding tanks as described in the IWFDS. The term does not include lagoons used to dispose of water treatment plant wastes and anaerobic lagoons used for animal wastes. The SD from lagoons shall be measured from the water surface.

[8]The term "mechanical treatment plants" include activated sludge systems and fixed film biological treatment systems, as defined in 567—subrule 81.1(1), and any other wastewater disposal system that is not a PSDS, an onsite treatment system, or a lagoon.

[9]The minimum SD for liquid fuel storage associated with standby power generators shall be 50 feet if secondary containment is provided. Secondary containment shall provide for a minimum of 110 percent of the liquid fuel storage capacity. Double-walled storage tanks shall not be considered as secondary containment. Electrical power transformers mounted on a single utility pole are exempt from the SD requirements.

[10]Includes drainage channels that may have a direct connection to the groundwater table or a surface water.

[11]The SDs from basements, pits, and sumps must be met in order for a well to be considered a protected source for the purposes of the coliform sampling frequency determination in 567—subparagraph 41.2(1)*"e"*(4).

[12]Solid waste, when referring to landfills and disposal sites, means garbage, refuse, rubbish, and other similar discarded solid or semisolid materials, including but not limited to such materials resulting from industrial, commercial, agricultural, and domestic activities.

[13]The SDs are dependent upon the two following factors: the type of piping that is in the existing sewer or drain, as noted in the table, and whether the piping was properly installed in accordance with the standards.

[14]The distances for building sewer service lines and laterals shall be considered the minimum distances when constructing sewer lines and shall be increased where possible to provide better protection.

[15]These are the type of materials or pipe used to construct the type of sewer, main, or drain as specified in accordance with 43.3(2) and Section 2.4 of the IWFDS.

43.3(8) *Drinking water system components.* Drinking water system components that come into contact with raw, partially treated, or finished water must be suitable for the intended use in a potable water system. Components must be certified by an American National Standards Institute (ANSI) accredited third party for conformance with ANSI/NSF Standard 61 and ANSI/NSF lead-free (through annex G of 372) specifications, if such specification exists for the particular product, unless approved components are not reasonably available for use. Component materials generally excluded from ANSI/NSF 61 requirements include concrete, stainless steel, and aluminum. If the component does not meet the ANSI/NSF Standard 61 and lead-free specifications or no specification is available, the person seeking to supply or use the component must prove to the department's satisfaction that the component is not toxic or otherwise a potential hazard in a potable PWS.

43.3(9) *Water treatment filter media material.* For single media filters, grain sizes up to 0.8 mm effective size may be approved for filters designed to remove constituents other than those contained in the primary drinking water standards. Pilot or full-scale studies demonstrating satisfactory treatment efficiency and operation with the proposed media will be required prior to issuing any construction permits that allow filter media sizes greater than 0.55 mm.

43.3(10) *Best available treatment (BAT) technology.*

a. BATs for organic compounds. The table in 40 CFR §141.61(b) identifies either granular activated carbon (GAC), packed tower aeration (PTA), or oxidation (OXID) as the BAT, TT, or other means available for achieving compliance with the MCL for organic contaminants identified in 567—paragraph 41.5(1)*"b."* When setting MCLs for synthetic organic chemicals (SOCs), any BAT must be at least as effective as GAC.

b. BATs for inorganic chemicals (IOCs) and radionuclides.

(1) IOCs. The BAT for Inorganic Compounds table in 40 CFR §141.62(c) identifies the BAT technology, TT, or other means available for achieving compliance with the MCLs for the IOC contaminants listed in 567—paragraph 41.3(1)*"b,"* except fluoride.

(2) Arsenic. The Small System Compliance Technologies for Arsenic table in 40 CFR §141.62(c) identifies the affordable technology, TT, or other means available to systems serving 10,000 or fewer persons for achieving compliance with the arsenic MCL.

(3) Radionuclides.

1. Table B in 40 CFR §141.66(g) identifies the BAT for achieving compliance with the radionuclide MCL.

2. Table D in 40 CFR §141.66(h) identifies the radionuclides BATs for systems serving 10,000 or fewer people.

c. BATs for disinfection byproducts (DBPs) and disinfectants. The BATs for achieving compliance with the MCLs for the DBPs listed in 567—paragraph 41.5(2)*"b"* and the MRDLs listed in 567—paragraph 41.5(2)*"c"* are identified in 40 CFR §141.64.

d. Requirement to install the BAT. The department shall require CWSs and NTNCs to install and use any treatment method identified in 43.3(10) as a condition for granting an interim contaminant level, except as provided in 43.3(10)*"e."* If, after installation of the treatment method, a system cannot meet the MCL, it shall be eligible for a compliance schedule with an interim contaminant level granted under 567—subrule 40.5(9) and 567—43.2(455B).

e. Engineering assessment option. If a system can demonstrate through comprehensive engineering assessments, which may include pilot plant studies at the department's discretion, that the treatment methods identified in 43.3(10) would only achieve a de minimis reduction in contaminants, the department may establish a compliance schedule that requires the system being granted the waiver to examine other treatment methods as a condition of obtaining the interim contaminant level.

f. Compliance schedule. If the department determines that a treatment method identified in 43.3(10)*"a,""b,"* and *"c"* is technically feasible, the department may require a system to install or use a treatment method in connection with a compliance schedule established under 567—40.5(9) and

567—43.2(455B). The determination shall be based upon studies by the system and other relevant information.

g. Avoidance of unacceptable risk to health (URTH). To avoid an URTH, the department may require a PWS to use bottled water, POU devices, POE devices, or other means as a condition of granting a waiver or an exemption from the requirements of 43.3(10) or as a condition of a compliance schedule.

567—43.4(455B) Certification of completion. Within 30 days after completion of construction, installation or modification of any project, the construction permit holder shall submit a certification by a licensed professional engineer that the project was completed in accordance with the approved plans and specifications, except if the project received a waiver pursuant to 43.3(4).

567—43.5(455B) Filtration and disinfection for surface water (SW) and influenced groundwater (IGW) PWSs.

43.5(1) *Applicability/general requirements.* These rules apply to all PWSs using SW or IGW, in whole or in part, and establish criteria under which filtration is required as a treatment technique (TT). In addition, these rules establish TT requirements in lieu of MCLs for *Giardia lamblia*, heterotrophic plate count (HPC) bacteria, *Legionella*, viruses and turbidity. Each PWS with a SW or IGW must provide source water treatment that complies with these TT requirements. Systems that serve at least 10,000 persons must also comply with 567—43.9(455B). Systems that serve fewer than 10,000 persons must also comply with 567—43.10(455B).

a. TT requirements. The TT requirements consist of installing and properly operating water treatment processes which reliably achieve:

(1) At least 99.9 percent (3-log) removal or inactivation of *Giardia lamblia* cysts between a point where the raw water is not subject to recontamination by SW runoff and a point downstream before or at the first customer; and

(2) At least 99.99 percent (4-log) virus removal or inactivation between a point where the raw water is not subject to recontamination by SW runoff and a point downstream before or at the first customer.

b. Criteria for identification of IGW. Direct GW influence must be determined for individual sources in accordance with department criteria. The department determination of direct influence may be based on site-specific measurements of water quality or documentation of well construction characteristics and geology with field evaluation.

c. Sources subject to this rule. Only SW and IGW that are at risk to the contamination from *Giardia* cysts are subject to this rule. GW sources shall not be subject to this rule.

d. Source evaluation criteria. The identification of a source as SW or IGW shall be determined for an individual source, by the department, in accordance with the criteria in this rule. These criteria shall be used to delineate between SW, IGW, and GW. The PWS shall provide to the department that information necessary to make the determination.

e. Preliminary evaluation. For all sources, the department shall conduct a preliminary evaluation of information provided by the PWS to determine if the source is an obvious SW or is an IGW. The source shall be evaluated during that period of highest susceptibility to influence from SW. A preliminary evaluation may include a review of surveys, reports, geological information of the area, physical properties of the source, and departmental and PWS records.

(1) If the source is identified as a SW, no additional evaluation is needed.

(2) If the source is GW and identified as a deep well, no additional evaluation is needed unless through direct knowledge or documentation the source does not meet the well source evaluation requirements in 43.5(1)*"f."* The deep well shall then be evaluated using a formal evaluation in accordance with 43.5(1)*"g."*

(3) If the source is a shallow well, a well source evaluation shall be conducted in accordance with 43.5(1)*"f."*

(4) If the source is a spring, infiltration gallery, radial collector well, or any other subsurface source, a formal evaluation shall be conducted in accordance with 43.5(1)*"g."*

f. Well source evaluation. Shallow wells greater than 50 feet in lateral distance from a SW source shall be evaluated for direct influence of SW through a review of departmental or PWS files in accordance with this paragraph. Sources that meet these criteria shall be considered to be not under the direct influence of SW, and no additional evaluation will be required. Shallow wells 50 feet or less in lateral distance from a SW shall be evaluated in accordance with 43.5(1)*"g"* and *"h."*

(1) Well construction criteria. The well shall be constructed so as to prevent SW from entering the well or traversing the casing.

(2) Water quality criteria. Water quality records shall indicate:

1. No record of total coliform or fecal coliform contamination in untreated samples collected over the past three years.

2. No history of turbidity problems associated with the well, other than turbidity as a result of inorganic chemical precipitates.

3. No history of known or suspected outbreak of *Giardia* or other pathogenic organisms associated with SW (e.g., *Cryptosporidium*) that has been attributed to the well.

(3) Other available data. If data on particulate matter analysis of the well are available, there shall be no evidence of particulate matter present that is associated with SW. If information on turbidity or temperature monitoring of the well and nearby SW is available, there shall be no data on the source which correlates with that of a nearby SW.

(4) Further evaluation. Wells that do not meet all the requirements of this paragraph shall require a formal evaluation in accordance with 43.5(1)*"g"* and may require a particulate analysis and physical properties evaluation in accordance with 43.5(1)*"h."*

g. Formal evaluation. A formal evaluation shall be conducted by the department or a licensed professional engineer at the direction of the PWS.

(1) A formal evaluation shall include a complete file review and may include a field survey, as noted below.

1. Complete file review. In addition to the information gathered in a preliminary evaluation in 43.5(1)*"e,"* a complete file review for a well source shall consider, but not be limited to, design and construction details; evidence of direct SW contamination; water quality analysis; indications of waterborne disease outbreaks; operational procedures; and customer complaints regarding water quality or water-related infectious illness.

2. Field survey. An evaluation of a source other than a well source shall include a complete file review and a field survey. A field survey shall substantiate findings of the complete file review and determine if the source is at risk to pathogens from direct SW influence. A survey shall examine the source for evidence that SW enters the source through defects, which may include but is not limited to infiltration gallery laterals exposed to SW, springs open to the atmosphere, or surface runoff entering a spring or other collector. A field survey shall note the distances to obvious SW sources.

(2) A report summarizing the findings of the complete file review and the field survey, when conducted, shall be submitted to the department for final review and classification of the source. Either method or both may be used to demonstrate that the source is an SW or an IGW.

1. If the complete file review or field survey demonstrates conclusively that the source is subject to the direct SW influence, the source shall be classified as an IGW.

2. If the findings do not demonstrate conclusive evidence of direct influence of SW, the analysis and evaluation in 43.5(1)*"h"* should be conducted.

h. Particulate analysis and physical properties evaluation.

(1) SW indicators. Particulate analysis shall be conducted to identify organisms that only occur in SWs as opposed to GWs, and whose presence in GW would indicate the direct influence of SW.

1. Identification of a *Giardia* cyst, live diatoms, and blue-green, green, or other chloroplast containing algae in any source water shall be considered evidence of direct SW influence.

2. Rotifers and insect parts are indicators of SW. Without knowledge of which species is present, the finding of rotifers indicates that the source is either directly influenced by SW, or the water contains organic matter sufficient to support the growth of rotifers. Insects or insect parts shall be considered strong evidence of SW influence, if not direct evidence.

3. The presence of coccidia (e.g., *Cryptosporidium*) in the source water is considered a good indicator of direct influence of SW. Other macroorganisms (greater than 7 um) that are parasitic to animals and fish, such as, but not limited to, helminths (e.g., tapeworm cysts), ascaris, and Diphyllobothrium, shall be considered as indicators of direct influence of SW.

(2) Physical properties. Turbidity, temperature, pH and conductivity provide supportive, but less direct, evidence of direct influence of SW. Temperature fluctuations or turbidity fluctuations of greater than 0.5-1.0 NTU over the course of a year may indicate direct influence of SW. Changes in other chemical parameters such as pH, conductivity, or hardness may indirectly indicate influence by nearby SW.

i. Compliance. A PWS using a SW source or an IGW is considered to be in compliance with this subrule if it meets the filtration requirements in 43.5(3) and the disinfection requirements in 43.5(2).

j. Certified operator requirement. Each PWS using a SW source or an IGW must be operated by a certified operator who meets the requirements of 567—Chapter 81.

43.5(2) *Disinfection requirements.* All CWS, NTNC, and TNC using SW or IGW in whole or in part shall be required to provide disinfection in compliance with this subrule and filtration in compliance with 43.5(3). If the department has determined that filtration is required, the system must comply with any interim disinfection requirements the department deems necessary before filtration is installed. A system providing filtration on or before December 30, 1991, must comply with this subrule beginning June 29, 1993. A system providing filtration after December 30, 1991, must comply with this subrule when filtration is installed. Failure to meet any requirement of this subrule after the applicable date is a TT violation.

a. Disinfection treatment criteria.

(1) Disinfection treatment must be sufficient to ensure that the total treatment processes of a system achieve at least 99.9 percent (3-log) inactivation or removal of *Giardia lamblia* cysts and at least 99.99 percent (4-log) virus inactivation or removal, acceptable to the department.

(2) At least 0.5 log inactivation of *Giardia lamblia* cysts must be achieved through disinfection treatment using a chemical disinfectant even if the required inactivation or removal is met or exceeded through physical treatment processes.

(3) Each system must calculate the total inactivation ratio ($CT_{calculated}/CT_{required}$) each day the treatment plant is in operation. A system's total inactivation ratio must be equal to or greater than 1.0 to ensure that the minimum inactivation and removal requirements have been achieved. If a system's total inactivation ratio for the day is below 1.0, it must notify the department within 24 hours.

b. Disinfection system. The disinfection system must include either:

(1) Redundant components, including an auxiliary power supply with automatic start-up and alarm, to ensure that disinfectant application is maintained continuously while water is being delivered to the distribution system, or

(2) Automatic shutoff of delivery of water to the distribution system when the residual disinfectant concentration (RDC) in the water is less than 0.3 mg/L free residual or 1.5 mg/L total residual chlorine. If the department determines that automatic shutoff would cause unreasonable risk to health or interfere with fire protection, the system must comply with 43.5(2)*"b"*(1).

c. Residual disinfectant entering system. The RDC in the water entering the distribution system, measured as specified in 43.5(4)*"a"*(4) and 43.5(4)*"b"*(2)"1," cannot be less than 0.3 mg/L free residual or 1.5 mg/L total residual chlorine for more than four hours.

d. Residual disinfectant in the system. The RDC in the distribution system, measured as total chlorine, combined chlorine, or chlorine dioxide, as specified in 43.5(4)*"a"*(4) and 43.5(4)*"b"*(2)"2," cannot be undetectable in more than five percent of the samples each month for any two consecutive months that the system serves water to the public. Water within the distribution system with an HPC bacteria concentration less than or equal to 500/mL, measured as HPC as specified in 567—paragraph 41.2(2)*"b,"* is deemed to have a detectable disinfectant residual for purposes of determining compliance with this requirement. Therefore, the value "V" in the following formula cannot exceed five percent in one month for any two consecutive months.

$V = [(c + d + e) / (a + b)] \times 100$

where the letters indicate the number of instances in which:

a = RDC is measured

b = RDC is not measured but HPC bacteria is measured

c = RDC is measured but not detected and no HPC is measured

d = no RDC is detected and where the HPC is greater than 500/mL

e = RDC is not measured and HPC is greater than 500/mL

43.5(3) *Filtration requirements.* Turbidity measurements required by this subrule shall be made in accordance with 43.5(4)*"a"*(1) and 43.5(4)*"b"*(1).

a. Applicability. A PWS that uses a SW source or an IGW source must provide treatment consisting of both disinfection, as specified in 43.5(2), and filtration treatment that complies with the turbidity requirements of 43.5(3), 43.5(4), and 43.5(5). A system shall install filtration within 18 months after the department determines, in writing, that filtration is required. The department may require, and a system shall comply, with any interim turbidity requirements the department deems necessary. Failure to meet any requirements of the subrules referenced below after the dates specified is a TT violation.

(1) A system providing or required to provide filtration:

1. On or before December 30, 1991, must comply with this subrule by June 29, 1993; and

2. After December 30, 1991, must comply with this subrule when filtration is installed.

(2) Beginning:

1. January 1, 2002, systems serving at least 10,000 people must meet the turbidity requirements in 567—43.9(455B); and

2. January 1, 2005, systems serving fewer than 10,000 people must meet the turbidity requirements in 567—43.10(455B).

b. Conventional filtration treatment or direct filtration.

(1) Systems using conventional filtration serving at least 10,000 people must meet the turbidity level requirements in 43.9(3)*"a."*

(2) Systems using conventional filtration or direct filtration serving fewer than 10,000 people must meet the turbidity level requirements in 43.10(4)*"c."*

c. Slow sand filtration.

(1) For systems using slow sand filtration, the turbidity level of representative samples of a system's filtered water must be less than or equal to 0.3 NTU in at least 95 percent of the measurements taken each month.

(2) The turbidity level of representative samples of a system's filtered water must not exceed 1 NTU in two consecutive 15-minute recordings.

d. Diatomaceous earth filtration.

(1) For systems using diatomaceous earth filtration, the turbidity level of representative samples of a system's filtered water must be less than or equal to 0.3 NTU in at least 95 percent of the measurements taken each month.

(2) The turbidity level of representative samples of a system's filtered water must not exceed 1 NTU in two consecutive 15-minute recordings.

e. Other filtration technologies. A PWS may use either a filtration technology not listed in 43.5(3)*"b"* through *"d"* or a filtration technology listed in 43.5(3)*"b"* or *"c"* at a higher turbidity level if it demonstrates to the department, through a preliminary report submitted by a licensed professional engineer using pilot plant studies or other means, that the alternative filtration technology, in combination with disinfection treatment that meets the requirements of 43.5(2), consistently achieves 99.9 percent removal or inactivation of *Giardia lamblia* and 99.99 percent virus removal or inactivation. For a system that uses alternative filtration technology and makes this demonstration, the turbidity TT requirements are as follows:

(1) The turbidity level of representative samples of a system's filtered water must be less than or equal to 0.3 NTU in at least 95 percent of the measurements taken each month.

(2) The turbidity level of representative samples of a system's filtered water must not exceed 1 NTU. Beginning January 1, 2002, systems serving at least 10,000 people must meet the requirements for other filtration technologies in 43.9(3)*"b."* Beginning January 1, 2005, systems serving fewer than 10,000 people must meet the requirements for other filtration technologies in 43.10(4).

43.5(4) *Analytical and monitoring requirements.*

a. Analytical methods. Only the analytical method(s) specified in this paragraph, or otherwise approved by the department, may be used to demonstrate compliance with 43.5(2) and 43.5(3). Measurements for pH, temperature, turbidity, and RDCs must be conducted by a Grade II, III or IV operator meeting the requirements of 567—Chapter 81, any person under the supervision of such an operator, or a laboratory certified in accordance with 567—Chapter 83. For consecutive PWSs from a SW or IGW system, the disinfectant concentration analyses must be conducted by a certified operator who meets the requirements of 567—Chapter 81. Heterotrophic plate count (HPC) bacteria measurements must be conducted by a laboratory certified by the department to do such analysis.

(1) Turbidity shall be analyzed using the methodology in the following table. Calibrate each turbidimeter at least once every 90 days with a primary standard. The calibration of each turbidimeter used for compliance must be verified at least once per week with a primary standard, secondary standard, the manufacturer's proprietary calibration confirmation device, or by a department-approved method. If the verification is not within plus or minus 0.05 NTU for measurements of less than or equal to 0.5 NTU, or within plus or minus 10 percent of measurements greater than 0.5 NTU, the turbidimeter must be recalibrated.

Turbidity Methodology

Methodology	Analytical Method				
	EPA	**SM**	**GLI**	**HACH**	**Other**
Nephelometric[5]	180.1[1]	2130B[2]	Method 2[3]	FilterTrak 10133[4]; Hach Method 8195, Rev. 3.015	
Laser Nephelometry (online)					Mitchell M5271[6]; Mitchell M5331 Rev. 1.2[10]; Lovibond PTV 600013
LED Nephelometry (online)					Mitchell M5331[7]; Mitchell M5331 Rev. 1.2[10]; AMI Turbiwell[9]; Lovibond PTV 200012; Lovibond PTV 100014
LED Nephelometry (portable)					Orion AQ4500[8]
360-degree Nephelometry					Hach Method 10258[11]

[1]"Methods for the Determination of Inorganic Substances in Environmental Samples," EPA-600/R-93-100, August 1993. NTIS, PB94-121811.

[2]SM, 18th (1992), 19th (1995), 20th (1998), 21st (2005), 22nd (2012), and 23rd (2017) editions (any of these editions may be used).

[3]GLI Method 2, "Turbidity," November 2, 1992, Great Lakes Instruments, Inc., 8855 North 55th Street, Milwaukee, WI 53223.

[4]Hach FilterTrak Method 10133, "Determination of Turbidity by Laser Nephelometry," January 2000, Revision 2.0, www.hach.com.

[5]Styrene divinyl benzene beads (e.g., AMCO-AEPA-1 or equivalent) and stabilized formazin (e.g., Hach StablCalTM or equivalent) are acceptable substitutes for formazin.

[6]Mitchell Method M5271, Revision 1.1. "Determination of Turbidity by Laser Nephelometry," March 5, 2009, www.nemi.gov.

[7]Mitchell Method M5331, Revision 1.1. "Determination of Turbidity by LED Nephelometry," March 5, 2009, www.nemi.gov.

[8]Orion Method AQ4500, Revision 1.0. "Determination of Turbidity by LED Nephelometry," May 8, 2009, www.nemi.gov or Thermo Scientific, www.thermo.com.

[9]AMI Turbiwell, "Continuous Measurement of Turbidity Using a SWAN AMI Turbiwell Turbidimeter," August 2009, www.nemi.gov.

[10]Mitchell Method M5331, Revision 1.2. "Determination of Turbidity by LED or Laser Nephelometry," February 2016, www.nemi.gov.

[11]Hach Company. "Hach Method 10258 – Determination of Turbidity by 360-Degree Nephelometry," January 2016 and March 2018, revision 2.0, www.hach.com.

[12]Lovibond PTV 2000. "Continuous Measurement of Drinking Water Turbidity Using a Lovibond PTV 2000 660-nm LED Turbidimeter," December 2016, Revision 1.0,Tintometer, Inc., 6456 Parkland Drive, Sarasota, FL 34243.

[13]Lovibond PTV 6000. "Continuous Measurement of Drinking Water Turbidity Using a Lovibond PTV 6000 Laser Turbidimeter," December 2016, Revision 1.0, Tintometer, Inc., 6456 Parkland Drive, Sarasota, FL 34243.

[14]Lovibond PTV 1000. "Continuous Measurement of Drinking Water Turbidity Using a Lovibond PTV 1000 White Light LED Turbidimeter," December 2016, Revision 1.0, Tintometer, Inc., 6456 Parkland Drive, Sarasota, FL 34243.

[15]Hach Company. "Hach Method 8195-Determination of Turbidity by Nephelometry," March 2018, Revision 3.0, www.hach.com.

(2) The temperature and pH (hydrogen ion concentration) shall be determined in compliance with the methodology in 567—subparagraph 41.4(1)*"g"*(1).

(3) The HPC bacteria sampling and analysis shall be conducted in compliance with 567—subrule 41.2(2) and 43.5(2)*"d."* The time from sample collection to initiation of analysis shall not exceed eight hours, and the samples must be held below 10 degrees Celsius during transit.

(4) The residual disinfectant concentrations (RDCs) shall be determined using one of the analytical methods in the following table. RDCs for free chlorine and total chlorine may also be measured by using DPD colorimetric test kits. Free and total chlorine residuals may be measured continuously by adapting a specified chlorine residual method for use with a continuous monitoring instrument provided the chemistry, accuracy, and precision remain the same. Instruments used for continuous monitoring must be verified with a grab sample measurement at least every seven days. The analyzer concentration must be within plus or minus 0.1 mg/L or plus or minus 15 percent (whichever is larger) of the grab sample measurement. If the verification is not within this range, immediate actions must be taken to resolve the issue and another verification must be conducted.

Disinfectant Analytical Methodology

Residual	Methodology	SM[1,2]	SM Online[6]	Other
Free chlorine	Amperometric Titration	4500-Cl D	4500-Cl D-00	D1253-03[4], 08, 14
	DPD Ferrous Titrimetric	4500-Cl F	4500-Cl F-00	
	DPD Colorimetric	4500-Cl G	4500-Cl G-00	Hach Method 10260[10]
	Syringaldazine (FACTS)	4500-Cl H	4500-Cl H-00	
	Online Chlorine Analyzer			EPA 334.0[7]
	Amperometric Sensor			ChloroSense[8]
	Indophenol Colorimetric			Hach Method 10241[11]
Total chlorine	Amperometric Titration	4500-Cl D	4500-Cl D-00	D1253-03[4], 08, 14
	Amperometric Titration (low-level measurement)	4500-Cl E	4500-Cl E-00	
	DPD Ferrous Titrimetric	4500-Cl F	4500-Cl F-00	
	DPD Colorimetric	4500-Cl G	4500-Cl G-00	Hach Method 10260[10]
	Iodometric Electrode	4500-Cl I	4500-Cl I-00	
	Online Chlorine Analyzer			EPA 334.0[7]
	Amperometric Sensor			ChloroSense[8]
Chlorine dioxide	Amperometric Titration	4500-ClO_2 C	4500-$C10_2$ C-00	
	DPD Method	4500-ClO_2 D		
	Amperometric Titration	4500-ClO_2 E	4500-$C10_2$ E-00	
	Amperometric Sensor			ChlordioX Plus[9]
	Spectrophotometric			327.0, Revision 1.1[5]
Ozone	Indigo method	4500-O_3 B[3]	4500-O_3 B-97	

[1]SM, 18th (1992), 19th (1995), 20th (1998), 21st (2005), 22nd (2012), and 23rd (2017) editions (any of these editions may be used). Only the 18th, 19th, and 20th editions may be used for chlorine dioxide Method 4500-ClO_2 D.

[2]Other analytical test procedures are contained within Technical Notes on Drinking Water Methods, EPA-600/R-94-173, October 1994, NTIS PB95-104766.

[3]SM, 18th (1992), 19th (1995), 21st (2005), and 22nd (2012) editions (any edition may be used).

[4]ASTM, Vol. 11.01, 2004; any year containing the cited version of the method may be used.

[5]EPA Method 327.0, Revision 1.1, "Determination of Chlorine Dioxide and Chlorite Ion in Drinking Water Using Lissamine Green B and Horseradish Peroxidase with Detection by Visible Spectrophotometry," May 2005, EPA 815-R-05-008, www.nemi.gov.

[6]SM Online, www.standardmethods.org. The year in which each method was approved by the Standard Methods Committee is designated by the last two digits in the method number. The methods listed are the only online versions that may be used.

[7]EPA Method 334.0, "Determination of Residual Chlorine in Drinking Water Using an On-Line Chlorine Analyzer," September 2009. EPA 815-B-09-013, www.nemi.gov.

[8]ChloroSense, "Measurement of Free and Total Chlorine in Drinking Water by Palintest ChloroSense," September 2009, www.nemi.gov or Palintest Water Analysis Technologies, www.palintest.com.

[9]ChlordioX Plus. "Chlorine Dioxide and Chlorite in Drinking Water by Amperometry Using Disposable Sensors," November 2013, Palintest Water Analysis Technologies, www.palintest.com.

[10]Hach Company. "Hach Method 10260 – Determination of Chlorinated Oxidants (Free and Total) in Water Using Disposable Planar Reagent-Filled Cuvettes and Mesofluidic Channel Colorimetry," April 2013, www.hach.com.

[11]Hach Company. "Hach Method 10241 – Spectophotometric Measurement of Free Chlorine in Finished Drinking Water," November 2015, Revision 1.2, www.hach.com.

b. Monitoring. A PWS that uses a SW or IGW source must monitor in accordance with this paragraph.

(1) Turbidity.

1. Routine monitoring. Turbidity measurements required by 43.5(3) must be performed on representative samples of the system's filtered water utilizing continuous turbidity monitoring equipment. Turbidity monitoring results must be recorded at least every 15 minutes. Turbidity must be monitored according to a written turbidity protocol approved by the department and audited for compliance during sanitary surveys.

2. Monitoring protocol. The turbidity monitoring protocol shall include but is not limited to: sample measurement location; calibration method, frequency, and standards; verification method, frequency, and documentation; and data collection, recording frequency, and reporting.

3. Failure of continuous monitoring equipment. If there is a failure in the continuous turbidity monitoring equipment, the system must conduct grab sampling every four hours in lieu of continuous monitoring until the turbidimeter is repaired and back online. A system has a maximum of five working days after failure to repair the equipment or else the system is in violation. The system must notify the department within 24 hours of both when the turbidimeter was taken offline and when it was returned online. It is a TT violation if the turbidity exceeds 1 NTU at any time during grab sampling. The system must inform the department as soon as possible, but no later than 24 hours after the exceedance is known, in accordance with 567—subparagraph 40.5(3)*"b"*(3).

(2) Residual disinfectant.

1. Residual entering the system. The RDC of the water entering the distribution system shall be monitored continuously, and the lowest value recorded each day. If there is a failure in the continuous monitoring equipment, grab sampling every four hours may be conducted in lieu of continuous monitoring, but shall not exceed five working days following the equipment failure. If acceptable to the department, systems serving 3,300 or fewer persons may take grab samples in lieu of providing continuous monitoring on an ongoing basis at the frequencies prescribed below:

Residual Disinfectant Samples Required of SW or IGW PWS

System size (persons served)	Samples per day*
500 or fewer	1
501 to 1,000	2
1,001 to 2,500	3
2,501 to 3,300	4

*When more than one grab sample is required per day, the day's samples cannot be taken at the same time. The sampling intervals must be a minimum of four-hour intervals.

If at any time the disinfectant concentration falls below 0.3 mg/L free residual or 1.5 mg/L total residual chlorine (TRC) in a system using grab sampling in lieu of continuous monitoring, the system shall take a grab sample every four hours until the RDC is equal to or greater than 0.3 mg/L free residual or 1.5 mg/L TRC.

2. Residual in the system. The RDC must be measured at least daily in the distribution system. Residual disinfectant measurements that are required as part of the total coliform bacteria sample collection under 567—subparagraph 41.2(1)*"c"*(7) shall be used to satisfy this requirement on the day(s)

when a bacteria sample(s) is collected. The department may allow a PWS that uses both a GW source and a SW source or uses an IGW to take residual disinfectant samples at points other than the total coliform sampling points, if these points are included as a part of the coliform sample site plan meeting the requirements of 567—paragraph 41.2(1)*"c"*(1)"1" and if the department determines that such points are representative of treated (disinfected) water quality within the distribution system. HPC may be measured in lieu of RDC, using the analytical methods in 567—paragraph 41.2(2)*"b."* The time from sample collection to initiation of analysis shall not exceed eight hours. All HPC samples must be kept below 10 degrees Celsius during laboratory transit, and must be analyzed by a laboratory certified in accordance with 567—Chapter 83.

43.5(5) *Reporting.* PWSs shall report the results of routine monitoring required to demonstrate compliance with rule 567—43.5(455B) and TT violations as follows:

a. Waterborne disease outbreak. Each system, upon discovering that a waterborne disease outbreak potentially attributable to that system has occurred, must report that occurrence to the department as soon as possible, but no later than by the end of the next business day.

b. Turbidity exceeds 5 NTU. If at any time the turbidity exceeds 5 NTU, the system must inform the department as soon as possible, but no later than 24 hours after the exceedance is known, in accordance with the PN requirements in 567—subparagraph 40.5(3)*"b"*(3).

c. Residual disinfectant entering distribution system below 0.3 mg/L free residual chlorine or 1.5 mg/L total residual chlorine (TRC). If at any time the residual falls below 0.3 mg/L free residual chlorine or 1.5 mg/L TRC in the water entering the distribution system, the system must notify the department as soon as possible, but no later than by the end of the next business day. The system also must notify the department by the end of the next business day whether or not the residual was restored to at least 0.3 mg/L free residual chlorine or 1.5 mg/L TRC within four hours.

d. Routine monitoring. Routine monitoring results shall be provided as part of the MORs in accordance with rule 567—40.3(455B) and 567—subrule 40.8(3).

e. Total inactivation ratio below 1.0. If the system's total inactivation ratio for the day is below 1.0, the system must notify the department within 24 hours.

43.5(6) *Filter backwash recycle provisions.* All SW or IGW systems that employ conventional filtration or direct filtration treatment and that recycle spent filter backwash water, thickener supernatant, or liquids from dewatering processes must comply with this subrule.

a. Reporting. A system must notify the department in writing by December 8, 2003, if it recycles spent filter backwash water, thickener supernatant, or liquids from dewatering processes. This notification must include the following information.

(1) A plan schematic showing the origin of all recycled flows (including, but not limited to, spent filter backwash water, thickener supernatant, and liquids from dewatering processes), the hydraulic conveyance used to transport them, and the location where they are reintroduced back into the treatment plant.

(2) In gallons per minute (GPM), the typical recycle flow, highest observed plant flow experience in the previous year, design flow for the treatment plant, minimum plant rate during which the filter backwash will be recycled, and the department-approved operating capacity for the plant where the department has made such determinations.

b. Treatment technique (TT) requirement. Any system that recycles spent filter backwash water, thickener supernatant, or liquids from dewatering processes must return these flows through the processes of its existing conventional or direct filtration system or at an alternate location approved by the department by June 8, 2004. However, if capital improvements are necessary to modify the recycle location to meet this requirement, all capital improvements must be completed no later than June 8, 2006.

c. Recordkeeping. The system must collect and retain on file the recycle flow information specified below for department review and evaluation.

(1) A copy of the recycle notification and information submitted to the department under 43.5(6)*"a"*;

(2) A list of all recycle flows and their return frequency;

(3) The average and maximum backwash flow rate through the filters and the average and maximum duration of the filter backwash process in minutes;

(4) The typical filter run length and a written summary of how filter run length is determined;

(5) The type of treatment provided for the recycle flow; and

(6) Data on the physical dimensions of the equalization and treatment units, typical and maximum hydraulic loading rates, type of treatment chemicals used including average dose and frequency of use, and frequency of solids removal, if applicable.

567—43.6(455B) Residual disinfectant and disinfection byproduct (DBP) precursors.

43.6(1) *Residual disinfectant.*

a. Applicability.

(1) CWSs and NTNCs. This rule establishes criteria under which CWSs and NTNCs that add a chemical disinfectant to the water in any part of the drinking water treatment process or that provide water that contains a chemical disinfectant must modify their practices to meet the MCLs in 567—41.6(455B), the MRDLs in this subrule, and the TT requirements for DBP precursors in 43.6(3).

(2) TNC systems with chlorine dioxide disinfection. This rule establishes criteria under which TNCs that use chlorine dioxide as a disinfectant or oxidant must modify their practices to meet the chlorine dioxide MRDL in 43.6(1)*"b."*

(3) Compliance dates. Compliance dates for this rule are based upon the source water type and the population served. Systems must comply with this rule as follows, unless otherwise noted:

1. SW and IGW CWSs and NTNCs. CWSs and NTNCs using SW or IGW in whole or in part and that serve 10,000 or more persons must comply with this rule. CWSs and NTNCs using SW or IGW that serve fewer than 10,000 persons must comply with this rule.

2. GW CWSs and NTNCs. CWSs and NTNCs using only GW not under the direct influence of SW must comply with this rule.

3. TNC systems using chlorine dioxide. TNC systems serving over 10,000 persons and using SW or IGW and using chlorine dioxide as a disinfectant or oxidant must comply with THE chlorine dioxide requirements in this rule. TNC systems serving 10,000 persons or less, regardless of source water type, and using chlorine dioxide as a disinfectant or oxidant must comply with the chlorine dioxide requirements in this rule.

(4) Residual disinfectant control. Notwithstanding the MRDLs in this rule, systems may increase residual disinfectant levels of chlorine or chloramines (but not chlorine dioxide) in the distribution system to a level and for a time necessary to protect public health or to address specific microbiological contamination problems caused by circumstances including, but not limited to, distribution line breaks, storm run-off events, source water contamination events, or cross-connection events.

(5) Consecutive systems. Consecutive systems that provide water containing a disinfectant or oxidant must comply with this rule.

(6) Systems with multiple water sources. Systems with water sources that are used independently from each other, are not from the same source as determined by the department, or do not go through identical treatment processes must monitor for the applicable disinfectants or oxidants and DBPs during operation of each source. Systems must comply with this rule during the use of each water source.

b. MRDLs. The MRDLs are as follows:

Residual Disinfectant	MRDL (mg/L)
Chloramines	4.0 as Cl_2
Chlorine	4.0 as Cl_2
Chlorine dioxide	0.8 as ClO_2

c. Residual disinfectant monitoring requirements.

(1) General requirements.

1. Systems must take all samples during normal operating conditions. If a system does not use the disinfectant or oxidant on a daily basis, it must conduct the required daily monitoring each day the

disinfectant or oxidant is used, and any required monthly monitoring during those months in which the disinfectant or oxidant is used during any portion of the month.

2. Failure to monitor in accordance with the monitoring plan required under 43.6(1)*"c"*(1)"5" is a monitoring violation.

3. Failure to monitor is a violation for the entire period covered by the annual average where compliance is based on an RAA of monthly or quarterly samples or averages. The system's failure to monitor makes it impossible to determine MRDL compliance.

4. Systems may use only data collected under this rule or of 567—41.6(455B) to qualify for reduced monitoring.

5. Systems required to monitor under this rule or 567—41.6(455B) must develop and implement a monitoring plan, in accordance with 567—paragraph 41.6(1)*"c"*(1)"6."

(2) Chlorine and chloramines.

1. Routine monitoring. CWSs and NTNCs using chlorine or chloramines must measure the residual disinfectant level at the same points in the distribution system and at the same time as total coliforms are sampled, as specified in 567—subrule 41.2(1). SW and IGW systems may use the results of RDC sampling conducted under 43.5(4)*"b"*(2)"2," in lieu of taking separate samples.

2. Reduced monitoring. Chlorine and chloramine monitoring may not be reduced.

(3) Chlorine dioxide.

1. Routine monitoring. Any PWSs using chlorine dioxide for disinfection or oxidation must take daily samples at the SEP.

2. Additional monitoring. On each day following a routine daily sample monitoring result that exceeds the MRDL, a system is required to take three chlorine dioxide distribution system samples at the locations required below, in addition to the routine daily sample required at the SEP.

- If chlorine dioxide or chloramines are used to maintain a residual disinfectant in the distribution system, or if chlorine is used to maintain a residual disinfectant in the distribution system and there are no disinfection addition points after the SEP (i.e., no booster chlorination), a system must take three samples as close to the first customer as possible, at intervals of at least six hours.
- If chlorine is used to maintain a residual disinfectant in the distribution system and there are one or more disinfection addition points after the SEP (i.e., booster chlorination), a system must take one sample at each of the following locations: as close to the first customer as possible, in a location representative of average residence time, and as close to the end of the distribution system as possible (reflecting maximum residence time in the distribution system).

3. Reduced monitoring. Chlorine dioxide monitoring may not be reduced.

d. Residual disinfectant analytical requirements.

(1) Analytical methods. Systems must measure RDCs for free chlorine, combined chlorine (chloramines), and chlorine dioxide by the methods listed in the following table:

Approved Methods for Residual Disinfectant Compliance Monitoring

Methodology	SM[1]	Other Method	Residual measured[2]			
			Free Chlorine	Combined Chlorine	Total Chlorine	Chlorine Dioxide
Amperometric Titration	4500-Cl D	ASTM: D 1253-86[3] (96), 03, 08, 14	X	X	X	
Low Level Amperometric Titration	4500-Cl E				X	
DPD Ferrous Titrimetric	4500-Cl F		X	X	X	
DPD Colorimetric	4500-Cl G	Hach Method 10260[6]	X	X	X	
Syringaldazine (FACTS)	4500-Cl H		X			
Amperometric Sensor		ChloroSense[5]	X		X	

Methodology	SM[1]	Other Method	Residual measured[2]			
			Free Chlorine	Combined Chlorine	Total Chlorine	Chlorine Dioxide
Online Chlorine Analyzer		EPA 334.04	X		X	
Indophenol Colorimetric		Hach Method 10241[8]	X	X	X	
Iodometric Electrode	4500-Cl I				X	
DPD	4500-ClO_2 D					X
Amperometric Method II	4500-ClO_2 E					X
Lissamine Green Spectrophotometric		EPA 327.0 Rev. 1.1				X
Amperometric Sensor		ChlordioX Plus[7]				X

The procedures shall be done in accordance with the documents listed below. The incorporation by reference of the following documents was approved by the Director of the Federal Register on February 16, 1999, in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. The document sources are listed below, and further document information is available from the Safe Drinking Water Hotline, 800.426.4791. Documents may be inspected at EPA's Drinking Water Docket; or at the Office of Federal Register.

The following method is available from the NTIS: "Determination of Chlorine Dioxide and Chlorite Ion in Drinking Water Using Lissamine Green B and Horseradish Peroxidase with Detection by Visible Spectrophotometry, Revision 1.1," EPA, May 2005, EPA 815-R-05-008.

[1]SM, 19th (1995), 20th (1998), 21st (2005), 22nd (2012), and 23rd (2017) editions. Methods: 4500-Cl D, 4500-Cl E, 4500-Cl F, 4500-Cl G, 4500-Cl H, 4500-Cl I, 4500-ClO_2 E. Only the 19th and 20th editions may be used for the chlorine dioxide Method 4500-ClO_2 D.

[2]X indicates method is approved for measuring the specified residual disinfectant. Free chlorine or total chlorine may be measured for demonstrating compliance with the chlorine MRDL, and combined chlorine or total chlorine may be measured for demonstrating compliance with the chloramine MRDL.

[3]ASTM, Volume 11.01, 1996, Method D 1253-86.

[4]EPA Method 334.0, "Determination of Residual Chlorine in Drinking Water Using an On-Line Chlorine Analyzer," September 2009, EPA 815-B-09-013, nepis.epa.gov.

[5]ChloroSense, "Measurement of Free and Total Chlorine in Drinking Water by Palintest ChloroSense," September 2009, www.nemi.gov or Palintest Water Analysis Technologies, www.palintest.com.

[6]Hach Method 10260, "Determination of Chlorinated Oxidants (Free and Total) in Water Using Disposable Planar Reagent-Filled Cuvettes and Mesofluidic Channel Colorimetry," April 2013, www.hach.com.

[7]ChlordioX Plus. "Chlorine Dioxide and Chlorite in Drinking Water by Amperometry Using Disposable Sensors," November 2013, Palintest Water Analysis Technologies, www.palintest.com.

[8]Hach Company. "Hach Method 10241 – Spectrophotometric Measurement of Free Chlorine in Finished Drinking Water," November 2015, Revision 1.2, www.hach.com.

(2) Test kit use. Systems may also measure RDCs for chlorine, chloramines, and chlorine dioxide by using DPD colorimetric test kits acceptable to the department. Free and total chlorine RDCs may be measured continuously by adapting a specified chlorine residual method for use with a continuous monitoring instrument provided the chemistry, accuracy, and precision remain the same. Continuous monitoring instruments must be verified with a grab sample measurement at least every seven days in accordance with 43.5(4)*"a"*(4).

(3) Operator requirement. RDC measurements shall be conducted by a Grade A through IV operator meeting the requirements of 567—Chapter 81, any person under the direct supervision of such an operator, or a laboratory certified in accordance with 567—Chapter 83.

e. Residual disinfectant compliance requirements.

(1) General requirements.

1. When compliance is based on an RAA of monthly or quarterly samples or averages and the system's failure to monitor makes it impossible to determine MRDL compliance for chlorine and chloramines, this failure to monitor will be treated as a monitoring violation for the entire period covered by the annual average.

2. All samples taken and analyzed under this rule must be included in determining compliance, even if that number is greater than the minimum required.

(2) Chlorine and chloramines.

1. Compliance must be based on an RAA, computed quarterly, of monthly averages of all samples collected by the system under 43.6(1)*"c"*(2). If the average covering any consecutive four-quarter period exceeds the MRDL, the system is in violation of the MRDL and must provide PN pursuant to 567—40.5(455B) and report to the department pursuant to 567—paragraph 40.8(3)*"d."*

2. In cases where systems switch between the use of chlorine and chloramines for residual disinfection during the year, compliance must be determined by including together all monitoring results of both chlorine and chloramines. Reports submitted pursuant to 567—paragraph 40.8(3)*"d"* must clearly indicate which residual disinfectant was analyzed for each sample.

(3) Chlorine dioxide.

1. Acute violations. Compliance must be based on consecutive daily samples collected under 43.6(1)*"c"*(3). If any daily sample taken at the SEP exceeds the MRDL, and on the following day one or more of the three samples taken in the distribution system exceed the MRDL, the system is in violation of the MRDL and shall take immediate corrective action to lower the level of chlorine dioxide below the MRDL. Failure to take samples in the distribution system the day following an exceedance of the chlorine dioxide MRDL at the SEP is also an MRDL violation. For either violation, the system must provide notice pursuant to the Tier 1 PN requirements in 567—subrule 40.5(2), and report to the department pursuant to 567—paragraph 40.8(3)*"d."*

2. Nonacute violations. Compliance must be based on consecutive daily samples collected under 43.6(1)*"c"*(3). If any two consecutive daily samples taken at the SEP exceed the MRDL and all distribution system samples taken are below the MRDL, the system is in violation of the MRDL and must take corrective action to lower the level of chlorine dioxide below the MRDL at the point of sampling. Failure to monitor at the SEP the day following an exceedance of the chlorine dioxide MRDL at the SEP is also an MRDL violation. For either violation, the system must provide notice pursuant to the Tier 2 PN requirements in 567—subrule 40.5(3), and report to the department pursuant to 567—paragraph 40.8(3)*"d."*

f. Reporting requirements for disinfectants. Systems required to sample quarterly or more frequently must report to the department within ten days after the end of each quarter in which samples were collected, notwithstanding the PN provisions of rule 567—40.5(455B). Systems required to sample less frequently than quarterly must report to the department within ten days after the end of each monitoring period in which samples were collected. Other disinfectant reporting requirements are in 567—subparagraph 40.8(3)*"d"*(3).

43.6(2) *DBP precursors.*

a. Applicability.

(1) SW or IGW CWS and NTNC systems with conventional filtration. This rule establishes criteria under which SW or IGW CWSs and NTNCs using conventional filtration treatment that either add a chemical disinfectant to the water in any part of the drinking water treatment process, or that provide water that contains a chemical disinfectant, must modify their practices to meet the MCLs in 567—41.6(455B) and the MRDL and TT requirements for DBP precursors in this rule.

(2) CWSs and NTNCs that use ozone in their treatment process must comply with the bromide requirements of this subrule.

(3) Compliance dates for this rule are based upon the population served. CWS and NTNC systems using SW or IGW in whole or in part and that serve 10,000 or more persons must comply with this rule beginning January 1, 2002; while those systems serving fewer than 10,000 persons must comply with this rule beginning January 1, 2004.

(4) The department may require GW systems to monitor DBP precursors as a part of an operation permit.

b. DBP precursor monitoring requirements.

(1) Routine total organic carbon (TOC) monitoring.

1. SW and IGW systems using conventional filtration treatment must monitor each treatment plant for TOC no later than at the point of CFE turbidity monitoring and representative of the treated water. The systems must also monitor for TOC in the source water prior to any treatment, at the same time as monitoring for TOC in the treated water. These samples (source water and treated water) are referred to

as paired samples. At the same time the source water sample is taken, all systems must monitor for alkalinity in the source water prior to any treatment. Systems must take one paired set of samples and one source water alkalinity sample per month per plant at a time representative of normal operating conditions and influent water quality.

2. SW and IGW systems that do not use conventional filtration treatment must conduct the TOC monitoring under 43.6(2)*"b"*(1)"1" in order to qualify for reduced DBP monitoring for TTHM and HAA5 under 567—paragraph 41.6(1)*"c"*(4)"2." The source water TOC RAA must be less than or equal to 4.0 mg/L based on the most recent four quarters of monitoring on a continuing basis at each treatment plant to reduce or remain on reduced TTHM and HAA5 monitoring. Once qualified for reduced TTHM and HAA5 monitoring, a system may reduce source water TOC monitoring to quarterly TOC samples taken every 90 days at a location prior to any treatment.

(2) Reduced monitoring. The department may allow SW and IGW systems with an average treated water TOC of less than 2.0 mg/L for two consecutive years, or less than 1.0 mg/L for one year, to reduce monitoring for both TOC and alkalinity to one set of paired samples and one source water alkalinity sample per plant per quarter. The system must revert to routine monitoring in the month following the quarter when the annual average treated water TOC is greater than or equal to 2.0 mg/L.

(3) Bromide. The department may allow systems required to analyze for bromate to reduce bromate monitoring from monthly to once per quarter, if a system demonstrates that the average source water bromide concentration is less than 0.05 mg/L based upon representative monthly measurements for one year. A system must continue bromide monitoring to remain on reduced bromate monitoring.

(4) The department may assign DBP precursor monitoring prior to the compliance dates in 43.6(2)*"a"*(3) as part of an operation permit.

c. DBP analytical requirements.

(1) Analytical methods. DBP precursors must be analyzed using the following methods by a laboratory certified in accordance with 567—Chapter 83, unless otherwise specified.

Approved Methods for DBP Precursor Monitoring[1]

Analyte	Methodology	EPA	SM	ASTM	Other
Alkalinity[6]	Titrimetric		2320B	D 1067-92B	
	Electrometric titration				I-1030-85
Bromide	Ion chromatography	300.0, 300.1, 317.0 Rev. 2.0, 326.0		D 6581-00	
Dissolved Organic Carbon[2] (DOC)	High temperature combustion	415.3 Rev. 1.2	5310B or 5310B-00		
	Persulfate-UV or heated-persulfate oxidation	415.3 Rev. 1.2	5310C or 5310C-00		
	Wet oxidation	415.3 Rev. 1.1, 415.3 Rev. 1.2	5310D or 5310D-00		
pH[3]	Electrometric	150.1, 150.2	4500-H^+-B	D 1293-84	
SUVA	Calculation using DOC and UV_{254} data	415.3 Rev. 1.2			
TOC[4]	High temperature combustion	415.3 Rev. 1.2	5310B or 5310B-00		
	Persulfate-UV or heated-persulfate oxidation	415.3 Rev. 1.2	5310C or 5310C-00		Hach Method 10267[7]
	Wet oxidation	415.3 Rev. 1.1, 415.3 Rev. 1.2	5310D or 5310D-00		
	Ozone oxidation				Hach Method 10261[8]
UV Absorption at 254 nm[5]	Spectrophotometry	415.3 Rev. 1.1, 415.3 Rev. 1.2	5910B or 5910B-00, 11		

[1]The procedures shall be done in accordance with the documents listed below. The incorporation by reference of the following documents was approved by the Director of the Federal Register on February 16, 1999, in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. The document sources are listed below, and further document information is available from the Safe Drinking Water Hotline, 800.426.4791. Documents may be inspected at EPA's Drinking Water Docket or at the Office of Federal Register.

ASTM Methods: ASTM, Volume 11.01, 1996: Method D 1067-92B and Method D 1293-84. ASTM Volume 11.01, 2001 (or any year containing the cited version): Method D 6581-00.

The following methods are available from the NTIS:

"Determination of Inorganic Anions in Drinking Water by Ion Chromatography, Revision 1.0," EPA-600/R-98/118, 1997 (NTIS, PB98-169196): Method 300.1.

Methods for Chemical Analysis of Water and Wastes, EPA-600/4-79-020, March 1983, (NTIS PB84-128677): Methods 150.1 and 150.2.

Methods for the Determination of Inorganic Substances in Environmental Samples, EPA-600/R-93/100, August 1993, (NTIS PB94-121811): Method 300.0.

"Determination of Inorganic Oxyhalide Disinfection By-Products in Drinking Water Using Ion Chromatography with the Addition of a Postcolumn Reagent for Trace Bromate Analysis, Revision 2.0," July 2001, EPA 815-B-01-001: Method 317.0.

"Determination of Inorganic Oxyhalide Disinfection By-Products in Drinking Water Using Ion Chromatography Incorporating the Addition of a Suppressor Acidified Postcolumn Reagent for Trace Bromate Analysis, Revision 1.0,", June 2002, EPA 815-R-03-007: Method 326.0.

"Determination of Total Organic Carbon and Specific UV Absorbance at 254 nm in Source Water and Drinking Water, Revision 1.1," February 2005, EPA/600/R-05/055: Method 415.3 Revision 1.1.

"Determination of Total Organic Carbon and Specific UV Absorbance at 254 nm in Source Water and Drinking Water, Revision 1.2," September 2009, EPA/600/R-09/122: Method 415.3 Revision 1.2.

SM 19th (1995), 21st (2005), 22nd (2012), and 23rd (2017) editions, Methods: 2320B (20th edition, 1998, is also accepted for this method), 4500-H+-B, and 5910B (22nd edition, 2012, is also accepted for this method). Supplement to the 19th (1996), 21st (2005), and 22nd (2012) editions, Methods: 5310B, 5310C, and 5310D. 23rd edition, Methods 5310B and 5310C.

For method numbers ending "-00", the year in which each method was approved by the Standard Methods Committee is designated by the last two digits in the method number. The methods listed are the only online versions that are IBR-approved.

Method I-1030-85,Books and Open-File Reports Section, USGS, Federal Center, Box 25425, Denver, CO 80225-0425.

[2]DOC and UV_{254} samples used to determine a SUVA value must be taken at the same time and at the same location, prior to the addition of any disinfectant or oxidant by the system. Prior to analysis, filter DOC samples through a 0.45 µ pore-diameter filter, as soon as practical after sampling, not to exceed 48 hours. After filtration, DOC samples must be acidified to achieve pH less than or equal to 2 with minimal addition of the acid specified in the method or by the instrument manufacturer. Acidified DOC samples must be analyzed within 28 days. Remove inorganic carbon from the samples prior to analysis. Water passed through the filter prior to filtration of the sample must serve as the filtered blank. This filtered blank must be analyzed using procedures identical to those used for analysis of the samples and must meet a DOC concentration of <0.5 mg/L.

[3]pH must be measured by a laboratory certified in accordance with 567—Chapter 83; a Grade II, III or IV operator meeting the requirements of 567—Chapter 81; or any person under the supervision of any such operator.

[4]Remove inorganic carbon from the TOC samples prior to analysis. TOC samples may not be filtered prior to analysis. TOC samples must be acidified at the time of sample collection to achieve a pH less than or equal to 2 with minimal addition of the acid specified in the method or by the instrument manufacturer. Acidified TOC samples must be analyzed within 28 days.

[5]DOC and UV_{254} samples used to determine a SUVA value must be taken at the same time and at the same location, prior to the addition of any disinfectant or oxidant by the system. Measure UV absorption at 253.7 nm (may be rounded off to 254 nm). Prior to analysis, filter UV_{254} samples through a 0.45 µ pore-diameter filter. The pH of UV_{254} samples may not be adjusted. Samples must be analyzed as soon as practical after sampling, not to exceed 48 hours.

[6]Alkalinity must be measured by a laboratory certified in accordance with 567—Chapter 83; a Grade II, III or IV operator meeting the requirements of 567—Chapter 81; or any person under the supervision of any such operator. Only the listed titrimetric methods are acceptable.

[7]Hach Company. "Hach Method 10267 – Spectrophotometric Measurement of TOC in Finished Drinking Water," December 2015, Revision 1.2, www.hach.com.

[8]Hach Company. "Hach Method 10261 – Total Organic Carbon in Finished Drinking Water by Catalyzed Ozone Hydroxyl Radical Oxidation Infrared Analysis," December 2015, Revision 1.2, www.hach.com.

(2) SUVA. SUVA is equal to the UV absorption at 254 nm (UV_{254}) (measured in m^{-1}) divided by the DOC concentration (in mg/L). To determine SUVA, systems must separately measure UV_{254} and DOC using the methods above in 43.6(2)*"c"*(1). SUVA must be determined prior to the addition of disinfectants/oxidants. DOC and UV_{254} samples used to determine a SUVA value must be taken at the same time and at the same location.

(3) Magnesium. All methods approved for magnesium in 567—subparagraph 41.3(1)*"d"*(1) are approved for use in measuring magnesium under this rule.

d. DBP precursor compliance requirements.

(1) General requirements. All samples taken and analyzed under this rule must be included in determining compliance, even if that number is greater than the minimum required.

(2) Compliance determination. Compliance must be determined as specified in 43.6(3)*"c."* The department may assign monitoring in an operation permit, or systems may begin monitoring to determine whether Step 1 TOC removals can be met 12 months prior to the compliance date for the system. This monitoring is not required and failure to monitor during this period is not a violation. However, any system that does not monitor during this period and then determines in the first 12 months after the compliance date that it is not able to meet the Step 1 requirements in 43.6(3)*"b"*(2), and must therefore apply for alternate minimum TOC removal (Step 2) requirements, is not eligible for retroactive approval of alternate minimum TOC removal (Step 2) requirements as allowed in 43.6(3)*"b"*(3) and is in violation. Systems may apply for alternate minimum TOC removal (Step 2) requirements anytime after the compliance date. For systems required to meet Step 1 TOC removals, if the value calculated under 43.6(3)*"c"*(1)"4" is less than 1.00, the system is in violation of the TT requirements and must provide PN pursuant to 567—40.5(455B), in addition to reporting to the department pursuant to 567—paragraph 40.8(3)*"d."*

e. Reporting requirements for DBP precursors. Systems required to sample quarterly or more frequently must report to the department within ten days after the end of each quarter in which samples were collected, notwithstanding the PN provisions of 567—40.5(455B). Systems required to sample less frequently than quarterly must report to the department within ten days after the end of each monitoring period in which samples were collected. The specific reporting requirements for DBP precursors are in 567—subparagraph 40.8(3)*"d"*(4).

43.6(3) *TT for DBP precursor control.*

a. Applicability.

(1) Systems using SW or IGW and conventional filtration treatment must operate with enhanced coagulation or enhanced softening to achieve the TOC percent removal levels in 43.6(3)*"b"* unless the system meets at least one of the alternative compliance criteria in 43.6(3)*"a"*(2) or *"a"*(3).

(2) Alternative compliance criteria for enhanced coagulation and enhanced softening systems. Systems using SW or IGW and conventional filtration treatment may use the alternative compliance criteria in this subparagraph to comply with this subrule in lieu of complying with 43.6(3)*"b."* Systems must still comply with monitoring requirements in 43.6(2)*"b."* TOC levels and source water alkalinity must be measured according to 43.6(2)*"c"*(1) and the SUVA must be measured monthly according to 43.6(2)*"c."*

1. The source water TOC level is less than 2.0 mg/L, calculated quarterly as a running annual average (RAA).

2. The treated water TOC level is less than 2.0 mg/L, calculated quarterly as an RAA.

3. The source water TOC level is less than 4.0 mg/L, calculated quarterly as an RAA; the source water alkalinity is greater than 60 mg/L as $CaCO_3$, calculated quarterly as an RAA; and either the TTHM and HAA5 RAAs are no greater than 0.040 mg/L and 0.030 mg/L, respectively; or prior to the effective date for compliance in 567—subparagraphs 41.6(1)*"a"*(2) and 43.6(2)*"a"*(3), the system has made a clear and irrevocable financial commitment to use of technologies that will limit the levels of TTHMs and HAA5 to no more than 0.040 mg/L and 0.030 mg/L, respectively. Systems must submit evidence of a clear and irrevocable financial commitment, in addition to a schedule containing milestones and periodic progress reports for installation and operation of appropriate technologies, to the department for approval not later than the effective date for compliance in 567—subparagraphs 41.6(1)*"a"*(2) and 43.6(2)*"a"*(3). These technologies must be installed and operating not later than June 30, 2005. Failure to install and operate these technologies by the date in the approved schedule will constitute a TT violation.

4. The TTHM and HAA5 RAAs are less than or equal to 0.040 mg/L and 0.030 mg/L, respectively, and the system uses only chlorine for primary disinfection and maintenance of a residual in the distribution system.

5. The source water SUVA, prior to any treatment, is less than or equal to 2.0 L/mg-m, calculated quarterly as an RAA.

6. The finished water SUVA is less than or equal to 2.0 L/mg-m, calculated quarterly as an RAA.

(3) Additional alternative compliance criteria for softening systems. Systems practicing enhanced softening that cannot achieve the TOC removals required by 43.6(3)*"b"*(2) may use the alternative compliance criteria in this subparagraph in lieu of complying with 43.6(3)*"b."* Systems must still comply with monitoring requirements in 43.6(2)*"b."*

1. Softening that lowers the treated water alkalinity to less than 60 mg/L as $CaCO_3$, measured monthly according to 43.6(2)*"c"* and calculated quarterly as an RAA.

2. Softening that removes at least 10 mg/L of magnesium hardness as $CaCO_3$, measured monthly and calculated quarterly as an RAA.

b. Enhanced coagulation and enhanced softening performance requirements.

(1) Systems must achieve the TOC percent reduction in 43.6(3)*"b"*(2) between the source water and the CFE, unless the department approves a system's request for alternate minimum TOC removal (Step 2 requirements under 43.6(3)*"b"*(3)).

(2) Required Step 1 TOC reductions, indicated in the following table, are based upon specified source water parameters measured in accordance with 43.6(2)*"c."* Systems using softening must meet the Step 1 TOC reductions in the right-hand column (> 120 mg/L) for the specified source water TOC:

Step 1 Required TOC Removal by Enhanced Coagulation and Enhanced Softening for SW or IGW Systems Using Conventional Treatment[1,2]

	Source water Alkalinity, mg/L as $CaCO_3$		
Source water TOC, mg/L	0-60	>60-120	>120[3]
>2.0 - 4.0	35.0%	25.0%	15.0%
>4.0 - 8.0	45.0%	35.0%	25.0%
>8.0	50.0%	40.0%	30.0%

[1]Systems meeting at least one of the conditions in 43.6(3)*"a"*(2)"1" through "6" are not required to operate with enhanced coagulation.

[2]Softening systems meeting one of the alternative compliance criteria in 43.6(3)*"a"*(3) are not required to operate with enhanced softening.

[3]Systems practicing softening must meet the TOC removal requirements in this column.

(3) SW and IGW systems using conventional treatment that cannot achieve the Step 1 TOC removals required by 43.6(3)*"b"*(2) due to water quality parameters (WQPs) or operational constraints must apply to the department for approval of alternative minimum Step 2 TOC removal requirements submitted by the system within three months of failure to achieve the TOC removals. If the department approves the alternative minimum Step 2 TOC removal requirements, it may make those requirements retroactive for the purposes of determining compliance. The system must meet the Step 1 TOC removals in 43.6(3)*"b"*(2) until the department approves the alternate minimum Step 2 TOC removal requirements.

(4) Alternate minimum Step 2 TOC removal requirements. Applications made to the department by enhanced coagulation systems for approval of alternate minimum Step 2 TOC removal requirements under 43.6(3)*"b"*(3) must include, as a minimum, results of bench-scale or pilot-scale testing conducted under 43.6(3)*"b"*(4)"1" below and used to determine the alternate enhanced coagulation level.

1. Alternate enhanced coagulation level is defined as coagulation at a coagulant dose and pH as determined by the method described in this subparagraph such that an incremental addition of 10 mg/L of alum (or equivalent amount of ferric salt) results in a TOC removal of less than or equal to 0.3 mg/L. The TOC percent removal at this point on the "TOC removal versus coagulant dose" curve is then defined as the minimum TOC removal required for the system. Once approved by the department, this minimum requirement supersedes the minimum TOC removal required by the table in 43.6(3)*"b"*(2). This requirement will be effective until such time as the department approves a new value based on the results of a new bench-scale or pilot-scale test. Failure to achieve department-set alternative minimum TOC removal levels is a TT violation.

2. Conduct bench-scale or pilot-scale testing of enhanced coagulation using representative water samples and adding 10 mg/L increments of alum (or equivalent amounts of ferric salt) until the pH is

reduced to a level less than or equal to the enhanced coagulation Step 2 target pH shown in the following table:

Enhanced Coagulation Step 2 Target pH

Alkalinity (mg/L as $CaCO_3$)	Target pH
0 - 60	5.5
>60 - 120	6.3
>120 - 240	7.0
>240	7.5

3. For waters with alkalinities of less than 60 mg/L for which addition of small amounts of alum or equivalent addition of iron coagulant drives the pH below 5.5 before significant TOC removal occurs, a system must add necessary chemicals to maintain the pH between 5.3 and 5.7 in samples until the TOC removal of 0.3 mg/L per 10 mg/L alum added (or equivalent addition of iron coagulant) is reached.

4. A system may operate at any coagulant dose or pH necessary (consistent with department rules) to achieve the minimum TOC percent removal approved under 43.6(3)*"b"*(3).

5. If the TOC removal is consistently less than 0.3 mg/L of TOC per 10 mg/L of incremental alum dose at all dosages of alum (or equivalent addition of iron coagulant), the water is deemed to contain TOC not amenable to enhanced coagulation. The system may then apply to the department for a waiver of enhanced coagulation requirements.

c. Compliance calculations.

(1) SW or IGW systems other than those identified in 43.6(3)*"a"*(2) or *"a"*(3) must comply with requirements in 43.6(3)*"b"*(2) or *"b"*(3). Systems must calculate compliance quarterly, beginning after the collection of 12 months of data, by determining an annual average using the following method:

1. Step 1: Determine actual monthly TOC percent removal using the following equation, to two decimal places:

$$\text{Actual monthly TOC percent removal} = 1 - \left(\frac{\text{treated water TOC}}{\text{source water TOC}} \right) \times 100$$

2. Step 2: Determine the required monthly TOC percent removal from either 43.6(3)*"b"*(2) or *"b"*(3).

3. Step 3: Divide the "actual monthly TOC percent removal" value (from Step 1) by the "required monthly TOC percent removal" value (from Step 2). Determine this value for each of the last 12 months.

$$\text{Monthly percent removal ratio} = \frac{\text{actual monthly TOC percent removal}}{\text{required monthly TOC percent removal}}$$

4. Step 4: Add together the "monthly percent removal ratio" values from Step 3 for each of the last 12 months and divide by 12 to determine the annual average value.

$$\text{Annual average} = \frac{\Sigma \text{ monthly percent removal ratio}}{12}$$

5. Step 5: If the "annual average" value calculated in Step 4 is less than 1.00, the system is not in compliance with the TOC percent removal requirements.

(2) Systems may use the provisions in this subparagraph in lieu of the calculations in the previous subparagraph (43.6(3)*"c"*(1)) to determine compliance with TOC percent removal requirements. Systems may assign a monthly value of 1.0 (in lieu of the value calculated in 43.6(3)*"c"*(1)"3") when calculating compliance under 43.6(3)*"c"*(1), in any month that:

1. The system's treated or source water TOC level, measured according to 43.6(2)*"c"*(1), is less than 2.0 mg/L;

2. A system practicing softening removes at least 10 mg/L of magnesium hardness as $CaCO_3$;

3. The system's source water SUVA, prior to any treatment and measured according to 43.6(2)*"c"*(2), is less than or equal to 2.0 L/mg-m;

4. The system's finished water SUVA, measured according to 43.6(2)*"c"*(2), is less than or equal to 2.0 L/mg-m; or

5. A system using enhanced softening lowers alkalinity below 60 mg/L as $CaCO_3$.

(3) SW or IGW systems using conventional treatment may also comply with this subrule by meeting the criteria in 43.6(3)*"a"*(2) or *"a"*(3).

d. TT requirements for DBP precursors. The TTs to control the level of DBP precursors in drinking water treatment and distribution systems for SW or IGW systems using conventional filtration treatment are enhanced coagulation or enhanced softening.

567—43.7(455B) Lead and copper treatment techniques (TTs).

43.7(1) *Corrosion control treatment (CCT) for lead and copper control.*

a. Applicability. Systems shall complete the applicable CCT requirements by the deadlines specified in the following rules:

(1) Large systems serving more than 50,000 persons. A large system (serving greater than 50,000 persons) shall complete the CCT steps in 43.7(1)*"d,"* unless the system is deemed to have OCC under 43.7(1)*"b"*(2) or 43.7(1)*"b"*(3).

(2) Small and medium-size systems serving 50,000 or fewer persons. A small system (serving less than or equal to 3,300 persons) or a medium-size system (serving greater than 3,300 and less than or equal to 50,000 persons) shall complete the CCT steps in 43.7(1)*"e,"* unless the system has OCC under 43.7(1)*"b"*(1), 43.7(1)*"b"*(2), or 43.7(1)*"b"*(3).

b. Determination that a system has optimized corrosion control (OCC). A PWS has OCC and is not required to complete the applicable CCT steps in this subrule if the system satisfies one of the criteria in 43.7(1)*"b"*(1) through 43.7(1)*"b"*(3). Any system deemed to have OCC under this paragraph and that has treatment in place shall continue to operate and maintain optimal corrosion control treatment (OCCT) and meet any requirements that the department determines appropriate to ensure OCCT is maintained.

(1) A small or medium-size PWS has optimized CCT if the system meets the lead and copper ALs during each of two consecutive six-month monitoring periods, conducted in accordance with 567—paragraph 41.4(1)*"c."*

(2) Any PWS may be deemed to have optimized CCT if it demonstrates to the department's satisfaction that it has conducted activities equivalent to the corrosion control steps applicable to such system under this subrule. If the department makes this determination, it shall provide the PWS with written notice explaining the basis for its decision and shall specify the WQPs representing OCC in accordance with 43.7(2)*"f."* Systems deemed to have OCCT under this paragraph shall operate in compliance with the department-designated OWQPs in accordance with 43.7(1)*"g"* and continue to conduct lead and copper tap and WQP sampling in accordance with 567—paragraph 41.4(1)*"c"*(4)"3" and "4," respectively. A system shall provide the department with the following information to support a determination under this paragraph:

1. The results of all samples collected for each of the WQPs in 43.7(2)*"c"*(3);

2. A report explaining the test methods used by the system to evaluate the CCTs in 43.7(2)*"c"*(1), the results of all testing, and the basis for the system's selection of OCCT;

3. A report explaining how CCT was installed and how it is being maintained to ensure minimal lead and copper concentrations at consumers' taps; and

4. The results of tap water samples collected in accordance with 567—paragraph 41.4(1)*"c"* at least once every six months for one year after CCT has been installed.

(3) Any system has OCCT if it submits results of tap water monitoring conducted in accordance with 567—paragraph 41.4(1)*"c"* and source water monitoring conducted in accordance with 567—paragraph 41.4(1)*"e"* that demonstrate, for two consecutive six-month monitoring periods, that the difference between the 90th percentile tap water lead level computed under 567—subparagraph 41.4(1)*"b"*(3) and the highest source water lead concentration is less than the practical quantitation level for lead in 567—paragraph 41.4(1)*"g."* Pursuant to this paragraph:

1. Those systems whose highest source water lead level is below the method detection limit may also be deemed to have OCCT if the 90th percentile tap water lead level is less than or equal to the lead PQL for two consecutive six-month monitoring periods.

2. Any system deemed to have OCC shall continue lead and copper monitoring at the tap no less frequently than once every three calendar years using the reduced number of sites specified in 567—subparagraph 41.4(1)*"c"*(3) and collecting the samples at times and locations specified in 567—paragraph 41.4(1)*"c"*(4)"4," fourth bulleted paragraph.

3. Any system deemed to have OCC shall notify the department in writing of any upcoming long-term change in treatment or the addition of a new source, pursuant to 567—subparagraph 40.8(2)*"a"*(3). The department must review and approve the addition of a new source or long-term change in water treatment before it is implemented by the water system.

4. Unless a system meets the copper AL, it is not deemed to have OCCT and shall implement CCT pursuant to 43.7(1)*"b"*(3)"5."

5. Any system triggered into corrosion control because it is no longer deemed to have OCCT shall implement CCT in accordance with 43.7(1)*"e."* Any such large system shall adhere to the schedule specified in that paragraph for medium-size systems, with the time periods for completing each step being triggered by the date the system is no longer deemed to have OCC.

c. Requirements to recommence corrosion control steps. Any small or medium-size system required to complete the corrosion control steps due to its exceedance of the lead or copper AL may cease completing the treatment steps when it meets both ALs during each of two consecutive monitoring periods conducted pursuant to 567—paragraph 41.4(1)*"c"* and submits the results to the department. If any such system thereafter exceeds the lead or copper AL during any monitoring period, it shall recommence completion of the applicable treatment steps, beginning with the first treatment step that was not previously completed in its entirety. The department may require a system to repeat previously completed steps when it determines the steps are necessary to properly implement the treatment requirements of this rule. The department will notify the system of such a determination in writing and explain the basis for its decision. The requirement for any small or medium-size system to implement CCT steps in accordance with 43.7(1)*"e"* (including systems deemed to have OCC under 43.7(1)*"b"*(1)) is triggered when any such system exceeds the lead or copper AL.

d. Treatment steps and deadlines for large systems. Except as provided in 43.7(1)*"b"*(2) or *"b"*(3), large systems shall complete the following CCT steps (described in the rules referenced below) by the indicated dates:

(1) Step 1. The system shall conduct initial monitoring pursuant to 567—paragraph 41.4(1)*"c"*(4)"1" and 567—subparagraph 41.4(1)*"d"*(2) during two consecutive six-month monitoring periods by January 1, 1993.

(2) Step 2. The system shall complete corrosion control studies pursuant to 43.7(2)*"c"* by July 1, 1994.

(3) Step 3. The department will designate OCCT within six months of receiving the corrosion control study results.

(4) Step 4. The system shall install OCCT by January 1, 1997.

(5) Step 5. The system shall complete follow-up sampling pursuant to 567—paragraph 41.4(1)*"c"*(4)"2" and 567—subparagraph 41.4(1)*"d"*(3) by January 1, 1998.

(6) Step 6. The department will review installation of treatment and designate OWQPs pursuant to 43.7(2)*"f"* by July 1, 1998.

(7) Step 7. The system shall operate in compliance with OWQPs delineated by the department and continue to conduct tap sampling.

e. Treatment steps and deadlines for small and medium-size systems. Except as provided in 43.7(2), small and medium-size systems shall complete the following CCT steps (described in the rules referenced below) by the indicated time periods:

(1) Step 1. A system shall conduct initial tap sampling pursuant to 567—paragraph 41.4(1)*"c"*(4)"1" and 567—subparagraph 41.4(1)*"d"*(2) until it either exceeds the lead or copper AL or becomes eligible for reduced monitoring under 567—paragraph 41.4(1)*"c"*(4)"4." A system exceeding the lead or

copper AL shall recommend OCCT under 43.7(2)*"a"* within six months after the end of the monitoring period during which it exceeds one of the ALs.

(2) Step 2. Within 12 months after the end of the monitoring period during which a system exceeds the lead or copper AL, the department may require the system to perform corrosion control studies under 43.7(2)*"b."* If the system is not required to perform such studies, the department will specify OCCT under 43.7(2)*"d"* as follows: for medium-size systems, within 18 months after the end of the monitoring period during which such system exceeds the lead or copper AL, and, for small systems, within 24 months after the end of the monitoring period during which such system exceeds the lead or copper AL.

(3) Step 3. If a system is required to perform corrosion control studies under Step 2, it shall complete the studies (under 43.7(2)*"c"*) within 18 months after such studies are required to commence.

(4) Step 4. If the system has performed corrosion control studies under Step 2, the department will designate OCCT under 43.7(2)*"d"* within six months after completion of Step 3.

(5) Step 5. Systems shall install OCCT under 43.7(2)*"e"* within 24 months after such treatment is designated.

(6) Step 6. Systems shall complete follow-up sampling pursuant to 567—paragraph 41.4(1)*"c"*(4) "2" and 567—subparagraph 41.4(1)*"d"*(3) within 36 months after OCCT is designated.

(7) Step 7. The department will review a system's installation of treatment and designate OWQPs pursuant to 43.7(2)*"f"* within six months after completion of Step 6.

(8) Step 8. Systems shall operate in compliance with the department-designated OWQPs under 43.7(2)*"f"* (and continue to conduct tap sampling per 567—paragraphs 41.4(1)*"c"*(4)"3" and 41.4(1)*"d"*(4)).

43.7(2) *CCT requirements.* Each PWS shall complete the CCT requirements described below that are applicable to such systems under 43.7(1).

a. PWS recommendation. Based on the results of lead and copper tap monitoring and WQP monitoring, small and medium-size systems exceeding the lead or copper AL shall recommend installation of one or more of the CCTs in 43.7(2)*"c"* that the system believes constitute OCC. The department may require a system to conduct additional WQP monitoring in accordance with 567—subparagraph 41.4(1)*"d"*(2) to assist in reviewing the system's recommendation.

b. Department decision to require CCT studies (small and medium-size systems). The department may require any small or medium-size system that exceeds the lead or copper AL to perform corrosion control studies under 43.7(2)*"c"* to identify OCCT.

c. Performance of corrosion control studies.

(1) Any PWS performing corrosion control studies shall evaluate the effectiveness of each of the following treatments and, if appropriate, combinations of the following treatments to identify the OCCT: alkalinity and pH adjustment; calcium hardness adjustment; and phosphate or silicate-based corrosion inhibitor addition at a concentration sufficient to maintain an effective residual concentration in all test tap samples.

(2) PWSs shall evaluate each of the CCTs using either pipe rig/loop tests, metal coupon tests, partial-system tests, or analyses based on documented analogous treatments with other systems of similar size, water chemistry, and distribution system configuration.

(3) PWSs shall measure the following WQPs in any tests conducted under this paragraph before and after evaluating the CCTs listed above:

1. Lead;
2. Copper;
3. pH;
4. Alkalinity;
5. Calcium;
6. Conductivity;
7. Orthophosphate (when an inhibitor containing a phosphate compound is used);
8. Silicate (when an inhibitor containing a silicate compound is used); and
9. Water temperature.

(4) PWSs shall identify all chemical or physical constraints that limit or prohibit the use of a particular CCT and outline such constraints with data and documentation either showing that a particular CCT has adversely affected other water treatment processes when used by another system with comparable water quality characteristics; or demonstrating that the system has previously attempted to evaluate a particular CCT and has found that the treatment is ineffective or adversely affects other water quality treatment processes.

(5) Systems shall evaluate the effect of the chemicals used for CCT on other water quality treatment processes.

(6) Based on analysis of the data generated during each evaluation, a system shall recommend in writing to the department the treatment option that the corrosion control studies indicate constitutes OCCT for that system. The system shall provide a rationale for its recommendation along with all supporting documentation required by this paragraph.

d. Department designation of OCCT.

(1) Based on consideration of available information including, where applicable, studies performed under 43.7(2)*"c"* and a system's recommended treatment alternative, the department will either approve the CCT option recommended by the PWS, or designate alternative treatment(s) from among those listed in 43.7(2)*"c."* The department will consider the effects that additional treatment will have on WQPs and on other water treatment processes.

(2) The department will notify a PWS of its decision on OCCT in writing and explain the basis for this determination. If the department requests additional information to aid its review, a PWS shall provide the information.

e. Installation of OCC. Each PWS shall properly install and operate throughout its distribution system the OCCT designated under 43.7(2)*"d."*

f. Department review of treatment and specification of optimal water quality control parameters (OWQPs).

(1) The department will evaluate the results of all lead and copper tap samples and WQP samples submitted by a PWS and determine whether the system has properly installed and operated the OCCT designated in 43.7(2)*"d."* After reviewing the sampling results, both before and after a system installs optimal treatment, the department will designate the following:

1. A minimum value or a range of values for pH measured at each SEP;

2. A minimum pH value, measured in all tap samples. Such value shall be equal to or greater than 7.0 unless meeting a pH level of 7.0 is not technologically feasible or is not necessary for the PWS to optimize corrosion control;

3. If a corrosion inhibitor is used, a minimum concentration or a range of concentrations for the inhibitor, measured at each SEP and in all tap samples, necessary to form a passivating film on the interior walls of the pipes of the distribution system;

4. If alkalinity is adjusted as part of OCCT, a minimum concentration or a range of concentrations for alkalinity, measured at each SEP and in all tap samples; or

5. If calcium carbonate stabilization is used as part of corrosion control, a minimum concentration or a range of concentrations for calcium, measured in all tap samples.

(2) The values for the applicable WQPs listed above shall be those reflecting OCCT for a PWS. The department may designate values for additional WQPs determined to reflect OCC for the system. The department will notify the system in writing of these determinations and explain the basis for its decisions.

g. Continued operation with OCC and WQP monitoring compliance determination. In accordance with this paragraph, all systems optimizing corrosion control shall continue to operate and maintain OCCT, including maintaining WQPs at or above minimum values or within ranges designated by the department under 43.7(2)*"f,"* for all samples collected under 567—subparagraphs 41.4(1)*"d"*(4) through *"d"*(6). Compliance with this paragraph shall be determined every six months, as specified in 567—subparagraph 41.4(1)*"d"*(4). A system is out of compliance with this paragraph for a six-month period if it has excursions for any department-specified parameter on more than nine days during the period. An excursion occurs when the daily value for one or more of the WQPs measured at a sampling

location is below the minimum value or outside the department-designated range. The department has the discretion to invalidate results of obvious sampling errors from this calculation. Daily values for WQPs collected at a single sampling location are calculated as follows:

(1) On days when more than one measurement for the WQP is collected, the daily value shall be the average of all results collected during the day regardless of whether they are collected through continuous monitoring, grab sampling, or a combination of both.

(2) On days when only one measurement for the WQP is collected, the daily value shall be the result of that measurement.

(3) On days when no measurement is collected for the WQP, the daily value shall be the daily value calculated on the most recent day that the WQP was measured at the sample site.

h. Modification of department treatment decisions. A determination of the OCCT under 43.7(2)*"d"* or OWQPs under 43.7(2)*"f"* may be modified. A modification request from a PWS or other interested party shall be in writing, explain why the modification is appropriate, and provide supporting documentation. The department may modify its determination when it concludes that such change is necessary to ensure that a PWS continues to optimize CCT. A revised determination will be made in writing, set forth the new treatment requirements, explain the basis for the decision, and provide an implementation schedule for completing treatment modifications.

43.7(3) *Source water treatment requirements.* PWSs shall complete the applicable source water monitoring and treatment requirements, as described in the referenced portions of 43.7(3)*"b,"* and in 567—paragraphs 41.4(1)*"c"* and *"e,"* by the following deadlines.

a. Deadlines for completing source water treatment steps.

(1) Step 1. A PWS exceeding the lead or copper AL shall complete lead and copper source water monitoring under 567—subparagraph 41.4(1)*"e"*(2) and make a written treatment recommendation to the department no later than 180 days after the end of the monitoring period during which the lead or copper AL was exceeded.

(2) Step 2. The department will make a determination regarding source water treatment pursuant to 43.7(3)*"b"*(2) within six months after submission of monitoring results under Step 1.

(3) Step 3. If installation of source water treatment is required, the system shall install treatment pursuant to 43.7(3)*"b"*(3) within 24 months after completion of Step 2.

(4) Step 4. A PWS shall complete follow-up tap water monitoring under 567—paragraph 41.4(1)*"c"*(4)"2" and source water monitoring under 567—subparagraph 41.4(1)*"e"*(3) within 36 months after completion of Step 2.

(5) Step 5. The department will review the system's installation and operation of source water treatment and specify maximum permissible source water levels under 43.7(3)*"b"*(4) within six months after completion of Step 4.

(6) Step 6. A PWS shall operate in compliance with the maximum permissible lead and copper source water levels in 43.7(3)*"b"*(4) and continue source water monitoring pursuant to 567—subparagraph 41.4(1)*"e"*(4).

b. Description of treatment requirements.

(1) System treatment recommendation. Any system that exceeds the lead or copper AL shall recommend in writing to the department the installation and operation of one of the source water treatments in 43.7(3)*"b"*(2). A system may recommend that no treatment be installed based upon a demonstration that source water treatment is not necessary to minimize lead and copper levels at users' taps.

(2) Source water treatment determinations. The department will evaluate the results of all source water samples submitted by a PWS to determine whether source water treatment is necessary to minimize lead or copper levels in water delivered to users' taps. If the department determines that treatment is needed, it will require installation and operation of the source water treatment recommended by the PWS or require the installation and operation of another source water treatment from among the following: ion exchange, reverse osmosis, lime softening, or coagulation/filtration. If the department requests additional information to aid in its review, the PWS shall provide the information by the

specified date. The department will notify the system in writing of its determination and set forth the basis for its decision.

(3) Source water treatment installation. PWSs shall properly install and operate the source water treatment designated by the department under 43.7(3)*"b"*(2).

(4) Department review and specification. The department will review a system's source water samples both before and after the installation of source water treatment and determine whether the system has properly installed and operated the designated treatment. After the review, the department will designate maximum permissible lead and copper concentrations for finished water entering the distribution system. Such levels shall reflect the contaminant removal capability of the treatment (properly operated and maintained). The department will notify the PWS in writing and explain the basis for its decision.

(5) Continued operation and maintenance. Each PWS shall maintain lead and copper levels below the maximum permissible concentrations designated by the department at each sampling point monitored in accordance with 567—paragraph 41.4(1)*"e."* A system is out of compliance with this paragraph if the lead or copper level at any sampling point is greater than the maximum permissible designated concentration.

(6) Modification of decisions. The department may modify its determinations of the source water treatment or maximum permissible lead and copper concentrations made under subparagraphs (2) and (4) of this paragraph. A modification request from a PWS or other interested party shall be in writing, explain why the modification is appropriate, and provide supporting documentation. The department may modify its determination where it concludes that such change is necessary to ensure that a system continues to minimize lead and copper concentrations in source water. A revised determination will be made in writing, set forth the new treatment requirements, explain the basis for the decision, and provide an implementation schedule for completing treatment modifications.

43.7(4) *Lead service line replacement (LSLR) requirements.*

a. Applicability. PWSs that fail to meet the lead AL in tap samples taken pursuant to 567—paragraph 41.4(1)*"c"*(4)"2" after installing corrosion control or source water treatment (whichever sampling occurs later), shall replace lead service lines (LSLs) in accordance with this subrule. If a system is in violation of 43.7(1) and 43.7(3) for failure to install source water or CCT, the department may require the system to commence LSLR under this subrule after the date by which the system was required to conduct monitoring under 567—paragraph 41.4(1)*"c"*(4)"2" has passed.

b. LSLR schedule. A PWS shall replace annually at least seven percent of the initial number of LSLs in its distribution system. The initial number of LSLs is the number of lead lines in place at the time the replacement program begins. A system shall identify the initial number of LSLs in its distribution system, including an identification of the portion(s) owned by the system, based upon a materials evaluation, including the evaluation required under 567—subparagraph 41.4(1)*"c"*(1), and relevant legal authorities regarding the portion owned by the system.

(1) The first year of LSLR shall begin on the first day following the end of the monitoring period in which the AL was exceeded in tap sampling referenced in 43.7(4)*"a."* If monitoring is required annually or less frequently, the end of the monitoring period is September 30 of the calendar year in which the sampling occurs. If the department has established an alternate monitoring period, then the end of the monitoring period will be the last day of that period.

(2) Any system resuming an LSLR program after the cessation of its program as allowed by 43.7(4)*"g"* shall update its inventory of LSLs to include those sites that were previously determined not to require replacement through the sampling provision of 43.7(4)*"c."* The system will then divide the updated number of remaining LSLs by the number of remaining years in the program to determine the number of lines that must be replaced per year. Seven percent LSLR is based on a 15-year replacement program. For example, systems resuming LSLR after previously conducting two years of replacement would divide the updated inventory by 13.

(3) For those systems that have completed a 15-year LSLR program, the department will determine a schedule for replacing or retesting lines that were previously exempted through testing under 43.7(4)*"c"* from the replacement program when the system re-exceeds the AL.

c. Exemption to LSLR requirement. A PWS is not required to replace an individual LSL if the lead concentration in all service line samples from that line, taken pursuant to 567—paragraph 41.4(1)*"c"*(2) "3," is less than or equal to 0.015 mg/L.

d. LSLR requirements. A PWS shall replace that portion of the LSL that it owns. In cases where a system does not own the entire LSL, it shall notify the owner of the line, or the owner's authorized agent, that it will replace the portion of the service line that it owns and shall offer to replace the owner's portion of the line. A system is not required to bear the cost of replacing the privately owned portion of the line, nor is it required to replace the privately owned portion of the line where the line owner chooses not to pay the cost of replacement, or where replacing the privately owned portion would be precluded by state, local, or common law. A system that does not replace the entire length of the service line shall complete the following tasks:

(1) Resident notification. At least 45 days prior to commencing with the partial replacement of a LSL, a PWS shall provide to the resident(s) of all buildings served by the line notice explaining that the resident(s) may experience a temporary increase of lead levels in their drinking water, along with guidance on measures consumers may take to minimize their lead exposure. The department may allow a system to provide this notice less than 45 days prior to commencing partial LSLR where such replacement is in conjunction with emergency repairs. In addition, a system shall inform the resident(s) served by the line that the system will, at its expense, collect a lead sample from each service line that is representative of the water in the line, as prescribed by 567—paragraph 41.4(1)*"c"*(2)"3," within 72 hours after the completion of the partial service line replacement. The system shall collect the sample and report the analysis results to the owner and the resident(s) served by the line within three business days of receiving the results. Mailed notices postmarked within three business days of receiving the results shall be considered "on time."

(2) Notification methods. The PWS shall provide the information required by 43.7(4)*"d"*(1) to the residents of individual dwellings by mail or by other department-approved methods. In instances where multifamily dwellings are served by the line, a system shall have the option to post the information at a conspicuous location.

e. LSLR schedule. The department may require a PWS to replace LSLs on a shorter schedule than that required by this subrule, taking into account the number of LSLs in the system, where such a shorter replacement schedule is feasible. The department will make this determination in writing and notify the system of its finding within six months after the system is triggered into LSLR based on monitoring referenced in 43.7(4)*"a."*

f. Cessation of LSLR. Any PWS may cease replacing LSLs when first draw samples collected pursuant to 567—paragraph 41.4(1)*"c"*(2)"2" meet the lead AL during each of two consecutive monitoring periods and the system submits the results. If the first draw tap samples collected in any such system thereafter exceed the lead AL, the system shall recommence replacing LSLs, as detailed in 43.7(4)*"b."*

g. LSLR reporting requirements. To demonstrate compliance with 43.7(4)*"a"* through *"d,"* a system shall report the information in 567—paragraph 40.8(2)*"e."*

567—43.8(455B) Viability assessment.

43.8(1) *Definitions specific to viability assessment.*

a. For viability assessment purposes:

"New system" includes newly constructed PWSs and systems that do not meet the definition of a PWS, but which expand their infrastructure and thereby grow to become a PWS. Systems not currently meeting the definition of a PWS and that add additional users and thereby become a PWS without constructing any additional infrastructure are not "new systems" for the purposes of this rule.

"Nonviable system" means a system lacking the technical, financial, and managerial ability to comply with 567—Chapters 40 through 43 and 81.

"Viable system" means a system with the technical, financial, and managerial ability to comply with applicable drinking water standards adopted by the state of Iowa.

b. "Significant noncompliance" or "SNC" and "viability" are defined in 567—Chapter 40.

43.8(2) *Applicability and purpose.* These rules apply to all new and existing PWS, including the following: new systems; systems deemed to be in SNC with the primary drinking water standards; DWSRF applicants; and existing systems. The purpose of the viability assessment program is to ensure the safety of the PWS and ensure the viability of new PWS upon commencement of operation. The department may require PN and assess administrative penalties to any PWS that fails to fulfill the requirements of this rule.

43.8(3) *Contents of a viability assessment.* A viability assessment must address the areas of technical, financial, and managerial viability for a PWS. An assessment must include evaluation of the following areas, and the PWS may be required to include additional information as directed by the department.

a. Technical viability. Supply sources and facilities, treatment, and infrastructure.

b. Managerial viability. Operation, maintenance, management, and administration.

c. Financial viability. Capital and operating costs, revenue sources, and contingency plans.

43.8(4) *New systems.*

a. Viability assessment submission.

(1) New PWSs (including CWSs, NTNCs and TNCs) must submit a completed system viability assessment for department review prior to obtaining a construction permit. A viability assessment may be submitted with a construction permit application.

(2) Viability assessment worksheets are available on the department's website at www.iowadnr.gov.

(3) The department may reject receipt or delay review of the construction plans and specifications until an adequate viability assessment is provided.

(4) If the department finds, upon review and approval of the viability assessment, that the PWS will be viable, a construction permit will be issued in accordance with 567—Chapters 40 and 43. Prior to beginning operation, a PWS operation permit must be obtained in accordance with 567—43.2(455B) and 567—40.5(455B).

b. Viability assessment review. If the department declines to approve a viability assessment, or if the department finds that a PWS is nonviable, the construction and operation permit applications will be denied. If the viability assessment is conditionally approved, construction and operation permits will be issued, with conditions and a compliance schedule specified in the operation permit.

43.8(5) *Existing systems.*

a. Definition of existing system. Any CWS, NTNC, or TNC in operation prior to October 1, 1999 that was regulated as a PWS by the department shall be considered an existing system. Any system that does not currently meet the definition of a PWS, but that expands their infrastructure and thereby grows to become a PWS, is considered a new system. Systems not currently meeting the definition of a PWS and that add additional users and thereby become a PWS without constructing any additional infrastructure are considered existing systems for the purposes of this subrule.

b. Viability assessment submission. All PWSs should complete a viability assessment. However, only existing PWSs meeting one or more of the following criteria are required to complete a viability assessment:

(1) Systems applying for DWSRF loan funds.

(2) Systems categorized as being in SNC by the department, due to their history of failure to comply with drinking water standards.

(3) Systems identified by the department via a sanitary survey as having technical, managerial, or financial problems as evidenced by such conditions as poor operational control, a poor state of repair or maintenance, vulnerability to contamination, or inability to maintain adequate distribution system operating pressures.

(4) Systems that have been unable to retain a certified operator in accordance with 567—Chapter 81.

c. Forms. Viability assessment worksheets are available on the department's website at www.iowadnr.gov.

d. Review of required viability assessments.

(1) If the assessment is incomplete and does not include all of the required elements, the system will be notified in writing by the department and will be given an opportunity to modify and resubmit the assessment within the specified time period. If the system fails to resubmit a completed viability assessment as specified, the department may find that the system is nonviable.

(2) If the assessment is complete, the department will either indicate that the system is viable or nonviable after the assessment review process. The system will be notified of the results of the department's evaluation.

e. Review of voluntarily submitted viability assessments. All existing systems should complete a viability assessment and submit it to the department. Voluntarily submitted assessments may be reviewed upon request and will be exempt from any requirements to modify the assessment if it is not approved, or from a determination that the system is not viable, providing the system does not meet any of the criteria for mandatory completion of a viability assessment set forth in 43.8(4)*"b."*

43.8(6) *Nonviable systems.* The following applies to CWSs, NTNC, and TNCs:

a. Systems applying for DWSRF loan funds must be viable, or the loan funds must be used to assist the system in attaining viable status. If a system applying for a loan is found to be nonviable, and loan funds will not be sufficient or available to ensure viability, then the situation must be corrected to the department's satisfaction prior to qualification to apply for loan funds.

b. Systems that meet the department's SNC criteria are considered nonviable. The system's viability assessment and the most recent sanitary survey results will be evaluated by the department to assist the system in returning to and remaining in compliance, which would achieve viability. Required corrective actions will be specified in the system's operation permit and will include a compliance schedule. Inspections will be conducted on an as-needed basis to assist the system in implementing the required improvements.

c. Systems experiencing technical, managerial, or financial problems as noted by the department in the sanitary survey will be considered nonviable. The system's viability assessment will be evaluated by the department to assist the system in attaining viability, and any required corrective actions will be specified in the system's operation permit.

d. Systems unable to retain a certified operator will be considered nonviable. All CWSs and NTNCs, and TNCs denoted by the department, must have a certified operator who meets the requirements of 567—Chapter 81. The system's viability assessment will be used to determine the source of the problem, and required corrective actions will be specified in the system's operation permit.

43.8(7) *Revocation or denial of operation or construction permit.*

a. Operation permit revocation or denial. Failure to correct the deficiencies regarding viability, as identified in a compliance schedule set by the department, may result in revocation or denial of a system's operation permit. If the department revokes or denies the operation permit, the system's owner must negotiate an alternative arrangement with the department for providing treatment or water supply services within 30 days of receipt of the notification unless the system's owner appeals the decision. The PWS is required to provide water that continually meets all health-based standards during the appeal process.

b. Denial of new construction permits for an existing system. In addition to the criteria provided in 567—Chapters 40 through 44, new construction permits for system improvements may be denied until a system makes the required corrections and attains viable status, unless the proposed project is necessary to attain viability.

c. Failure to conform or comply. Failure of a project to conform to approved construction plans and specifications, or failure to comply with 567—Chapters 40 through 44, constitutes grounds for the director to withhold the applicable construction and operation permits. The system is then responsible for ensuring that the identified problem with the project is rectified so that permits may be issued. Once an agreement for correcting the problem is reached between the department and the system, the department will issue the appropriate permits according to the provisions of the agreement. If an agreement cannot be reached within a reasonable time period, the permits shall be denied.

d. Contents of denial notification. The notification of denial or withholding approval of the operation or construction permit will state the department's reasons for withholding or denying permit approval.

43.8(8) *Appeals.*

a. Request for formal review of viability determination. A person or entity who disagrees with the decision regarding the viability of a PWS may request a formal review of the action. A request for review must be submitted in writing to the director by the owner or their designee within 30 days of the viability decision.

b. Appeal of denial of operation or construction permit. A decision to deny an operation or construction permit may be appealed by the applicant to the commission pursuant to 567—Chapter 7. The appeal must be made in writing to the director within 30 days of receiving the notice of denial by the owner of the PWS.

567—43.9(455B) Enhanced filtration and disinfection requirements for SW and IGW systems serving at least 10,000 people.

43.9(1) *General requirements.*

a. Applicability. The requirements of this rule constitute national primary drinking water regulations. This rule establishes the filtration and disinfection requirements in addition to the filtration and disinfection requirements in 567—43.5(455B). This rule is applicable to all PWSs using SW or IGW, in whole or in part, and that serve at least 10,000 people. This rule establishes or extends TT requirements in lieu of MCLs for the following contaminants: *Giardia lamblia*, viruses, HPC bacteria, *Legionella*, *Cryptosporidium*, and turbidity. Each SW or IGW system serving at least 10,000 people must provide treatment of its source water that complies with these TT requirements. The TT requirements consist of installing and properly operating water treatment processes that reliably achieve:

(1) At least 99 percent (2-log) removal of *Cryptosporidium* between a point where the raw water is not subject to recontamination by SW runoff and a point downstream before or at the first customer for filtered systems.

(2) Compliance with the profiling and benchmark requirements under 43.9(2).

(3) The department may require other SW or IGW systems to comply with this rule, through an operation permit.

b. Compliance determination. A PWS subject to this rule is considered in compliance with 43.9(1)*"a"* if it meets the applicable filtration requirements in either 43.5(3) or 43.9(3) and the disinfection requirements in 43.5(2) and 43.6(2).

c. Prohibition of new construction of uncovered intermediate or finished water storage facilities. Systems required to comply with this rule may construct only covered intermediate or finished water storage facilities. For the purposes of this rule, an intermediate storage facility is defined as a storage facility or reservoir after the clarification treatment process.

d. Systems with populations that increased after January 1, 2002, to more than 10,000 people served. Systems using SW or IGW sources that did not conduct optional monitoring under 43.9(2) because they served fewer than 10,000 persons when such monitoring was required, but serve more than 10,000 persons prior to January 1, 2005, must comply with 43.9(1), 43.9(3), 43.9(4), and 43.9(5). These systems must also consult with the department to establish a disinfection benchmark. A system that decides to make a significant change to its disinfection practice as described in 43.9(2)*"c"*(1)"1" through "4" must consult with the department prior to making such a change.

43.9(2) *Disinfection profiling and benchmarking.*

a. Determination of systems required to profile. A PWS subject to this rule must determine its total trihalomethane (TTHM) and haloacetic acid (HAA5) annual averages using the procedures listed below. The annual average is the arithmetic average of the quarterly averages of four consecutive quarters of monitoring. Both TTHM and HAA5 samples must be collected as paired samples during the same time period in order for each parameter to have the same annual average period for result comparison. A paired sample is one that is collected at the same location and time and is analyzed for both TTHM and HAA5 parameters.

(1) Allowance of information collection rule data. Those systems that collected data under the federal Information Collection Rule in 40 CFR Part 141 must use the results of the TTHM and HAA5 samples collected during the last four quarters of monitoring required under 40 CFR §141.142. The system must have submitted the results of the samples collected during the last 12 months of required monitoring.

(2) Systems that have not collected TTHM and HAA5 data. Those systems that have not collected four consecutive quarters of paired TTHM and HAA5 samples as described above in 43.9(2)*"a"*(1) must comply with all other provisions of this subrule as if the HAA5 monitoring had been conducted and the results of that monitoring required compliance with 43.9(2)*"b."* The system that elects this option must notify the department in writing of its decision.

(3) The department may require that a system use a more representative annual data set than the data set determined under 43.9(2)*"a"*(1) to determine the applicability of this subrule.

(4) Profiling determination criteria. Any system having either a TTHM annual average greater than 0.064 mg/L or an HAA5 annual average greater than 0.048 mg/L during the period identified in 43.9(2) *"a"*(1) through *"a"*(3) must comply with 43.9(2)*"b."*

b. Disinfection profiling.

(1) Applicability. Any system that meet the criteria in 43.9(2)*"a"*(4) must develop a disinfection profile of its disinfection practice for a period of up to three years.

(2) Monitoring requirements. A system must monitor daily for a period of 12 consecutive calendar months to determine the total log inactivation for each day of operation, based on the $CT_{99.9}$ values in Tables 1 through 8 in Appendix A, as appropriate, through the entire treatment plant. A system must begin this monitoring as directed by the department. As a minimum, a system with a single point of disinfectant application prior to entrance to the distribution system must conduct the monitoring in "1" through "4" below. A system with more than one point of disinfectant application must conduct the monitoring in "1" through "4" below for each disinfection segment. A system must monitor the parameters necessary to determine the total inactivation ratio, using analytical methods in 43.5(4)*"a,"* as follows:

1. The temperature of the disinfected water must be measured once per day at each RDC sampling point during peak hourly flow.

2. If the system uses chlorine, the pH of the disinfected water must be measured once per day at each chlorine RDC sampling point during peak hourly flow.

3. The disinfectant contact time(s) ("T") must be determined for each day during peak hourly flow.

4. The RDC(s) ("C") of the water before or at the first customer and prior to each additional point of disinfection must be measured each day during peak hourly flow.

(3) Use of existing data. A system that has existing operational data may use that data to develop a disinfection profile for additional years, in addition to the disinfection profile generated under 43.9(2)*"b"*(2). Such systems may use these additional yearly disinfection profiles to develop a benchmark under 43.9(2)*"c."* The department must determine whether these operational data are substantially equivalent to data collected under 43.9(2)*"b"*(2). These data must be representative of inactivation through the entire treatment plant and not just of certain treatment segments.

(4) Calculation of the total inactivation ratio. The system must calculate the total inactivation ratio as follows, using the $CT_{99.9}$ values from Tables 1 through 8 listed in Appendix A:

1. If the system uses only one point of disinfectant application, it may determine the total inactivation ratio for the disinfection segment using either of the following methods:

- Determine one inactivation ratio ($CT_{calc}/CT_{99.9}$) before or at the first customer during peak hourly flow; or
- Determine successive $CT_{calc}/CT_{99.9}$ values, representing sequential inactivation ratios, between the point of disinfectant application and a point before or at the first customer during peak hourly flow. Under this alternative, the system must calculate the total inactivation ratio by determining ($CT_{calc}/CT_{99.9}$) for each sequence and then adding the ($CT_{calc}/CT_{99.9}$) values together to determine $\Sigma(CT_{calc}/CT_{99.9})$.

2. If the system uses more than one point of disinfectant application before the first customer, the system must determine the CT value of each disinfection segment immediately prior to the next point of disinfectant application, or for the final segment, before or at the first customer, during peak hourly flow. The $CT_{calc}/CT_{99.9}$ value of each segment and $\Sigma(CT_{calc}/CT_{99.9})$ must be calculated using a method above in 43.9(2)*"b"*(4)"1."

3. The system must determine the total log inactivation by multiplying the value calculated above in 43.9(2)*"b"*(4)"1" or "2" by 3.0.

(5) Systems using chloramines or ozone. A system that uses either chloramines or ozone for primary disinfection must also calculate the log inactivation for viruses using a department-approved method.

(6) Profile retention. The system must retain disinfection profile data in graphic form, as a spreadsheet, or in some other format acceptable to the department for review as part of sanitary surveys conducted by the department. The department may require the system to submit the data directly or as part of a MOR.

c. Disinfection benchmarking.

(1) Significant change to disinfection practice. Any system required to develop a disinfection profile under 43.9(2)*"a"* or *"b"* that decides to make a significant change to its disinfection practice must obtain department approval prior to making such change. Significant changes to disinfection practice are:

1. Changes to the point of disinfection;
2. Changes to the disinfectant(s) used in the treatment plant;
3. Changes to the disinfection process; and
4. Any other modification identified by the department.

(2) Calculation of the disinfection benchmark. Any system that is modifying its disinfection practice must calculate its disinfection benchmark using the procedure specified below:

1. For each year of profiling data collected and calculated under 43.9(2)*"b,"* the system must determine the lowest average monthly *Giardia lamblia* inactivation in each year of profiling data. The system must determine the average *Giardia lamblia* inactivation for each calendar month for each year of profiling data by dividing the sum of daily *Giardia lamblia* inactivation by the number of values calculated for that month.
2. The disinfection benchmark is the lowest monthly average value (for systems with one year of profiling data) or average of lowest monthly average values (for systems with more than one year of profiling data) of the monthly log inactivation of *Giardia lamblia* in each year of profiling data.

(3) A system that uses either chloramines or ozone for primary disinfection must also calculate the disinfection benchmark for viruses using a department-approved method.

(4) The system must submit the following information to the department as part of its consultation process:

1. A description of the proposed change;
2. The disinfection profile for *Giardia lamblia* (and, if necessary, viruses) under 43.9(2)*"b"* and the disinfection benchmark as required by 43.9(2)*"c"*(2); and
3. An analysis of how the proposed change will affect the current levels of disinfection.

43.9(3) *Filtration.*

a. Conventional filtration treatment or direct filtration. Turbidity measurements required by this paragraph shall be made in accordance with 43.5(4)*"a"*(1) and 43.5(4)*"b"*(1).

(1) Turbidity requirement in 95 percent of samples. For systems using conventional filtration or direct filtration, the turbidity level of representative samples of a system's filtered water (CFE) must be less than or equal to 0.3 NTU in at least 95 percent of the measurements taken each month.

(2) Maximum turbidity level. The turbidity level of representative samples of a system's filtered water (CFE) must at no time exceed 1 NTU in two consecutive 15 minute recordings. If at any time the CFE turbidity exceeds 1 NTU in two consecutive 15 minute recordings, the system must inform the department as soon as possible, but no later than 24 hours after the exceedance is known, in accordance with the PN requirements in 567—subparagraph 40.5(3)*"b"*(3).

b. Filtration technologies other than conventional, direct, slow sand, or diatomaceous earth. The department may allow a PWS to use a filtration technology not listed in 43.9(3)*"a"* or 43.5(3)*"c"* or *"d"* if it demonstrates to the department, using pilot plant studies or other means, that the alternative filtration technology, in combination with disinfection treatment that meets the requirements of 43.5(2), consistently achieves 99.9 percent removal or inactivation of *Giardia lamblia* cysts, 99.99 percent removal or inactivation of viruses, and 99 percent removal of *Cryptosporidium* oocysts, and the department approves the use of the filtration technology. For each approval, the department will set turbidity performance requirements that the system must meet at least 95 percent of the time and will require that the system not exceed at any time a level that consistently achieves 99.9 percent removal or inactivation of *Giardia lamblia* cysts, 99.99 percent removal or inactivation of viruses, and 99 percent removal of *Cryptosporidium* oocysts.

43.9(4) *Filtration sampling.*

a. Monitoring requirements for systems using filtration treatment. In addition to monitoring required by 43.5(4), a PWS subject to this rule that provides conventional filtration treatment or direct filtration must conduct continuous turbidity monitoring for each individual filter using an approved method in 43.5(4)*"a"*(1). Turbidity must be monitored according to a written turbidity protocol approved by the department and audited for compliance during sanitary surveys. Major elements of the protocol shall include, but are not limited to: sample measurement location; calibration method, frequency, standards, method of verification, and verification frequency; and data collection, recording frequency, and reporting. PWSs must calibrate turbidimeters at least every 90 days with a primary standard. The calibration of each turbidimeter used for compliance must be verified at least once per week with a primary standard, secondary standard, the manufacturer's proprietary calibration confirmation device, or by a department-approved method. If the verification is not within plus or minus 0.05 NTU for measurements of less than or equal to 0.5 NTU, or within plus or minus 10 percent of measurements greater than 0.5 NTU, then the turbidimeter must be recalibrated. Systems must record the results of individual filter monitoring every 15 minutes.

b. Failure of the continuous turbidity monitoring equipment. If there is a failure in the continuous turbidity monitoring equipment, a system must conduct grab sampling every four hours in lieu of continuous monitoring until the turbidimeter is repaired and back online. A system has a maximum of five working days after failure to repair the equipment, or else it is in violation.

43.9(5) *Reporting and recordkeeping.*

a. Additional requirements. In addition to the reporting and recordkeeping requirements in 567—paragraph 40.8(3)*"c"*:

(1) A system subject to this rule that provides conventional filtration treatment or direct filtration must report monthly to the department the information in 43.9(5)*"b"* and *"c"*; and

(2) A system subject to this rule that provides filtration approved under 43.9(3)*"b"* must report monthly to the department the information in 43.9(5)*"b."*

b. Turbidity. Turbidity measurements required by 43.9(3) must be reported in a format acceptable to the department and within ten days after the end of each month that the system serves water to the public. This reporting is in lieu of the reporting specified in 567—subparagraph 40.8(3)*"c"*(1). Information that must be reported includes:

(1) The total number of filtered water (CFE) turbidity measurements taken during the month;

(2) The number and percentage of filtered water (CFE) turbidity measurements taken during the month that are less than or equal to the turbidity limits in 43.9(3)*"a"* or *"b"*; and

(3) The date and value of any CFE turbidity measurements taken during the month that exceed 1 NTU in two consecutive recordings taken 15 minutes apart for systems using conventional filtration treatment or direct filtration or that exceed the maximum level set in 43.9(3)*"b."*

(4) The dates and summary of calibration and verification of all compliance turbidimeters.

c. Individual filter turbidity monitoring.

(1) Systems must maintain the results of individual filter turbidity per monitoring taken under 43.9(4) for at least three years.

(2) Systems must report to the department that they have conducted individual filter turbidity monitoring under 43.9(4) within ten days after the end of each month that the system serves water to the public.

(3) Systems must report to the department individual filter turbidity measurement results taken under 43.9(4) within ten days after the end of each month that the system serves water to the public only if measurements demonstrate one or more of the conditions in 43.9(5)*"c"*(5).

(4) Systems that use lime softening may apply to the department for alternative exceedance levels for the levels specified in 43.9(5)*"c"*(5) if they can demonstrate that higher turbidity levels in individual filters are due to lime carryover only and not due to degraded filter performance.

(5) In all of the following instances, the system must report the filter number, the turbidity measurement, and the date(s) when the exceedance occurred:

1. For any individual filter that has a measured turbidity level of greater than 1.0 NTU in two consecutive measurements taken 15 minutes apart. In addition, the system must either produce a filter profile for the filter within seven days of the exceedance (if the system is not able to identify an obvious reason for the abnormal filter performance) and report that the profile has been produced, or report the obvious reason for the exceedance.

2. For any individual filter that has a measured turbidity level of greater than 0.5 NTU in two consecutive measurements taken 15 minutes apart anytime following the first four hours of continuous filter operation, after the filter has been backwashed or otherwise taken offline. In addition, the system must either produce a filter profile for the filter within seven days of the exceedance (if the system is not able to identify an obvious reason for the abnormal filter performance) and report that the profile has been produced, or report the obvious reason for the exceedance.

3. For any individual filter that has a measured turbidity level of greater than 1.0 NTU in two consecutive measurements taken 15 minutes apart at any time in each month of three consecutive months. In addition, the system must conduct a self-assessment of the filter within 14 days of the exceedance and report that the self-assessment was conducted. The self-assessment must consist of an assessment of filter performance; development of a filter profile; identification and prioritization of factors limiting filter performance; assessment of the applicability of corrections; and preparation of a filter self-assessment report.

4. For any individual filter that has a measured turbidity level of greater than 2.0 NTU in two consecutive measurements taken 15 minutes apart at any time in each month of two consecutive months. In addition, the system must arrange for a comprehensive performance evaluation to be conducted by the department or a department-approved third party no later than 30 days following the exceedance and have the evaluation completed and submitted to the department no later than 90 days following the exceedance.

d. Additional reporting requirement for turbidity combined filter effluent (CFE). In the following situations, the system must consult with the department as soon as practical, but no later than 24 hours after the exceedance is known, in accordance with the PN requirements under 567—subparagraph 40.5(3)*"b"*(3).

(1) In a system using conventional filtration treatment or direct filtration, if the turbidity exceeds 1 NTU in the CFE in two consecutive recordings taken 15 minutes apart.

(2) If at any time the turbidity in representative samples of filtered water (CFE) exceeds the maximum level in 43.9(3)*"b"* for filtration technologies other than conventional filtration treatment, direct filtration, slow sand filtration, or diatomaceous earth filtration.

567—43.10(455B) Enhanced filtration and disinfection requirements for SW and IGW systems serving fewer than 10,000 people.

43.10(1) *General requirements.*

a. Applicability. This rule constitutes national primary drinking water regulations, and it establishes requirements for filtration and disinfection in addition to the filtration and disinfection requirements in 567—43.5(455B). This rule is applicable beginning January 1, 2005, unless otherwise noted, to all PWSs using SW or IGW, in whole or in part, and that serve less than 10,000 people. This

rule establishes or extends TT requirements in lieu of MCLs for the following contaminants: *Giardia lamblia*, viruses, HPC bacteria, *Legionella*, *Cryptosporidium*, and turbidity. The TT requirements consist of installing and properly operating water treatment processes that reliably achieve:

(1) At least 99 percent (2 log) removal of *Cryptosporidium* between a point where the raw water is not subject to recontamination by SW runoff and a point downstream before or at the first customer for filtered systems; and

(2) Compliance with the profiling and benchmark requirements in 43.10(2) and 43.10(3).

b. Prohibition of new construction of uncovered intermediate or finished water storage facilities. Systems required to comply with this rule may construct only covered intermediate or finished water storage facilities. For the purposes of this rule, an intermediate storage facility is defined as a storage facility or reservoir after the clarification treatment process.

43.10(2) *Disinfection profile.*

a. Applicability. A disinfection profile is a graphical representation of a system's level of *Giardia lamblia* or virus inactivation measured during the course of a year. All systems required to comply with this rule must develop a disinfection profile unless the department determines that such a profile is unnecessary. Records must be maintained according to 43.10(7).

(1) The department may approve the use of a more representative data set for disinfection profiling than the data set required in 43.10(2)*"b."*

(2) The department may determine that a disinfection profile is unnecessary only if a system's TTHM and HAA5 levels are below 0.064 mg/L and 0.048 mg/L, respectively. To determine these levels, TTHM and HAA5 samples must be collected during the month with the warmest water temperature and at the point of maximum residence time in the distribution system. The department may approve the use of a more representative annual data set to determine the applicability of this subrule. The annual data set must be calculated on an annual average using the arithmetic average of the quarterly averages of four consecutive quarters of monitoring. At least 25 percent of the samples collected in each quarter must be collected at the maximum residence time location in the distribution system.

(3) If a producing system that provides water to other PWSs meets the byproduct level requirements of less than 0.064 mg/L for TTHM and less than 0.048 mg/L for HAA5, it will not be required to develop a disinfection profile and benchmark unless:

1. The consecutive system cannot meet the byproduct level requirements of less than 0.064 mg/L for TTHM and less than 0.048 mg/L for HAA5 in its distribution system, and

2. The producing system wants to make a significant change to its disinfection practices.

b. Required elements of a disinfection profile.

(1) A system must monitor the following parameters to determine the total log inactivation using the analytical methods in 43.5(4)*"a,"* once per week on the same calendar day, over 12 consecutive months.

1. Temperature of the disinfected water at each RDC sampling point during peak hourly flow, measured in degrees Celsius;

2. For systems using chlorine, the pH of the disinfected water at each RDC sampling point during peak hourly flow, measured in standard pH units;

3. The disinfectant contact time ("T") during peak hourly flow, measured in minutes; and

4. The RDC(s) ("C") of the water following each point of disinfection at a point(s) prior to each subsequent point of disinfection and at the entry point to the distribution system or at a location just prior to the first customer during peak hourly flows, measured in mg/L.

(2) The data collected in 43.10(2)*"b"*(1) must be used to calculate the weekly log inactivation, along with the $CT_{99.9}$ tables in Appendix A. The system must calculate the total inactivation ratio as follows and multiply the value by 3.0 to determine log inactivation of *Giardia lamblia*.

1. If a system uses more than one point of disinfectant application before the first customer, the system must determine the $(CT_{calc}/CT_{99.9})$ value of each disinfection segment immediately prior to the next point of disinfectant application, or for the final segment, before or at the first customer, during peak hourly flow. The system must calculate the total inactivation ratio by determining $(CT_{calc}/CT_{99.9})$ for each sequence and then adding the $(CT_{calc}/CT_{99.9})$ values together to determine $\Sigma(CT_{calc}/CT_{99.9})$.

2. If the system uses only one point of disinfectant application, it must determine:

- One inactivation ratio ($CT_{calc}/CT_{99.9}$) before or at the first customer during peak hourly flow, or
- Successive ($CT_{calc}/CT_{99.9}$) values, representing sequential inactivation ratios, between the point of disinfection application and a point before or at the first customer during peak hourly flow. The total inactivation ratio must be calculated from the successive values by determining ($CT_{calc}/CT_{99.9}$) for each sequence and then adding the ($CT_{calc}/CT_{99.9}$) values together to determine $\Sigma(CT_{calc}/CT_{99.9})$.

3. If a system uses chloramines, ozone, or chlorine dioxide for primary disinfection, the system must also calculate the inactivation logs for viruses and develop an additional disinfection profile for viruses using department-approved methods.

(3) The weekly log inactivations are used to develop a disinfection profile by graphing each log inactivation data point versus time. Each log inactivation serves as a data point in the disinfection profile. The system will have obtained 52 measurements at a minimum, one for each week of the year.

(4) A disinfection profile depicts the variation of microbial inactivation over the course of the year. The system must retain the disinfection profile data both in a graphic form and in a spreadsheet, which must be available for review by the department. This profile is used to calculate a disinfection benchmark if the system is considering changes to its disinfection practices.

43.10(3) *Disinfection benchmark.*

a. Applicability. Any system required to develop a disinfection profile under 43.10(2) must develop a disinfection benchmark prior to making any significant change in disinfection practice. The system must receive department approval before any significant change in disinfection practice is implemented. Records must be maintained according to 43.10(7).

b. Significant changes. Significant changes to disinfection practice include:

(1) Changes to the point of disinfection;

(2) Changes to the disinfectant(s) used in the treatment plant;

(3) Changes to the disinfection process; or

(4) Any other modification identified by the department.

c. Disinfection benchmark calculation. Systems must calculate the disinfection benchmark in the following manner:

(1) Step 1. Using the data collected to develop the disinfection profile, determine the average *Giardia lamblia* inactivation for each calendar month by dividing the sum of all *Giardia lamblia* inactivations for that month by the number of values calculated for that month.

(2) Step 2. Determine the lowest monthly average value out of the 12 values. This value becomes the disinfection benchmark.

d. Information required for department approval of a change in disinfection practice. Systems must submit the following information to the department as part of the consultation and approval process.

(1) A description of the proposed change;

(2) The disinfection profile for *Giardia lamblia* and, if necessary, viruses;

(3) The disinfection benchmark;

(4) An analysis of how the proposed change will affect the current levels of disinfection; and

(5) Any additional information requested by the department.

e. Additional benchmarks if chloramines, ozone, or chlorine dioxide is used for primary disinfection. If a system uses chloramines, ozone, or chlorine dioxide for primary disinfection, the system must calculate the disinfection benchmark from the data collected for viruses to develop a disinfection profile. This viral benchmark must be calculated in addition to, and in the same manner as, the *Giardia lamblia* disinfection benchmark in 43.10(3)*"c."*

43.10(4) *Combined filter effluent (CFE) turbidity requirements.* All systems using SW or IGW that serve less than 10,000 people must use filtration, and the turbidity limits that must be met depend upon the type of filtration used.

a. Turbidity measurements. Turbidity must be measured in the CFE as described in 43.5(4)*"a"* and *"b."*

b. Turbidity monthly reporting. The monthly reporting requirements are in 43.10(6).

c. Conventional filtration treatment or direct filtration.

(1) The turbidity in the CFE must be less than or equal to 0.3 NTU in 95 percent of the turbidity measurements taken each month.

(2) The turbidity in the CFE must never exceed 1 NTU in two consecutive recordings taken 15 minutes apart during the month. If the CFE turbidity exceeds 1 NTU in two consecutive 15 minute recordings, the system must inform the department as soon as possible, but no later than 24 hours after the exceedance is known, in accordance with the PN requirements under 567—subparagraphs 40.5(3)*"b"*(3) and 40.5(2)*"a"*(8).

d. Slow sand filtration or diatomaceous earth filtration. The CFE turbidity limits of 43.5(3) must be met.

e. Other alternative filtration technologies. By using pilot studies or other means, a system using alternative filtration must demonstrate to the department's satisfaction that the system's filtration, in combination with disinfection treatment, consistently achieves 99 percent removal of *Cryptosporidium* oocysts; 99.9 percent removal, inactivation, or a combination of both, of *Giardia lamblia* cysts; and 99.99 percent removal, inactivation, or a combination of both, of viruses. The department will then use the pilot study data to determine system-specific turbidity limits.

(1) The turbidity must be less than or equal to a value set by the department in 95 percent of the CFE turbidity measurements taken each month, based on the pilot study.

(2) The CFE turbidity must never exceed a value set by the department, based on the pilot study. The value may not exceed 1 NTU in two consecutive recordings taken 15 minutes apart.

43.10(5) *Individual filter turbidity requirements.* All systems utilizing conventional filtration or direct filtration must conduct continuous turbidity monitoring for each individual filter. Turbidity must be monitored according to a written turbidity protocol approved by the department and audited for compliance during sanitary surveys. Major elements of the protocol shall include, but are not limited to: sample measurement location; calibration method, frequency, standards, method of verification, and verification frequency; and data collection, recording frequency, and reporting. Records must be maintained according to 43.10(7).

a. Continuous turbidity monitoring requirements.

(1) Conduct monitoring using an approved method listed in 43.5(4)*"a"*;

(2) Calibrate turbidimeters at least every 90 days with a primary standard. The calibration of each turbidimeter used for compliance must be verified at least once per week with a primary standard, secondary standard, the manufacturer's proprietary calibration confirmation device, or by a department-approved method. If the verification is not within plus or minus 0.05 NTU for measurements of less than or equal to 0.5 NTU, or within plus or minus 10 percent of measurements greater than 0.5 NTU, the turbidimeter must be recalibrated;

(3) Record turbidity monitoring results at least every 15 minutes; and

(4) Complete monthly reporting in accordance with 43.10(6).

b. Equipment failure. If there is a failure in the continuous turbidity monitoring equipment, a system must conduct grab sampling every four hours in lieu of continuous monitoring until the turbidimeter is back on-line. A system has a maximum of 14 days after failure to repair the equipment, or else the system is in violation. The system must notify the department within 24 hours, both when a turbidimeter is taken off-line and when it is returned on-line.

c. Special provision for one-filter or two-filter systems. If a system has only one or two filters, it may conduct continuous monitoring of the CFE turbidity instead of individual effluent turbidity monitoring. The continuous monitoring must meet the requirements in 43.10(5)*"a"* and *"b."*

d. Alternative turbidity levels for systems using lime softening. Systems using lime softening may apply to the department for alternative turbidity exceedance levels for the levels specified in 43.10(5)*"e."* The system must be able to demonstrate to the department's satisfaction that higher turbidity levels are due to lime carryover only, and not due to degraded filter performance.

e. Requirements triggered by individual filter turbidity monitoring data. Systems must conduct additional activities based upon their individual filter turbidity monitoring data, as listed in this paragraph.

(1) If the turbidity of an individual filter (or the CFE turbidity for a system with one or two filters, pursuant to 43.10(5)*"c"*) exceeds 1.0 NTU in two consecutive recordings taken 15 minutes apart, a system must report the following information in the MOR to the department by the tenth day of the following month:

1. The filter number(s);
2. Corresponding date(s);
3. Turbidity value(s) which exceeded 1.0 NTU; and
4. The cause of the exceedance(s), if known.

(2) If the turbidity of an individual filter (or the CFE turbidity for a system with one or two filters, pursuant to 43.10(5)*"c"*) exceeds 1.0 NTU in two consecutive recordings 15 minutes apart in three consecutive months, a system must conduct a self-assessment of the filter(s) within 14 days of the day the filter exceeded 1.0 NTU in two consecutive measurements for the third straight month, unless a comprehensive performance evaluation (CPE) as specified in the following subparagraph is required. Two-filter systems that monitor the CFE turbidity instead of the individual filters must conduct a self-assessment of both filters. The self-assessment must consist of the following:

1. Assessment of filter performance;
2. Development of a filter profile;
3. Identification and prioritization of factors limiting filter performance;
4. Assessment of the applicability of corrections;
5. Preparation of a filter self-assessment report;
6. Date the self-assessment requirement was triggered; and
7. Date the self-assessment was completed.

(3) If the turbidity of an individual filter (or the CFE turbidity for a system with one or two filters, pursuant to 43.10(5)*"c"*) exceeds 2.0 NTU in two consecutive recordings 15 minutes apart in two consecutive months, a system must arrange to have a CPE conducted by the department or a department-approved third party no later than 60 days following the day the filter exceeded 2.0 NTU in two consecutive measurements for the second straight month.

1. The CPE report must be completed and submitted to the department within 120 days following the day the filter exceeded 2.0 NTU in two consecutive measurements for the second straight month.
2. A new CPE is not required if a CPE has been completed by the department or a department-approved third party within the prior 12 months, or if the system and department are jointly participating in an ongoing comprehensive technical assistance project at the system.

(4) The department may conduct a CPE at a system regardless of individual filter turbidity levels.

43.10(6) *Reporting requirements.* Systems must report as follows:

a. CFE turbidity monitoring.

(1) The following information must be reported in the MOR to the department by the tenth day of the following month:

1. Total number of filtered water turbidity measurements taken during the month;
2. The number and percentage of filtered water turbidity measurements taken during the month that are less than or equal to the system's required 95th percentile limit;
3. The date and analytical result of any turbidity measurements taken during the month that exceeded the maximum turbidity limit for the system, in addition to the requirements of 43.10(6)*"a"*(2); and
4. The dates and summary of calibration and verification of all compliance turbidimeters.

(2) For an exceedance of the CFE maximum turbidity limit, as described below, the system must consult with the department as soon as practical, but no later than 24 hours after the exceedance is known, in accordance with the PN requirements under 567—subparagraph 40.5(3)*"b"*(3). Consultation is required if at any time the turbidity in representative samples of filtered water exceeds:

1. 1 NTU in the CFE in two consecutive recordings taken 15 minutes apart for systems using conventional filtration treatment or direct filtration;
2. The maximum level under 43.5(3) for slow sand filtration or diatomaceous earth filtration; or

3. The maximum level in 43.10(4)*"c"* for filtration technologies other than conventional filtration treatment, direct filtration, slow sand filtration, or diatomaceous earth filtration.

b. Individual filter effluent (IFE) turbidity monitoring. The following information must be reported in the MOR to the department by the tenth day of the following month, unless otherwise noted.

(1) That the system conducted individual filter turbidity monitoring during the month.

(2) For any filter that had two consecutive measurements taken 15 minutes apart that exceeded 1.0 NTU:

1. The filter number(s);
2. The corresponding dates;
3. The turbidity values that exceeded 1.0 NTU; and
4. The cause, if known, of the exceedance.

(3) If a self-assessment was required, the date it was triggered, and the date the assessment was completed. If the self-assessment requirement was triggered in the last four days of the month, the information must be reported to the department by the 14th day of the following month.

(4) If a CPE was required, the date it was triggered. A copy of the CPE report must be submitted to the department within 120 days of when the CPE requirement was triggered.

(5) The dates and summary of calibration and verification of all compliance turbidimeters.

c. Disinfection profiling. The following information must be reported to the department by January 1, 2004, for systems serving fewer than 500 people.

(1) Results of DBP monitoring that indicate TTHM levels less than 0.064 mg/L and HAA5 levels less than 0.048 mg/L; or

(2) That the system has begun to collect the profiling data.

d. Disinfection benchmarking. Before a system that was required to develop a disinfection profile makes a significant change to its disinfection practice, it must report the following information to the department, and the system must receive department approval before any significant change in disinfection practice is implemented.

(1) Description of the proposed change in disinfection practice;

(2) The disinfection profile for *Giardia lamblia* and, if applicable, for viruses;

(3) The disinfection benchmark; and

(4) An analysis of how the proposed change will affect the current disinfection levels.

43.10(7) *Recordkeeping requirements.* Systems must meet the following recordkeeping requirements, in addition to the recordkeeping requirements in 567—paragraph 40.8(3)*"c"* and rule 567—40.9(455B).

a. IFE turbidity. The results of the IFE turbidity monitoring must be kept for at least three years.

b. Disinfection profiling and benchmarking. The results of the disinfection profile and disinfection benchmark, including raw data and analysis, must be kept indefinitely.

567—43.11(455B) Enhanced treatment for *Cryptosporidium*.

43.11(1) *Applicability.* The requirements of this rule are national primary drinking water regulations and establish or extend TT requirements in lieu of MCLs for *Cryptosporidium*. These requirements are in addition to the filtration and disinfection requirements of rules 567—43.5(455B), 567—43.9(455B) and 567—43.10(455B) and apply to all Iowa PWSs supplied by SW or IGW sources.

a. Wholesale systems. Wholesale systems must comply with these requirements based on the population of the largest system in the combined distribution system.

b. Filtered systems. This rule applies to those filtered systems that must provide filtration treatment pursuant to rule 567—43.5(455B), whether or not the system is currently operating a filtration system.

43.11(2) *General.* Systems subject to this rule must comply with the following:

a. Source water monitoring. Systems must conduct two rounds of source water monitoring for each plant that treats a SW or IGW source. This monitoring may include sampling for *Cryptosporidium*, *E. coli*, and turbidity, as described in 43.11(3), to determine what level, if any, of additional *Cryptosporidium* treatment the systems must provide.

b. Disinfection profiles and benchmarks. Systems planning to make a significant change to their disinfection practice must develop disinfection profiles and calculate disinfection benchmarks, as described in 43.11(4).

c. Treatment bin determination. Systems must determine their *Cryptosporidium* treatment bin classification and provide additional *Cryptosporidium* treatment, if required, according to the prescribed schedule.

d. Additional treatment. Systems required to provide additional *Cryptosporidium* treatment must implement microbial toolbox options as described in 43.11(8) through 43.11(13).

e. Recordkeeping and reporting. Systems must comply with the applicable recordkeeping and reporting requirements in 43.11(14) and 43.11(15).

f. Significant deficiencies. Systems must address significant deficiencies identified during sanitary surveys as described in 43.1(7).

43.11(3) *Source water monitoring.*

a. Schedule. Systems must conduct the source water monitoring no later than the month and year listed in Table 1. A system may avoid the source water monitoring if it provides a total of at least 5.5-log treatment for *Cryptosporidium*, equivalent to meeting the treatment requirements of Bin 4 in 43.11(6). The system must install and operate technologies to provide this level of treatment by the applicable treatment compliance date specified in 43.11(7).

Table 1: Source Water Monitoring Schedule

System	First round of monitoring	Second round of monitoring
Serves at least 100,000 people	October 2006	April 2015
Serves 50,000-99,999 people	April 2007	October 2015
Serves 10,000-49,999 people	April 2008	October 2016
Serves fewer than 10,000 people and only monitors *E. coli*	October 2008	October 2017
Serves fewer than 10,000 people and monitors *Cryptosporidium*	April 2010	April 2019

b. Monitoring requirements. The minimum monitoring requirements are listed below. Systems may sample more frequently, provided the sampling frequency is evenly spaced throughout the monitoring period.

(1) Serving at least 10,000 people. Systems serving at least 10,000 people must sample their source water for *Cryptosporidium*, *E. coli*, and turbidity at least monthly for 24 months.

(2) Serving fewer than 10,000 people. Systems serving fewer than 10,000 people are allowed to first conduct *E. coli* monitoring to determine if further *Cryptosporidium* monitoring is required.

1. Systems must sample their source water for *E. coli* at least once every two weeks for 12 months. If the annual mean *E. coli* concentration is at or below 100 *E. coli* per 100 mL, the system can avoid further *Cryptosporidium* monitoring in that sampling round.

2. A system may avoid *E. coli* monitoring if it notifies the department no later than three months prior to the *E. coli* monitoring start date that the system will conduct *Cryptosporidium* monitoring.

3. Systems that fail to conduct the required *E. coli* monitoring or that cannot meet the *E. coli* annual mean limit must conduct *Cryptosporidium* monitoring. The system must sample its source water for *Cryptosporidium* either at least twice per month for 12 months or at least monthly for 24 months.

4. A system that begins monitoring for *E. coli* and determines during the sampling period that the system mathematically cannot meet the applicable *E. coli* annual mean limit may discontinue the *E. coli* monitoring. The system is then required to start *Cryptosporidium* monitoring according to the schedule in Table 1.

(3) Plants operating only part of the year. Systems with SW or IGW treatment plants that operate for only part of the year must conduct source water monitoring in accordance with this rule, but with the following modifications.

1. Systems must sample their source water only during the months that the plant operates unless the department specifies another monitoring period based on plant operating practices.

2. Systems with plants that operate less than six months per year must collect at least six samples per year for two years. The samples must be evenly spaced throughout the period the plant operates.

(4) New sources. A system that begins using a new SW or IGW source after the dates in Table 1 must monitor according to a department-approved schedule and comply with this subrule. The system must also meet the requirements of the bin classification and *Cryptosporidium* treatment for the new source on a department-approved schedule. The system must conduct the second round of source water monitoring no later than six years following the initial bin classification or determination of the mean *Cryptosporidium* level, as applicable.

(5) Monitoring violation determination. Failure to collect any source water sample required under this subrule in accordance with the sampling plan, location, analytical method, approved laboratory, or reporting requirements of 43.11(3)*"c"* through *"e"* is a monitoring violation.

c. Sampling plan. Systems must submit a sampling plan that specifies the sampling locations in relation to the sources and treatment processes and the calendar dates of sample collection. The specific treatment process locations that must be included in the plan are pretreatment, points of chemical treatment, and filter backwash recycle.

(1) The sampling plan must be submitted in a form acceptable to the department no later than three months prior to the applicable monitoring date in Table 1. If the department does not respond to a system regarding the submitted sampling plan prior to the start of the monitoring period, the system must sample according to the submitted plan.

(2) The system must monitor within two days of the date specified in the plan, unless one of the following conditions occurs.

1. If an extreme condition or situation exists that may pose danger to the sample collector, or that cannot be avoided, and causes the system to be unable to sample in the scheduled five-day period, the system must sample as close to the scheduled date as is feasible unless the department approves an alternative sampling date. The system must submit an explanation for the delayed sampling date to the department within one week of the missed sampling period. A replacement sample must be collected.

2. If a system is unable to report a valid analytical result for a scheduled sampling date due to equipment failure, loss of or damage to the sample, failure to comply with the analytical method or quality control requirements, or failure of the laboratory to analyze the sample, the system must notify the department of the cause of the delay and collect a replacement sample.

3. A replacement sample must be collected within 21 days of the scheduled sampling period or on the department-approved resampling date.

(3) Missed sampling dates. Systems that fail to collect source water samples on the dates specified in their sampling plan must revise their sampling plan to add collection dates all missed samples. The revised plan must be submitted to the department for approval prior to the collection of the missed samples.

d. Sampling locations. Systems must collect samples for each treatment plant that treats a SW or IGW source. If multiple plants draw water from the same influent (same pipe or intake), the department may approve one set of monitoring results to be used to satisfy the requirements for those plants.

(1) Chemical treatment location. Systems must collect source water samples prior to chemical treatment. If the system cannot feasibly collect a sample prior to chemical treatment, the department may grant approval in writing for sample collection after chemical treatment. This approval would only be granted if the department determines that sample collection prior to chemical treatment is not feasible for the system and that the chemical treatment is unlikely to have a significant adverse effect on the sample analysis.

(2) Filter backwash recycle return location. Systems that recycle filter backwash water must collect source water samples prior to the point of filter backwash water addition.

(3) Bank filtration credit sampling location.

1. Systems that receive *Cryptosporidium* treatment credit for bank filtration under 43.9(3)*"b"* or 43.10(4)*"c"* must collect source water samples in the SW source prior to bank filtration.

2. Systems that use bank filtration as pretreatment to a filtration plant must collect source water samples from the well, which is after bank filtration has occurred. Use of bank filtration during

monitoring must be consistent with routine operational practice. Systems collecting samples after a bank filtration process may not receive treatment credit for the bank filtration under 43.11(10)*"c."*

(4) Multiple sources. Systems with plants that use multiple water sources, including multiple SW sources and blended SW and GW sources, must collect samples as follows:

1. The use of multiple sources during monitoring must be consistent with routine operational practice.

2. If a sampling tap is available where the sources are combined prior to treatment, the system must collect samples from that tap.

3. If a sampling tap where the sources are combined prior to treatment is not available, the system must collect samples at each source near the intake on the same day and must use either of the following options for sample analysis.

- Physically composite the source samples into a single sample for analysis. Systems may composite the sample from each source into one sample prior to analysis. The volume of the sample from each source must be weighted according to the proportion of the source in the total plant flow at the time of sample collection, or
- Analyze the samples from each source separately and mathematically composite the results by calculating a weighted average of the analytical results for each sampling date. Calculate the weighted average by multiplying the analytical result for each source by the fraction that source contributed to the total plant flow at the time of sample collection and summing the weighted analytical results.

e. Analytical methodology, laboratory certification, and data reporting requirements. Systems must have samples analyzed pursuant to this paragraph. The system must report, in a format acceptable to the department, the analytical results from the source water monitoring no later than ten days after the end of the first month following the month when the sample is collected.

(1) *Cryptosporidium* samples must be analyzed by a laboratory that is approved under EPA's Laboratory Quality Assurance Evaluation Program for Analysis of *Cryptosporidium* in Water.

1. Approved analytical methods for *Cryptosporidium*:

- "Method 1623: *Cryptosporidium* and *Giardia* in Water by Filtration/IMS/FA," 2005, EPA-815-R-05-002, www.nemi.gov;
- "Method 1622: *Cryptosporidium* in Water by Filtration/IMS/FA," 2005, EPA-815-R-05-001, www.nemi.gov; and
- "Method 1623.1: *Cryptosporidium* and *Giardia* in Water by Filtration/Immunomagnetic Separation/Immunofluorescence Assay Microscopy," 2012, EPA-816-R-12-001, nepis.epa.gov.

2. Using one of the approved methods, the laboratory must analyze at least a 10 L sample or a packed pellet volume of at least 2 mL. Systems unable to process a 10 L sample must analyze as much sample volume as can be filtered by two filters specified in the method, up to a packed pellet volume of at least 2 mL.

3. A matrix spike (MS) sample must be spiked and filtered by the laboratory according to the approved method. If the volume of the MS sample is greater than 10 L, the system may filter all but 10 L of the MS sample in the field and ship the filtered sample and the remaining 10 L of source water to the laboratory. In this case, the laboratory must spike the remaining 10 L of water and filter it through the filter used to collect the balance of the sample in the field.

4. Flow cytometer-counted spiking suspensions must be used for the MS samples and the ongoing precision and recovery samples.

5. The following data must be reported for each *Cryptosporidium* analysis:

- PWS ID.
- Facility ID.
- Sample collection date.
- Sample type (i.e., field or MS).
- Sample volume filtered (L), to the nearest 0.25 L.
- Whether 100 percent of the filtered volume was examined by the laboratory.
- Number of oocysts counted.
- For MS samples: sample volume spiked and estimated number of oocysts spiked.

- For samples in which less than 10 L is filtered or less than 100 percent of the sample volume is examined: the number of filters used and the packed pellet volume.
- For samples in which less than 100 percent of sample volume is examined: the volume of resuspended concentrate and the volume of this resuspension processed through immunomagnetic separation.

(2) *E. coli* samples must be analyzed by a laboratory certified by EPA, the National Environmental Laboratory Accreditation Conference, or the department for total coliform or fecal coliform analysis in drinking water samples using the same approved *E. coli* method for the source water analysis.

1. Approved analytical methods for the enumeration of *E. coli* in source water are shown in Table 2.

Table 2: *E. coli* Analytical Methods

Method	EPA	SM	Other
Most probable number (MPN) with multiple tube or multiple well[1, 2]		9223 B[11]	991.15[4], Colilert[3, 5] Colilert-18[3, 5, 6]
Membrane filtration, single step[1, 7, 8]	1603[9]		m-ColiBlue24[10]
Membrane filtration, two step		9222D/9222G[12]	

[1]Tests must be conducted to provide organism enumeration (i.e., density). Select the appropriate configuration of tubes/filtrations and dilutions/volumes to account for the quality, consistency, and anticipated organism density in the water sample.

[2]Enumerate samples using the multiple-tube or multiple-well procedure. Using multiple-tube procedures, employ an appropriate tube and dilution configuration of the sample as needed and report the MPN. Samples tested with Colilert® may be enumerated with the multiple-well procedures, Quanti-Tray®, Quanti-Tray® 2000, and the MPN calculated from the table provided by the manufacturer.

[3]These tests are collectively known as defined enzyme substrate tests, where, for example, a substrate is used to detect the enzyme beta-glucouronidase produced by *E. coli*.

[4]Association of Official Analytical Chemists, International. "Official Methods of Analysis of AOAC International, 16th Ed., Volume 1, Chapter 17, 1995. AOAC, 481 N. Frederick Ave., Suite 500, Gaithersburg, MD 20877-2417.

[5]Descriptions of the Colilert®, Colilert-18®, Quanti-Tray®, and Quanti-Tray® 2000 may be obtained from IDEXX Laboratories, Inc., 1 IDEXX Drive, Westbrook, ME 04092.

[6]Colilert-18® is an optimized formulation of the Colilert® for the determination of total coliforms and *E. coli* that provides results within 18 hours of incubation at 35 degrees Celsius rather than the 24 hours required for the Colilert® test.

[7]The filter must be a 0.45 micron membrane filter or a membrane filter with another pore size certified by the manufacturer to fully retain cultivated organisms and to be free of extractables that could interfere with organism growth.

[8]When the membrane filter method has been used previously to test waters with high turbidity or large numbers of noncoliform bacteria, a parallel test should be conducted with a multiple-tube technique to demonstrate applicability and comparability of results.

[9]Method 1603: *Escherichia coli* (*E. coli*) in Water by Membrane Filtration Using Modified Membrane-Thermotolerant *Escherichia coli* Agar (modified mTEC), July 2006, EPA 821-R-06-011, nepis.epa.gov.

[10]A description of the m-ColiBlue24® test, Total Coliforms and *E. coli*, Hach Company, 100 Dayton Ave., Ames, IA 50010.

[11]SM 18th (1992), 19th (1995), and 20th (1998) editions.

[12]SM, 20th edition (1998).

2. The holding time (the time period from sample collection to initiation of analysis) shall not exceed 30 hours. The department may approve a 48-hour holding time on a case-by-case basis, if the 30-hour holding time is not feasible. If an extension is allowed, the laboratory must use the Colilert® reagent version of the SM 9223B to conduct the analysis.

3. The samples must be maintained between 0 and 10 degrees Celsius during storage and transit to the laboratory.

4. The following data must be reported for each *E. coli* analysis:

- PWS ID.
- Facility ID.
- Sample collection date.
- Analytical method number.
- Method type.
- Source type (flowing stream or river; lake or reservoir; or IGW).
- Number of *E. coli* per 100 mL.

- Turbidity in NTU.

(3) Turbidity. The approved analytical methods for turbidity are in 43.5(4)*"a"*(1). Turbidity measurements must be made by a party approved by the department, and reported on the laboratory data sheet with the corresponding *E. coli* sample.

43.11(4) *Disinfection profiling and benchmarking.*

a. General requirements. Following completion of the first round of source water monitoring, a system that plans to make a significant change to its disinfection practice must develop disinfection profiles and calculate disinfection benchmarks for *Giardia lamblia* and viruses.

(1) A system must notify the department prior to changing its disinfection practice and must include in the notice the completed disinfection profile and disinfection benchmark for *Giardia lamblia* and viruses, a description of the proposed change in disinfection practice, and an analysis of how the proposed change will affect the current level of disinfection.

(2) A significant change to the disinfection practice is defined as:

1. Any change to the point of disinfection;
2. Any change to the disinfectant(s) used in the treatment plant;
3. Any change to the disinfection process; or
4. Any other modification identified by the department as a significant change to disinfection practice.

b. Developing a disinfection profile. To develop a disinfection profile, a system must monitor at least weekly for a period of 12 consecutive months to determine the total log inactivation for *Giardia lamblia* and viruses. If a system monitors more frequently, the frequency must be evenly spaced. A system that operates for fewer than 12 months per year must monitor weekly during the operation period. Systems must determine log inactivation for *Giardia lamblia* through the entire plant, based on $CT_{99.9}$ values in Appendix A, Tables 1 through 6, as applicable. Systems must determine log inactivation for viruses through the entire treatment plant based on a department-approved protocol.

(1) Monitoring requirements. Systems with a single point of disinfectant application prior to the entrance to the distribution system must conduct the monitoring in this subparagraph. Systems with multiple points of disinfectant application must conduct the same monitoring for each disinfection segment. Systems must monitor the parameters necessary to determine the total inactivation ratio. The analytical methods for the parameters are in 43.5(4)*"a."* All measurements must be taken during peak hourly flow.

1. For systems using a disinfectant other than UV, the temperature of the disinfected water must be measured in degrees Celsius at each RDC sampling point or at an alternative department-approved location.
2. For systems using chlorine, the pH of the disinfected water must be measured at each chlorine RDC sampling point or at an alternative department-approved location.
3. The disinfectant contact time must be determined in minutes.
4. The RDCs of the water must be determined in mg/L before or at the first customer and prior to each additional point of disinfectant application.
5. A system may use existing data to meet the monitoring requirements if: the data are substantially equivalent to the required data, it has not made any significant change to its treatment practice, and it has the same source water as it had when the data were collected. Systems may develop disinfection profiles using up to three years of existing data.
6. A system may use disinfection profiles developed under 43.9(2) or 43.10(2) if it has not made a significant change to its treatment practice and has the same source water as it had when the profile was developed. The virus profile must be developed using the same data on which the *Giardia lamblia* profile is based.

(2) Total inactivation ratio calculation for *Giardia lamblia*.

1. Systems using only one point of disinfectant application may determine the total inactivation ratio ($CT_{calc}/CT_{99.9}$) for the disinfection segment using either of the following methods.

- Determine one inactivation ratio before or at the first customer during peak hourly flow; or

● Determine successive sequential inactivation ratios between the point of disinfectant application and a point before or at the first customer during peak hourly flow. Calculate the total inactivation ratio by determining the inactivation ratio for each sequence ($CT_{calc}/CT_{99.9}$) and adding the values together.

2. Systems using more than one point of disinfectant application before the first customer must determine the CT value of each disinfection segment immediately prior to the next point of disinfectant application, or for the final segment, before or at the first customer, during peak hourly flow. Calculate the ($CT_{calc}/CT_{99.9}$) value of each segment and add the values together to determine the total inactivation ratio.

3. Systems must then determine the total logs of inactivation by multiplying the total inactivation ratio by 3.0.

(3) Total inactivation ratio calculation for viruses. The system must calculate the log of inactivation for viruses using a department-approved protocol.

c. Disinfection benchmark calculation.

(1) For each year of profiling data collected and calculated under this subrule, systems must determine the lowest mean monthly level of both *Giardia lamblia* and virus inactivation. Systems must determine the mean *Giardia lamblia* and virus inactivation for each calendar month for each year of profiling data by dividing the sum of daily or weekly *Giardia lamblia* and virus log inactivation by the number of values calculated for that month.

(2) For a system with one year of profiling data, the disinfection benchmark is the lowest monthly mean value. For a system with more than one year of profiling data, the disinfection benchmark is the mean of the lowest monthly mean values of *Giardia lamblia* and virus log inactivation in each year of profiling data.

43.11(5) *Bin classification.* Upon completion of the first round of source water monitoring, systems must calculate an initial *Cryptosporidium* bin concentration for each plant for which monitoring was required. Calculation of the bin concentration must use the *Cryptosporidium* results reported under 43.11(3)*"a."*

a. Calculation of mean Cryptosporidium or bin concentration value.

(1) For systems that collect a total of at least 48 samples, the bin concentration is equal to the arithmetic mean of all sample concentrations.

(2) For systems that collect at least 24 samples but not more than 47 samples, the bin concentration is equal to the highest arithmetic mean of all sample concentrations in any 12 consecutive months during which *Cryptosporidium* samples were collected.

(3) For systems that serve fewer than 10,000 people and monitor *Cryptosporidium* for only one year (i.e., 24 samples in 12 months), the bin concentration is equal to the arithmetic mean of all sample concentrations.

(4) For systems with plants operating only part of the year that monitor fewer than 12 months per year, the bin concentration is equal to the highest arithmetic mean of all sample concentrations during any year of *Cryptosporidium* monitoring.

(5) If the monthly *Cryptosporidium* sampling frequency varies, systems must first calculate a monthly average for each month of monitoring. Systems must then use these monthly average concentrations, rather than individual sample concentrations, in the applicable calculation for bin classification.

b. Determination of bin classification.

(1) First monitoring round. A system must determine the bin classification from Table 3, using its calculated bin concentration from 43.11(5)*"a."*

Table 3: Bin Classification Table

System Type	*Cryptosporidium* Concentration, in oocysts/L	Bin Classification
Systems required to monitor for *Cryptosporidium* under 43.11(3)*"b"*(1) or 43.11(3)*"b"*(2)"3"	Fewer than 0.075 oocysts/L	Bin 1
	Between 0.075 and fewer than 1.0 oocysts/L	Bin 2
	Between 1.0 and fewer than 3.0 oocysts/L	Bin 3
	3.0 oocysts/L or greater	Bin 4

System Type	*Cryptosporidium* Concentration, in oocysts/L	Bin Classification
Systems serving fewer than 10,000 and not required to monitor for *Cryptosporidium*, pursuant to 43.11(3)*"b"*(2)"1"	Not applicable	Bin 1

(2) Second monitoring round. Following completion of the second round of source water monitoring, a system must recalculate its bin concentration and determine its new bin classification, using the protocols in 43.11(5)*"a"* and *"b."*

c. Reporting bin classification to the department. Within six months of the end of the sampling period, the system must report its bin classification to the department for approval. The report must include a summary of the source water monitoring data and the calculation procedure used to determine the bin classification.

d. TT violation. Failure to comply with 43.11(5)*"b"* and *"c"* is a violation of the TT requirement.

43.11(6) *Additional Cryptosporidium treatment requirements.* A system must provide the level of additional *Cryptosporidium* treatment specified in Table 4 based on its bin classification determined in 43.11(5) and according to the schedule in 43.11(7).

a. Determination of additional requirements. Using Table 4, a system must determine any additional *Cryptosporidium* treatment requirements based upon its bin classification. The Bin 1 classification does not require any additional treatment. Bins 2 through 4 require additional treatment.

Table 4: Additional *Cryptosporidium* Treatment Requirements

Bin Classification	Treatment Used by the System for Compliance with 43.5, 43.9, and 43.10			
	Conventional filtration (including softening)	Direct filtration	Slow sand or diatomaceous earth filtration	Alternative filtration technologies
Bin 1	No additional treatment	No additional treatment	No additional treatment	No additional treatment
Bin 2	1-log treatment	1.5-log treatment	1-log treatment	At least 4.0-log[1]
Bin 3	2-log treatment	2.5-log treatment	2-log treatment	At least 5.0-log[1]
Bin 4	2.5-log treatment	3-log treatment	2.5-log treatment	At least 5.5-log[1]

[1]The total *Cryptosporidium* removal and inactivation must be at least this value, as determined by the department.

b. Treatment requirements for Bins 2 through 4. A system that is classified as Bin 2, 3, or 4 must use one or more of the treatment and management options in 43.11(8) to comply with the additional *Cryptosporidium* treatment requirements. Systems classified as Bins 3 and 4 must achieve at least 1-log of additional *Cryptosporidium* treatment by using either one or a combination of the following: bag filters, bank filtration, cartridge filters, chlorine dioxide, membranes, ozone, or UV, as listed in 43.11(9) through 43.11(13).

c. TT violation. Failure by a system in any month to achieve treatment credit by meeting criteria in 43.11(9) through 43.11(13) that is at least equal to the level of treatment required in 43.11(6)*"a"* is a violation of the TT requirement.

d. Significant changes to the watershed. If, after the system's completion of source water monitoring (either round), the department determines during a sanitary survey or an equivalent source water assessment that significant changes occurred in the system's watershed that could lead to increased contamination of the source water by *Cryptosporidium*, the system must take department-specified actions to address the contamination. These actions may include additional source water monitoring or implementation of the microbial toolbox options in 43.11(8).

43.11(7) *Schedule for compliance with Cryptosporidium treatment.* Following the initial bin classification under 43.11(5), systems must provide the level of *Cryptosporidium* treatment required in 43.11(6), according to the schedule in Table 5. If a system's bin classification changes following the second round of source water monitoring, the system must provide the level of *Cryptosporidium* treatment required in 43.11(6), on a department-approved schedule.

Table 5: *Cryptosporidium* Treatment Compliance Dates

Schedule	Population Served by System	Compliance Date for *Cryptosporidium* treatment requirements[1]
1	At least 100,000 people	April 1, 2012
2	From 50,000 to 99,999 people	October 1, 2012
3	From 10,000 to 49,999 people	October 1, 2013
4	Fewer than 10,000 people	October 1, 2014

[1]The department may allow up to an additional two years for compliance with the treatment requirement if the system must make capital improvements.

43.11(8) *Microbial toolbox options for meeting Cryptosporidium treatment requirements.* Systems receive the treatment credits listed in Table 6 by meeting the conditions for microbial toolbox options described in 43.11(9) through 43.11(13). Systems apply these treatment credits to meet the treatment requirements in 43.11(6). Table 6 summarizes options in the microbial toolbox.

Table 6: Microbial Toolbox Summary Table: Options, Treatment Credits, and Criteria

Toolbox Option	Specific Criteria Rule	*Cryptosporidium* treatment credit with design and implementation criteria
Source Protection and Management Toolbox Options		
Watershed control program (WCP)	43.11(9)	0.5-log credit for department-approved program comprising required elements, annual program status report to department, and regular watershed survey.
Alternative source/intake management	43.11(9)*"b"*	No prescribed credit. Systems may conduct simultaneous monitoring for treatment bin classification at alternative intake locations or under alternative intake management strategies.
Prefiltration Toolbox Options		
Presedimentation basin with coagulation	43.11(10)*"a"*	0.5-log credit during any month that presedimentation basins achieve a monthly mean reduction of 0.5-log or greater in turbidity or alternative department-approved performance criteria. To be eligible, basins must be operated continuously with coagulant addition and all plant flow must pass through the basins.
Two-stage lime softening	43.11(10)*"b"*	0.5-log credit for two-stage softening where chemical addition and hardness precipitation occur in both stages. All plant flow must pass through both stages. Single-stage softening is credited as equivalent to conventional treatment.
Bank filtration	43.11(10)*"c"*	0.5-log credit for 25-foot setback; 1.0-log credit for 50-foot setback; aquifer must be unconsolidated sand containing at least 10 percent fines; average turbidity in wells must be less than 1 NTU. A system using a well followed by filtration when conducting source water monitoring must sample the well to determine bin classification and is not eligible for additional credit.
Treatment Performance Toolbox Options		
Combined filter performance	43.11(11)*"a"*	0.5-log credit for CFE turbidity less than or equal to 0.15 NTU in at least 95 percent of measurements each month.
Individual filter performance	43.11(11)*"b"*	0.5-log credit (in addition to the 0.5-log combined filter performance credit) if IFE turbidity is less than or equal to 0.15 NTU in at least 95 percent of samples each month in each filter and is never greater than 0.3 NTU in two consecutive measurements in any filter.
Demonstration of performance	43.11(11)*"c"*	Credit awarded to unit process or treatment train based on a demonstration to the department with a department-approved protocol.
Additional Filtration Toolbox Options		

Toolbox Option	Specific Criteria Rule	*Cryptosporidium* treatment credit with design and implementation criteria
Bag or cartridge filters (individual filters)	43.11(12)*"a"*	Up to 2-log credit based on the removal efficiency demonstrated during challenge testing with a 1.0-log factor of safety.
Bag or cartridge filters (in series)	43.11(12)*"a"*	Up to 2.5-log credit based on the removal efficiency demonstrated during challenge testing with a 0.5-log factor of safety.
Membrane filtration	43.11(12)*"b"*	Log credit equivalent to removal efficiency demonstrated in challenge test for device if supported by direct integrity testing.
Second-stage filtration	43.11(12)*"c"*	0.5-log credit for second separate granular media filtration stage if treatment train includes coagulation prior to first filter.
Slow sand filtration	43.11(12)*"d"*	2.5-log credit as a secondary filtration step; 3.0-log credit as a primary filtration process. No prior chlorination for either option.
Inactivation Toolbox Options		
Chlorine dioxide	43.11(13)	Log credit based on measured CT in relation to CT table.
Ozone	43.11(13)	Log credit based on measured CT in relation to CT table.
UV	43.11(13)	Log credit based on validated UV dose in relation to UV dose table; reactor validation testing required to establish UV dose and associated operating conditions.

43.11(9) *Source toolbox components.*

a. Watershed control program (WCP). Systems receive 0.5-log *Cryptosporidium* treatment credit for implementing a WCP that meets the requirements of this paragraph.

(1) Notification. Systems that intend to apply for the WCP credit must notify the department of this intent no later than two years prior to the applicable treatment compliance date in 43.11(7).

(2) Proposed watershed control plan. Systems must submit a proposed watershed control plan to the department no later than one year before the applicable treatment compliance date in 43.11(7). The department must approve the plan for the system to receive WCP treatment credit. The plan must include the following:

1. Identification of an "area of influence" outside of which the likelihood of *Cryptosporidium* or fecal contamination affecting the treatment plant intake is not significant. This is the area to be evaluated in future watershed surveys under 43.11(9)*"a"*(5)"2."

2. Identification of both potential and actual sources of *Cryptosporidium* contamination and an assessment of the relative impact of these sources on the system's source water quality.

3. An analysis of the effectiveness and feasibility of control measures that could reduce *Cryptosporidium* loading from sources of contamination to the system's source water.

4. A statement of goals and specific actions the system will undertake to reduce source water *Cryptosporidium* levels. The plan must explain how the actions are expected to contribute to specific goals, identify watershed partners and their roles, identify resource requirements and commitments, and include a schedule for plan implementation with deadlines for completing specific actions.

(3) Existing WCPs. Systems with WCPs that were in place on January 5, 2006, are eligible to seek this credit. The systems' watershed control plans must meet the criteria in 43.11(9)*"a"*(2) and must specify ongoing and future actions that will reduce source water *Cryptosporidium* levels.

(4) Department response to plan. If the department does not respond to a system regarding approval of a watershed control plan submitted under this subrule and the system meets the other requirements of this subrule, the WCP will be considered approved and 0.5-log *Cryptosporidium* treatment credit will be awarded unless and until the department subsequently withdraws such approval.

(5) System requirements to maintain 0.5-log credit. Systems must complete the following actions to maintain the 0.5-log credit.

1. Submit an annual WCP status report to the department. The WPC status report must describe the system's implementation of the approved plan and assess the adequacy of the plan to meet its goals. The report must explain how the system is addressing any shortcomings in plan implementation, including those previously identified by the department or as a result of the watershed survey conducted under 43.11(9)*"a"*(5)"2." It must also describe any significant watershed changes that have occurred since the last watershed sanitary survey. If a system determines during implementation that significant changes to its approved WCP are necessary, it must notify the department prior to making the changes. If a program change is likely to reduce the level of source water protection, the system must list in its notification the actions the system will take to mitigate this effect.

2. Undergo a watershed sanitary survey every three years for CWSs and every five years for NTNCs or TNCs and submit the survey report to the department. Surveys must be conducted according to department guidelines and by persons acceptable to the department.

- A watershed sanitary survey must encompass the region identified in the department-approved watershed control plan as the area of influence; assess the implementation of actions to reduce source water *Cryptosporidium* levels; and identify any significant new sources of *Cryptosporidium*.
- If the department determines that significant changes may have occurred in the watershed since the previous watershed sanitary survey, systems must undergo another watershed sanitary survey by the department-specified date, which may be earlier than the regular three- or five-year frequency.

3. Systems must make the watershed control plan, annual status reports, and watershed sanitary survey reports available to the public upon request. These documents must be in plain language and include criteria to evaluate the success of the WCP in achieving plan goals. The department may approve systems to withhold portions of the plan or the reports from the public, based on security considerations.

(6) Withdrawal of WCP treatment credit. If the department determines that a system is not carrying out the approved watershed control plan, it may withdraw the WCP treatment credit.

b. Alternative source. Systems may conduct source water monitoring that reflects a different intake location (either in the same source or for an alternate source) or a different procedure for the timing or level of withdrawal from the source (alternative source monitoring). If the department approves, a system may determine its bin classification under 43.11(5) based on alternative source monitoring results.

(1) Systems conducting alternative source monitoring must also monitor their current plan intake concurrently, as described in 43.11(3).

(2) Alternative source monitoring must meet the requirements for source monitoring to determine bin classification, as described in 43.11(3). Systems must report the alternative source monitoring results to the department and provide supporting information documenting the operating conditions during sample collection.

(3) If a system determines its bin classification under 43.11(5) using alternative source monitoring results that reflect a different intake location or a different procedure for managing the timing or level of withdrawal from the source, it must relocate the intake or permanently adopt the withdrawal procedure, as applicable, no later than the applicable treatment compliance date in 43.11(7).

43.11(10) *Prefiltration treatment toolbox components.*

a. Presedimentation. Systems receive 0.5-log *Cryptosporidium* treatment credit for a presedimentation basin during any month the process meets the criteria in this paragraph.

(1) The presedimentation basin must be in continuous operation and must treat the entire plant flow taken from a SW or IGW source.

(2) The system must continuously add a coagulant to the presedimentation basin.

(3) The presedimentation basin must achieve either of the following performance criteria:

1. Demonstrates at least 0.5-log mean reduction of influent turbidity, determined by using daily turbidity measurements in the presedimentation process influent and effluent, and calculated as follows: LOG_{10}(monthly mean of daily influent turbidity) – LOG_{10}(monthly mean of daily effluent turbidity); or

2. Complies with department-approved performance criteria that demonstrate at least 0.5-log mean removal of micron-sized particulate material through the presedimentation process.

b. Two-stage lime softening. Systems receive an additional 0.5-log *Cryptosporidium* treatment credit for a two-stage lime softening plant if chemical addition and hardness precipitation occur in two separate and sequential softening stages prior to filtration. Both softening stages must treat the entire plant flow taken from a SW or IGW source.

c. Bank filtration. Systems receive *Cryptosporidium* treatment credit for bank filtration that serves as pretreatment to a filtration plant by meeting the criteria in this paragraph. Systems using bank filtration when beginning source water monitoring under 43.11(3)*"a"* must collect samples as described in 43.11(3)*"d"*(3) and are not eligible for this credit.

(1) Treatment credit. Wells with a GW flow path of at least 25 feet receive 0.5-log treatment credit; wells with a GW flow path of at least 50 feet receive 1.0-log treatment credit. The GW flow path must be determined as specified in 43.11(10)*"c"*(4).

(2) Credit eligibility. Only horizontal and vertical wells in granular aquifers are eligible for treatment credit. Granular aquifers are those comprised of sand, clay, silt, rock fragments, pebbles or larger particles, and minor cement. A system must characterize the aquifer at the well site to determine aquifer properties. Systems must extract a core from the aquifer and demonstrate that in at least 90 percent of the core length, grains less than 1.0 mm in diameter constitute at least 10 percent of the core material.

(3) GW flow path measurement. For vertical wells, the GW flow path is the measured distance from the edge of the surface water body under high flow conditions (determined by the 100-year floodplain elevation boundary or by the floodway, as defined in Federal Emergency Management Agency flood hazard maps) to the well screen. For horizontal wells, the GW flow path is the measured distance from the bed of the river under normal flow conditions to the closest horizontal well lateral screen.

(4) Turbidity monitoring at the wellhead. Systems must monitor each wellhead for turbidity at least once every four hours while the bank filtration process is in operation. If monthly average turbidity levels, based on daily maximum values in the well, exceed 1 NTU, the system must report this result to the department and conduct an assessment within 30 days to determine the cause of the high turbidity levels in the well. If the department determines that microbial removal has been compromised, it may revoke treatment credit until the system implements department-approved corrective actions to remediate the problem.

(5) Springs and infiltration galleries. This treatment credit is not eligible for springs and infiltration galleries. Springs and infiltration galleries are eligible for credit through demonstration of performance study under 43.11(11)*"c."*

(6) Bank filtration demonstration of performance. The department may approve *Cryptosporidium* treatment credit for bank filtration based on a demonstration of performance study that meets the criteria in this subparagraph. This treatment credit may be greater than 1.0-log and may be awarded to bank filtration that does not meet the criteria in 43.11(10)*"c"*(1) through *"c"*(5). The study must:

1. Follow a department-approved protocol;

2. Involve the collection of data on the removal of *Cryptosporidium* or a surrogate for *Cryptosporidium* and related hydrogeologic and WQPs during the full range of operating conditions; and

3. Include sampling both from the production well(s) and from monitoring wells that are screened and located along the shortest flow path between the SW source and the production well(s).

43.11(11) *Treatment performance toolbox components.* This option pertains to physical treatment processes.

a. Combined filter performance. Systems using conventional filtration treatment or direct filtration treatment receive an additional 0.5-log *Cryptosporidium* treatment credit during any month the system meets the criteria in this paragraph. CFE turbidity must be less than or equal to 0.15 NTU in at least 95 percent of the measurements. Turbidity must be measured as described in 43.5(4) and, if applicable, 43.10(4).

b. Individual filter performance. Systems using conventional filtration treatment or direct filtration treatment receive 0.5-log *Cryptosporidium* treatment credit during any month the system meets the criteria in this paragraph, which can be in addition to the CFE 0.5-log credit from 43.11(11)*"a."*

Compliance with these criteria must be based on individual filter turbidity monitoring as described in 43.9(4) or 43.10(5), as appropriate.

(1) The filtered water turbidity for each individual filter must be less than or equal to 0.15 NTU in at least 95 percent of the measurements recorded each month.

(2) No individual filter may have a measured turbidity greater than 0.3 NTU in two consecutive measurements taken 15 minutes apart.

(3) Any system that has received treatment credit for individual filter performance and fails to meet the requirements of 43.11(11)*"b"*(2) and *"b"*(3) during any month shall not receive a TT violation under 43.11(6) if the department determines the following:

1. The failure was due to unusual and short-term circumstances that could not reasonably be prevented through optimizing the treatment plant design, operation, and maintenance.

2. The system has experienced no more than two such failures in any calendar year.

c. Demonstration of performance. The department may approve *Cryptosporidium* treatment credit for drinking water treatment processes based on a demonstration of performance study meeting the criteria in this paragraph. This treatment credit may be greater than or less than the prescribed treatment credits in 43.11(6) or 43.11(10) through 43.11(13) and may be awarded to treatment processes that do not meet the criteria for the prescribed credits.

(1) Systems cannot receive the prescribed treatment credit for any toolbox option in 43.11(10) through 43.11(13) if that toolbox option is included in a demonstration of performance study for which treatment credit is awarded under this paragraph.

(2) The demonstration of performance study must follow a department-approved protocol and must demonstrate the level of *Cryptosporidium* reduction the treatment process will achieve under the full range of expected operating conditions for the system.

(3) Department approval must be in writing and may include monitoring and treatment performance criteria that the system must demonstrate and report on an ongoing basis to remain eligible for the treatment credit. The department may designate such criteria where necessary to verify that the conditions under which the demonstration of performance credit was approved are maintained during routine operation.

43.11(12) *Additional filtration toolbox components.*

a. Bag and cartridge filters. By meeting the criteria in this paragraph, systems receive *Cryptosporidium* treatment credit of up to 2.0-log for the use of individual bag or cartridge filters and up to 2.5-log for the use of bag or cartridge filters operated in series. To be eligible for this credit, systems must report the results of challenge testing that meets the requirements of 43.11(12)*"a"*(2) through *"a"*(9) to the department. The filters must treat the entire plant flow taken from a SW or IGW source.

(1) The *Cryptosporidium* treatment credit awarded for use of bag or cartridge filters must be based on the removal efficiency demonstrated during challenge testing conducted in accordance with the criteria in 43.11(12)*"a"*(2) through *"a"*(9). A safety factor equal to 1-log for individual bag or cartridge filters and 0.5-log for bag or cartridge filters in series must be applied to challenge testing results to determine removal credit.

(2) Perform challenge testing on full-scale bag or cartridge filters and associated filter housing or pressure vessels that are identical in material and construction to the filters and housings the system will use for removal of *Cryptosporidium*. Bag or cartridge filters must be challenge tested in the same configuration that the system will use, either as individual filters or as a series configuration of filters.

(3) Conduct challenge testing using *Cryptosporidium* or a surrogate that is removed no more efficiently than *Cryptosporidium*. The microorganism or surrogate used during challenge testing is referred to as the challenge particulate. The challenge particulate concentration must be determined using a method capable of discretely quantifying the specific microorganisms or surrogate used in the test; gross measurements such as turbidity shall not be used.

(4) The maximum feed water concentration that can be used during a challenge test must be based on the detection limit of the challenge particulate in the filtrate (i.e., filtrate detection limit) and must be calculated using this equation:

Maximum Feed Water Concentration = 10,000 × Filtrate Detection Limit

(5) Conduct challenge testing at the maximum design flow rate for the filter specified by the manufacturer.

(6) Each filter evaluated must be tested for a duration sufficient to reach 100 percent of the terminal pressure drop, which thereby establishes the maximum pressure drop under which the filter may be used to comply with this paragraph.

(7) Removal efficiency of a filter must be determined from the results of the challenge test and expressed in terms of log removal values (LRV) using the following equation:

$LRV = LOG_{10}(C_f) - LOG_{10}(C_p)$

Where:

LRV = log removal value demonstrated during challenge test;

C_f = feed concentration measured during challenge test; and

C_p = filtrate concentration measured during challenge test.

Equivalent units must be used for the feed and filtrate concentrations. If the challenge particulate is not detected in the filtrate, the term C_p must be set equal to the detection limit.

(8) Each filter tested must be challenged with the challenge particulate during three periods over the filtration cycle: within two hours of start-up of a new filter; when the pressure drop is between 45 and 55 percent of the terminal pressure drop; and at the end of the cycle after the pressure drop has reached 100 percent of the terminal pressure drop. An LRV must be calculated for each of these challenge periods for each filter tested. The LRV for the filter (LRV_{filter}) must be assigned the value of the minimum LRV observed during the three challenge periods for that filter.

(9) If fewer than 20 filters are tested, the overall removal efficiency for the filter product line must be set equal to the lowest LRV_{filter} among the filters tested. If 20 or more filters are tested, the overall removal efficiency for the filter product line must be set equal to the tenth percentile of the set of LRV_{filter} values for the various filters tested. The percentile is defined by [i/(n+1)] where "i" is the rank of "n" individual data points ordered lowest to highest. If necessary, the tenth percentile may be calculated using linear interpolation.

(10) If a previously tested filter is modified in a manner that could change the removal efficiency of the filter product line, conduct challenge testing to demonstrate the removal efficiency of the modified filter and submit the results to the department.

b. Membrane filtration.

(1) Systems receive *Cryptosporidium* treatment credit for using membrane filtration that meets the criteria of this paragraph. Systems using membrane cartridge filters that meet the definition of membrane filtration in 567—40.2(455B) are eligible for this credit. The level of treatment credit a system receives is equal to the lower of the values determined under the following two paragraphs:

1. The removal efficiency demonstrated during challenge testing conducted under the criteria in 43.11(12)*"b"*(2).

2. The maximum removal efficiency that can be verified through DIT used with the membrane filtration process under the conditions in 43.11(12)*"b"*(3).

(2) Challenge testing. The membrane used by the system must undergo challenge testing to evaluate removal efficiency, and the system must report the challenge testing results to the department. Conduct challenge testing according to the criteria in this subparagraph.

1. Conduct challenge testing on either a full-scale membrane module, identical in material and construction to the membrane modules used in the system's treatment facility, or a smaller-scale membrane module, identical in material and similar in construction to the full-scale module. A module is defined as the smallest component of a membrane unit in which a specific membrane surface area is housed in a device with a filtrate outlet structure.

2. Conduct challenge testing using *Cryptosporidium* oocysts or a surrogate that is removed no more efficiently than *Cryptosporidium* oocysts. The organisms or surrogate used during challenge testing is referred to as the challenge particulate. The concentration of the challenge particulate, in both the feed and filtrate water, must be determined using a method capable of discretely quantifying the specific challenge particulate used in the test; gross measurements such as turbidity shall not be used.

3. The maximum feed water concentration that can be used during a challenge test is based on the detection limit of the challenge particulate in the filtrate and must be determined according to the following equation:

Maximum Feed Water Concentration = 3,160,000 × Filtrate Detection Limit

4. Conduct challenge testing under representative hydraulic conditions at the maximum design flux and maximum design process recovery specified by the manufacturer for the membrane module. Flux is defined as the throughput of a pressure-driven membrane process expressed as flow per unit of membrane area. Recovery is defined as the volumetric percent of feed water that is converted to filtrate over the course of an operating cycle uninterrupted by events such as chemical cleaning or a solids removal process (i.e., backwashing).

5. Calculate removal efficiency of a membrane module using the challenge test results expressed as a log removal value (LRV), according to the following equation:

$LRV = LOG_{10}(C_f) - LOG_{10}(C_p)$

Where:

LRV = log removal value demonstrated during challenge test;

C_f = feed concentration measured during challenge test; and

C_p = filtrate concentration measured during challenge test.

Use equivalent units for the feed and filtrate concentrations. If the challenge particulate is not detected in the filtrate, the term C_p must be set equal to the detection limit for the purpose of calculating the LRV. An LRV must be calculated for each membrane module evaluated during the challenge test.

6. The removal efficiency of a membrane filtration process demonstrated during challenge testing must be expressed as a log removal value ($LRV_{C\text{-}Test}$). If fewer than 20 modules are tested, then $LRV_{C\text{-}Test}$ is equal to the lowest of the representative LRVs among the modules tested. If 20 or more modules are tested, then $LRV_{C\text{-}Test}$ is equal to the tenth percentile of the representative LRVs among the modules tested. The percentile is defined by [i/(n+1)] where "i" is the rank of "n" individual data points ordered lowest to highest. If necessary, the tenth percentile may be calculated using linear interpolation.

7. The challenge test must establish a quality control release value (QCRV) for a nondestructive performance test that demonstrates the *Cryptosporidium* removal capability of the membrane filtration module. In order to verify *Cryptosporidium* removal capability, this performance test must be applied to each production membrane module that was not directly challenge tested but was used by the system. Production modules that do not meet the established QCRV are not eligible for the treatment credit demonstrated during the challenge test.

8. If a previously tested membrane is modified in a manner that could change the removal efficiency of the membrane or the applicability of the nondestructive performance test and associated QCRV, conduct additional challenge testing to demonstrate the removal efficiency of the modified membrane and submit the results to the department, along with determination of a new QCRV.

(3) Direct integrity testing (DIT). Systems must conduct DITs in a manner that demonstrates a removal efficiency equal to or greater than the removal credit awarded for the membrane filtration process and meets the requirements of this subparagraph. A DIT is defined as a physical test applied to a membrane unit in order to identify and isolate integrity breaches (i.e., one or more leaks that could result in contamination of the filtrate).

1. A DIT must be independently applied to each membrane unit in service. A membrane unit is defined as a group of membrane modules that share common valving that allows the unit to be isolated from the rest of the system for the purpose of integrity testing or other maintenance.

2. The DIT method must have a resolution of 3 micrometers or less, where resolution is defined as the size of the smallest integrity breach that contributes to a response from the DIT.

3. The DIT must have a sensitivity sufficient to verify the log treatment credit awarded by the department for the membrane filtration process, where sensitivity is defined as the maximum LRV that can be reliably verified by a DIT. Sensitivity must be determined using the approach applicable to the type of DIT the system uses, as follows:

- For DITs using applied pressure or vacuum, calculate test sensitivity using the following equation:

$LRV_{DIT} = LOG_{10} [Q_p/(VCF \times Q_{breach})]$

Where:

LRV_{DIT} = the sensitivity of the DIT;

Q_p = total design filtrate flow from the membrane unit;

Q_{breach} = flow of water from an integrity breach associated with the smallest integrity test response that can be reliably measured; and

VCF = volumetric concentration factor, which is the ratio of the suspended solids concentration on the high-pressure side of the membrane relative to that in the feed water.

- For DITs using a particulate or molecular marker, calculate test sensitivity using the following equation:

$LRV_{DIT} = LOG_{10} (C_f) – LOG_{10} (C_p)$

Where:

LRV_{DIT} = the sensitivity of the DIT;

C_f = typical feed concentration of the marker used in the test; and

C_p = filtrate concentration of the marker from an integral membrane unit.

4. Establish a control limit within the sensitivity limits of the DIT that is indicative of an integral membrane unit capable of meeting the removal credit awarded by the department.

5. If the result of a DIT exceeds the control limit established under 43.11(12)*"b"*(3)"4," the system must remove the membrane unit from service. Systems must conduct a DIT to verify any repairs and may return the membrane unit to service only if the DIT is within the established control limit.

6. Conduct a DIT on each membrane unit at a frequency of not less than once each day that the membrane unit is in operation. The department may approve less frequent testing, based on demonstrated process reliability, the use of multiple barriers effective for *Cryptosporidium*, or reliable process safeguards.

(4) Indirect integrity monitoring. Systems must conduct continuous indirect integrity monitoring on each membrane unit according to the following criteria. Indirect integrity monitoring is defined as monitoring some aspect of filtrate water quality that is indicative of the removal of particulate matter. A system that implements continuous DITs of membrane units in accordance with 43.11(12)*"b"*(3) is not subject to the continuous indirect integrity monitoring requirements. Systems must submit a monthly report to the department summarizing all continuous indirect integrity monitoring results triggering direct integrity testing and the corrective action that was taken in each case.

1. Continuous indirect integrity monitoring must:

- Include continuous filtrate turbidity monitoring, unless the department approves an alternative parameter;
- Be conducted at a frequency of no less than once every 15 minutes; and
- Be separately conducted on each membrane unit.

2. If indirect integrity monitoring includes turbidity and if the filtrate turbidity readings are above 0.15 NTU for a period greater than 15 minutes (i.e., two consecutive 15-minute readings above 0.15 NTU), DIT must immediately be performed on the associated membrane unit as specified in 43.11(12)*"b"*(3)"1" through "5."

3. If indirect integrity monitoring includes a department-approved alternative parameter and if the alternative parameter exceeds a department-approved control limit for a period greater than 15 minutes, DIT must immediately be performed on the associated membrane units as specified in 43.11(12)*"b"*(3)"1" through "5."

c. Second-stage filtration. Systems receive 0.5-log *Cryptosporidium* treatment credit for using a separate second stage of filtration that consists of sand, dual media, GAC, or other fine-grain media following granular media filtration, if the department approves. To be eligible for this credit, the first stage of filtration must be preceded by a coagulation step and both filtration stages must treat the entire plant flow taken from a SW or IGW source. A cap, such as GAC, on a single stage of filtration is not

eligible for this credit. The department must approve the treatment credit based on an assessment of the design characteristics of the filtration process.

d. Slow sand filtration (as secondary filter). Systems are eligible to receive 2.5-log *Cryptosporidium* treatment credit for using a slow sand filtration process that follows a separate stage of filtration if both filtration stages treat the entire plant flow taken from a SW or IGW source and no disinfectant residual is present in the influent water to the slow sand filtration process. The department must approve the treatment credit based on an assessment of the design characteristics of the filtration process. This does not apply to treatment credit awarded for slow sand filtration used as a primary filtration process.

43.11(13) *Inactivation toolbox components.*

a. Calculation of CT values.

(1) CT is the product of the disinfectant contact time (T, in minutes) and disinfectant concentration (C, in milligrams per liter). Systems with treatment credit for chlorine dioxide or ozone under 43.11(13)*"b"* or *"c"* must calculate CT at least once each day, with both C and T measured during peak hourly flow as specified in 43.5(4).

(2) Systems with several disinfection segments in sequence may calculate CT for each segment, where a disinfection segment is defined as a treatment unit process with a measurable disinfectant residual level and a liquid volume. Under this approach, systems must add the *Cryptosporidium* CT values in each segment to determine the total CT for the treatment plant.

b. CT values for chlorine dioxide and ozone. As described in 43.11(13)*"a"*:

(1) Systems receive the *Cryptosporidium* treatment credit in Table 1 of Appendix B by meeting the corresponding chlorine dioxide CT value for the applicable water temperature.

(2) Systems receive the *Cryptosporidium* treatment credit in Table 2 of Appendix B by meeting the corresponding ozone CT value for the applicable water temperature.

c. Site-specific study. The department may approve alternative chlorine dioxide or ozone CT values to those in 43.11(13)*"b"* on a site-specific basis. The department must base its approval on a site-specific study conducted by the system. The study must follow a department-approved protocol.

d. Ultraviolet light (UV). Systems receive *Cryptosporidium*, *Giardia lamblia*, and virus treatment credits for UV light reactors by achieving the corresponding UV dose values in Table 3 of Appendix B. Systems must use the following procedures to validate and monitor UV reactors in order to demonstrate that the reactors are achieving a particular UV dose value for treatment credit.

(1) Reactor validation testing. Systems must use UV reactors that have undergone validation testing to determine the operating conditions under which the reactor delivers the required UV dose (i.e., validated operating conditions). These operating conditions must include flow rate, UV intensity as measured by a UV sensor, and UV lamp status.

1. When determining validated operating conditions, systems must account for the following factors: UV absorbance of the water; lamp fouling and aging; measurement uncertainty of on-line sensors; UV dose distributions arising from the velocity profiles through the reactor; failure of UV lamps or other critical system components; and UV reactor inlet and outlet piping or channel configurations.

2. Validation testing must include full-scale testing of a reactor that conforms uniformly to the UV reactors used by the system and inactivation of a test microorganism whose dose response characteristics have been quantified with a low-pressure mercury vapor lamp.

3. The department may approve an alternative approach to validation testing.

(2) Reactor monitoring.

1. Systems must monitor their UV reactors to determine if the reactors are operating within validated conditions, as determined under 43.11(13)*"d"*(1). This monitoring must include UV sensor, flow rate, lamp status, and other parameters the department designates based on UV reactor operation. Systems must verify the calibration of UV sensors and recalibrate sensors in accordance with a department-approved protocol.

2. To receive UV light treatment credit, systems must treat at least 95 percent of the water delivered to the public during each month by UV reactors operating within validated conditions for the

required UV dose. Systems must demonstrate compliance with this condition by completing the monitoring required in this subparagraph.

43.11(14) *Reporting requirements.* Systems must report the following to the department:

a. Source water sampling schedules and monitoring results under 43.11(3)*"c"* and *"e,"* unless the systems notify the department that they will not conduct source water monitoring due to meeting the criteria of 5.5-log treatment for *Cryptosporidium* under 43.11(3)*"a."*

b. *Cryptosporidium* bin classification determined under 43.11(5).

c. Disinfection profiles and benchmarks as described in 43.11(4)*"a"* and *"b"* prior to making a significant change in disinfection practice.

d. In accordance with Table 7 for any microbial toolbox options used to comply with treatment requirements under 43.11(6).

Table 7: Microbial Toolbox Reporting Requirements

Toolbox Option	Systems must submit this information	Submit information in accordance with the applicable treatment compliance dates in subrule 43.11(7), as noted
1. Watershed control program (WCP)	Notice of intention to develop a new or continue an existing WCP	No later than two years before applicable date
	Watershed control plan	No later than one year before applicable date
	Annual WCP status report	Every 12 months, beginning one year after applicable date
	Watershed sanitary survey report	- For CWS, every 3 years, beginning 3 years after applicable date - For NTNC or TNC, every 5 years, beginning 5 years after applicable date
2. Alternative source/intake management	Verification that system has relocated the intake or adopted the intake withdrawal procedure reflected in monitoring results	No later than the applicable date
3. Presedimentation	Monthly verification: - Continuous basin operation; - Treatment of 100 percent of the flow; - Continuous coagulant addition; and - At least 0.5-log mean reduction of influent turbidity or compliance with alternative department-approved performance criteria	Monthly reporting within 10 days following the month monitoring was conducted, beginning on applicable date
4. Two-stage lime softening	Monthly verification: - Chemical addition and hardness precipitation occurred in two separate and sequential softening stages prior to filtration; and - Both stages treated 100 percent of plant flow	Monthly reporting within 10 days following the month monitoring was conducted, beginning on applicable date
5. Bank filtration	Initial demonstration of: - Unconsolidated, predominantly sandy aquifer; and - Setback distance of at least 25 feet for 0.5-log credit or 50 feet for 1.0-log credit	No later than applicable date
	If monthly average of daily maximum turbidity is greater than 1 NTU, report result and submit an assessment of the cause.	Report within 30 days following the month monitoring was conducted, beginning on applicable date
6. Combined filter performance	Monthly verification of CFE turbidity levels less than or equal to 0.15 NTU in at least 95 percent of the 4-hour CFE measurements taken each month	Monthly reporting within 10 days following the month monitoring was conducted, beginning on applicable date
7. Individual filter performance	Monthly verification of: - IFE turbidity levels less than or equal to 0.15 NTU in at least 95 percent of samples	Monthly reporting within 10 days following the month monitoring was conducted, beginning on applicable date

Toolbox Option	Systems must submit this information	Submit information in accordance with the applicable treatment compliance dates in subrule 43.11(7), as noted
	each month in each filter; and - No IFE turbidity levels greater than 0.3 NTU in two consecutive readings 15 minutes apart	
8. Demonstration of performance	Results from testing following a department-approved protocol	No later than applicable date
	As required by the department, monthly verification of operation within conditions of department approval for demonstration of performance credit	Within 10 days following the month monitoring was conducted, beginning on applicable date
9. Bag filters and cartridge filters	Demonstration that the: - Process meets the definition of bag or cartridge filtration, and - Removal efficiency established through challenge testing is meeting criteria	No later than applicable date
	Monthly verification that 100 percent of plant flow was filtered	Within 10 days following the month monitoring was conducted, beginning on applicable date
10. Membrane filtration	Results of verification testing demonstrating: - Removal efficiency established through challenge testing meets criteria; and - Integrity test method and parameters, including resolution, sensitivity, test frequency, control limits, and associated baseline	No later than applicable date
	Monthly report summarizing: - All DITs above the control limit, and - If applicable, any turbidity or alternative department-approved indirect integrity monitoring results triggering DITs and corrective action that was taken	Within 10 days following the month monitoring was conducted, beginning on applicable date
11. Second-stage filtration	Monthly verification that 100 percent of flow was filtered through both stages and that first stage was preceded by coagulation step	Within 10 days following the month monitoring was conducted, beginning on applicable date
12. Slow sand filtration as a secondary filter	Monthly verification that both a slow sand filter and a preceding separate stage of filtration treated 100 percent of the flow from surface or IGW sources	Within 10 days following the month monitoring was conducted, beginning on applicable date
13. Chlorine dioxide	Summary of CT values for each day as described in 43.11(13)	Within 10 days following the month monitoring was conducted, beginning on applicable date
14. Ozone	Summary of CT values for each day as described in 43.11(13)	Within 10 days following the month monitoring was conducted, beginning on applicable date
15. UV	Validation test results demonstrating operating conditions that achieve required UV dose	No later than the applicable date
	Monthly report summarizing the percentage of water entering the distribution system that was not treated by UV reactors operating within validated conditions for the required dose as specified in 43.11(13)*"d"*	Within 10 days following the month monitoring was conducted, beginning on applicable date

43.11(15) *Recordkeeping requirements.*

a. Source water monitoring. Systems must keep results from the initial round of source water monitoring under 43.11(3)*"a"* and the second round of source water monitoring under 43.11(3)*"b"* until three years after bin classification under 43.11(5) for the particular round of monitoring.

b. Systems meeting 5.5-log Cryptosporidium treatment. Systems must keep, for three years, records of any notification to the department that they will meet the 5.5-log *Cryptosporidium* treatment requirements and avoid source water monitoring.

c. Microbial toolbox treatment monitoring. Systems must keep the results of treatment monitoring associated with microbial toolbox options under 43.11(8) through 43.11(13) for three years.

567—43.12(455B) Turbidity optimization goals. SW and IGW systems must meet the requirements in this chapter. To encourage operational optimization, the department has adopted the following goals for systems using SW or IGW that wish to pursue the optimization of their existing treatment processes. These goals are voluntary. Data collected for optimization purposes will not be used to determine compliance with this chapter unless the optimization data are identical to the compliance data.

43.12(1) *Sedimentation performance goals.* The sedimentation performance goals are based upon the average annual raw water turbidity levels. When the annual average raw water turbidity is:

a. Less than or equal to 10 NTU over the course of the calendar year, the turbidity should be less than or equal to 1 NTU in at least 95 percent of measurements based on the maximum daily value of readings taken at least once every four hours from each sedimentation basin while the plant is operating.

b. More than 10 NTU over the course of the calendar year, the turbidity should be less than or equal to 2 NTU in at least 95 percent of measurements based on the maximum daily value of readings taken at least once every four hours from each sedimentation basin while the plant is operating.

43.12(2) *Individual filter performance goals.* Individual filter performance goals depend upon a system's capability of filtering to waste.

a. For systems that have the capability of filtering to waste, the individual filter turbidity should be less than or equal to 0.10 NTU in at least 95 percent of measurements over the course of the calendar year, based on the daily maximum value of readings recorded at least once per minute while the plant is in operation. The maximum individual filter turbidity must not exceed 0.30 NTU at any time. The filter must return to service with a turbidity of 0.10 NTU or less.

b. For systems that do not have the capability of filtering to waste, the individual filter turbidity should be less than or equal to 0.10 NTU in at least 95 percent of measurements over the course of the calendar year, excepting the 15 minutes following the completion of the backwash process, based on the daily maximum value of readings recorded at least once per minute while the plant is in operation. The maximum individual filter turbidity must not exceed 0.30 NTU following backwash and must return to a level at or below 0.10 NTU within 15 minutes of returning the filter to service.

43.12(3) *Combined filter performance goal.* The combined filter performance goal has two components:

a. CFE turbidity should be less than or equal to 0.10 NTU in at least 95 percent of measurements over the course of the calendar year, based on daily maximum value of readings recorded at least once per minute while the plant is operating.

b. The maximum CFE turbidity must not exceed 0.30 NTU at any time.

These rules are intended to implement Iowa Code sections 455B.171 through 455B.188 and 455B.190 through 455B.192.

APPENDIX A: Disinfection Profiling - CT Values ($CT_{99.9}$) for 99.9 Percent Inactivation of *GIARDIA LAMBIA* Cysts

These tables provide the $CT_{99.9}$ values in mg-min/L for 99.9 percent (3-log) inactivation of *Giardia lamblia* cysts using the indicated disinfectant at the indicated temperature in degrees Celsius (°C). The CT values in the tables achieve greater than a 99.99 percent (4-log) inactivation of viruses. Any CT values between the indicated pH values in each table and any CT values between the indicated temperatures of different tables may be determined by linear interpolation. If no interpolation is used, use the $CT_{99.9}$ value at the lower temperature and at the higher pH.

TABLE 1: Inactivation by Free Chlorine at 0.5°C or Lower

Free Residual Chlorine, mg/L	pH, standard units						
	>6.0	6.5	7.0	7.5	8.0	8.5	>9.0
>0.4	137	163	195	237	277	329	390
0.6	141	168	200	239	286	342	407
0.8	145	172	205	246	295	354	422
1.0	148	176	210	253	304	365	437
1.2	152	180	215	259	313	376	451
1.4	155	184	221	266	321	387	464
1.6	157	189	226	273	329	397	477
1.8	162	193	231	279	338	407	489
2.0	165	197	236	286	346	417	500
2.2	169	201	242	297	353	426	511
2.4	172	205	247	298	361	435	522
2.6	175	209	252	304	368	444	533
2.8	178	213	257	310	375	452	543
3.0	181	217	261	316	382	460	552

TABLE 2: Inactivation by Free Chlorine at 5.0°C

Free Residual Chlorine, mg/L	pH, standard units						
	>6.0	6.5	7.0	7.5	8.0	8.5	>9.0
>0.4	97	117	139	166	198	236	279
0.6	100	120	143	171	204	244	291
0.8	103	122	146	175	210	252	301
1.0	105	125	149	179	216	260	312
1.2	107	127	152	183	221	267	320
1.4	109	130	155	187	227	274	329
1.6	111	132	158	192	232	281	337
1.8	114	135	162	196	238	287	345
2.0	116	138	165	200	243	294	353
2.2	118	140	169	204	248	300	361
2.4	120	143	172	209	253	306	368
2.6	122	146	175	213	258	312	375
2.8	124	148	178	217	263	318	382
3.0	126	151	182	221	268	324	389

TABLE 3: Inactivation by Free Chlorine at 10.0°C

Free Residual Chlorine, mg/L	pH, standard units						
	>6.0	6.5	7.0	7.5	8.0	8.5	>9.0
>0.4	73	88	104	125	149	177	209
0.6	75	90	107	128	153	183	218
0.8	78	92	110	131	158	189	226
1.0	79	94	112	134	162	195	234
1.2	80	95	114	137	166	200	240
1.4	82	98	116	140	170	206	247
1.6	83	99	119	144	174	211	253
1.8	86	101	122	147	179	215	259
2.0	87	104	124	150	182	221	265
2.2	89	105	127	153	186	225	271
2.4	90	107	129	157	190	230	276
2.6	92	110	131	160	194	234	281
2.8	93	111	134	163	197	239	287
3.0	95	113	137	166	201	243	292

TABLE 4: Inactivation by Free Chlorine at 15.0°C

Free Residual Chlorine, mg/L	pH, standard units						
	>6.0	6.5	7.0	7.5	8.0	8.5	>9.0
>0.4	49	59	70	83	99	118	140
0.6	50	60	72	86	102	122	146
0.8	52	61	73	88	105	126	151
1.0	53	63	75	90	108	130	156
1.2	54	64	76	92	111	134	160
1.4	55	65	78	94	114	137	165
1.6	56	66	79	96	116	141	169
1.8	57	68	81	98	119	144	173
2.0	58	69	83	100	122	147	177
2.2	59	70	85	102	124	150	181
2.4	60	72	86	105	127	153	184
2.6	61	73	88	107	129	156	188
2.8	62	74	89	109	132	159	191
3.0	63	76	91	111	134	162	195

TABLE 5: Inactivation by Free Chlorine at 20.0°C

Free Residual Chlorine, mg/L	pH, standard units						
	>6.0	6.5	7.0	7.5	8.0	8.5	>9.0
>0.4	36	44	52	62	74	89	105
0.6	38	45	54	64	77	92	109
0.8	39	46	55	66	79	95	113
1.0	39	47	56	67	81	98	117
1.2	40	48	57	69	83	100	120
1.4	41	49	58	70	85	103	123
1.6	42	50	59	72	87	105	126
1.8	43	51	61	74	89	108	129
2.0	44	52	62	75	91	110	132
2.2	44	53	63	77	93	113	135
2.4	45	54	65	78	95	115	138
2.6	46	55	66	80	97	117	141
2.8	47	56	67	81	99	119	143
3.0	47	57	68	83	101	122	146

TABLE 6: Inactivation by Free Chlorine at 25.0°C and Higher

Free Residual Chlorine, mg/L	pH, standard units						
	>6.0	6.5	7.0	7.5	8.0	8.5	>9.0
0.4	24	29	35	42	50	59	70
0.6	25	30	36	43	51	61	73
0.8	26	31	37	44	53	63	75
1.0	26	31	37	45	54	65	78
1.2	27	32	38	46	55	67	80
1.4	27	33	39	47	57	69	82
1.6	28	33	40	48	58	70	84
1.8	29	34	41	49	60	72	86
2.0	29	35	41	50	61	74	88
2.2	30	35	42	51	62	75	90
2.4	30	36	43	52	63	77	92
2.6	31	37	44	53	65	78	94
2.8	31	37	45	54	66	80	96
3.0	32	38	46	55	67	81	97

TABLE 7: Inactivation by Chlorine Dioxide and Ozone

Disinfectant	Water Temperature, °C					
	<1	5	10	15	20	>25
Chlorine Dioxide	63	26	23	19	15	11
Ozone	2.9	1.9	1.4	0.95	0.72	0.48

TABLE 8: Inactivation by Chloramines[1]

Disinfectant	Water Temperature, °C					
	<1	5	10	15	20	25
Chloramines	3800	2200	1850	1500	1100	750

[1]These values are for pH values of 6 to 9 standard units. These CT values may be assumed to achieve greater than 99.99 percent (4-log) inactivation of viruses only if chlorine is added and mixed in the water prior to the addition of ammonia. If this condition is not met, the system must demonstrate, based on on-site studies or other department-approved information, that the system is achieving at least 99.99 percent(4-log) inactivation of viruses.

APPENDIX B: CT TABLES FOR *CRYPTOSPORIDIUM* INACTIVATION

TABLE 1: CT Values (mg-min/L) for *Cryptosporidium* Inactivation by Chlorine Dioxide[1]

Log Credit	Water Temperature, °C										
	>0.5	1	2	3	5	7	10	15	20	25	30
0.25	159	153	140	128	107	90	69	45	29	19	12
0.5	319	305	279	256	214	180	138	89	58	38	24
1.0	637	610	558	511	429	360	277	179	116	75	49
1.5	956	915	838	767	643	539	415	268	174	113	73
2.0	1275	1220	1117	1023	858	719	553	357	232	150	98
2.5	1594	1525	1396	1278	1072	899	691	447	289	188	122
3.0	1912	1830	1675	1534	1286	1079	830	536	347	226	147

[1]Systems may use this equation to determine log credit between the indicated values:

Log credit = $[0.001506 \times (1.09116)^{Temp}] \times CT$

TABLE 2: CT Values (mg-min/L) for *Cryptosporidium* Inactivation by Ozone[1]

Log Credit	Water Temperature, °C										
	>0.5	1	2	3	5	7	10	15	20	25	30
0.25	6.0	5.8	5.2	4.8	4.0	3.3	2.5	1.6	1.0	0.6	0.39
0.5	12	12	10	9.5	7.9	6.5	4.9	3.1	2.0	1.2	0.78
1.0	24	23	21	19	16	13	9.9	6.2	3.9	2.5	1.6
1.5	36	35	31	29	24	20	15	9.3	5.9	3.7	2.4
2.0	48	46	42	38	32	26	20	12	7.8	4.9	3.1
2.5	60	58	52	48	40	33	25	16	9.8	6.2	3.9
3.0	72	69	63	57	47	39	30	19	12	7.4	4.7

[1]Systems may use this equation to determine log credit between the indicated values:

Log credit = $[0.0397 \times (1.09757)^{Temp}] \times CT$

TABLE 3: UV Dose for *Cryptosporidium*, *Giardia lamblia*, and Virus Inactivation Credit[1]

Log Credit	*Cryptosporidium* UV dose (mJ/cm^2)	*Giardia lamblia* UV dose (mJ/cm^2)	Virus UV dose (mJ/cm^2)
0.5	1.6	1.5	39
1.0	2.5	2.1	58
1.5	3.9	3.0	79
2.0	5.8	5.2	100
2.5	8.5	7.7	121
3.0	12	11	143
3.5	15	15	163
4.0	22	22	186

[1]The treatment credits listed in Table 3 are for UV light at a wavelength of 254 nm as produced by a low-pressure mercury vapor lamp. To receive treatment credit for other lamp types, systems must demonstrate an equivalent germicidal dose through reactor validation testing. The UV dose values in this table are applicable only to post-filter applications of UV in filtered systems.

APPENDIX C: CT TABLES FOR VIRUS INACTIVATION UNDER THE GROUNDWATER RULE, 567—41.7(455B)

TABLE 1: CT Values (mg-min/L) for Inactivation of Viruses by Free Chlorine, pH 6.0-9.0

(CT values provided are modified by linear interpolation between 0.5° Celsius (C) increments)

Inactivation Log Credit	Water Temperature, °C												
	1	2	3	4	5	6	7	8	9	10	11	12	13
2	5.8	5.3	4.9	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4
3	8.7	8.0	7.3	6.7	6.0	5.6	5.2	4.8	4.4	4.0	3.8	3.6	3.4
4	11.6	10.7	9.8	8.9	8.0	7.6	7.2	6.8	6.4	6.0	5.6	5.2	4.8

Inactivation Log Credit	Water Temperature, °C											
	14	15	16	17	18	19	20	21	22	23	24	25
2	2.2	2.0	1.8	1.6	1.4	1.2	1.0	1.0	1.0	1.0	1.0	1.0
3	3.2	3.0	2.8	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0
4	4.4	4.0	3.8	3.6	3.4	3.2	3.0	2.8	2.6	2.4	2.2	2.0

TABLE 2: CT Values (mg-min/L) for Inactivation of Viruses by Free Chlorine, pH 9.1-10.0

Inactivation Log Credit	Water Temperature, °C					
	0.5	5	10	15	20	25
2	45	30	22	15	11	7
3	66	44	33	22	16	11
4	90	60	45	30	22	15

TABLE 3: CT Values (mg-min/L) for Inactivation of Viruses by Chlorine Dioxide, pH 6.0-9.0

(CT values provided are modified by linear interpolation between 0.5°C increments)

Inactivation Log Credit	Water Temperature, °C												
	1	2	3	4	5	6	7	8	9	10	11	12	13
2	8.4	7.7	7.0	6.3	5.6	5.3	5.0	4.8	4.5	4.2	3.9	3.6	3.4
3	25.6	23.5	21.4	19.2	17.1	16.2	15.4	14.5	13.7	12.8	12.0	11.1	10.3
4	50.1	45.9	41.8	37.6	33.4	31.7	30.1	28.4	26.8	25.1	23.4	21.7	20.1

Inactivation Log Credit	Water Temperature, °C											
	14	15	16	17	18	19	20	21	22	23	24	25
2	3.1	2.8	2.7	2.5	2.4	2.2	2.1	2.0	1.8	1.7	1.5	1.4
3	9.4	8.6	8.2	7.7	7.3	6.8	6.4	6.0	5.6	5.1	4.7	4.3
4	18.4	16.7	15.9	15.0	14.2	13.3	12.5	11.7	10.9	10.0	9.2	8.4

TABLE 4: CT Values (mg-min/L) for Inactivation of Viruses by Ozone

(CT values provided are modified by linear interpolation between 0.5°C increments)

Inactivation Log Credit	Water Temperature, °C												
	1	2	3	4	5	6	7	8	9	10	11	12	13
2	0.90	0.83	0.75	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38
3	1.40	1.28	1.15	1.03	0.90	0.88	0.86	0.84	0.82	0.80	0.74	0.68	0.62
4	1.80	1.65	1.50	1.35	1.20	1.16	1.12	1.08	1.04	1.00	0.92	0.84	0.76

Inactivation Log Credit	Water Temperature, °C											
	14	15	16	17	18	19	20	21	22	23	24	25
2	0.34	0.30	0.29	0.28	0.27	0.26	0.25	0.23	0.21	0.19	0.17	0.15
3	0.56	0.50	0.48	0.46	0.44	0.42	0.40	0.37	0.34	0.31	0.28	0.25
4	0.68	0.60	0.58	0.56	0.54	0.52	0.50	0.46	0.42	0.38	0.34	0.30

No CT table is provided for chloramines or total chlorine because the CT values would be prohibitively high for GW systems. Tables are from the EPA Groundwater Rule Implementation Guidance, EPA 816-R-09-004, January 2009, pages 97-98.

[Filed 6/17/25, effective 8/13/25]
[Published 7/9/25]
EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9398C

INSPECTIONS AND APPEALS DEPARTMENT[481]

Adopted and Filed

Rulemaking related to continuing education

The Department of Inspections, Appeals, and Licensing hereby amends Chapter 803, "Continuing Education for Physical Therapists and Physical Therapist Assistants," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code chapters 148A and 272C and 2024 Iowa Acts, House File 2686.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code chapters 148A and 272C and 2024 Iowa Acts, House File 2686.

Purpose and Summary

This rulemaking implements 2024 Iowa Acts, House File 2686. Chapter 803 sets forth continuing education and training requirements for physical therapists and physical therapist assistants. The intended benefit of this chapter is to ensure that licensees maintain up-to-date practice standards and, as a result, provide high-quality services to Iowans. The Board of Physical and Occupational Therapy reviewed the continuing education requirements in the fall of 2023 pursuant to Executive Order 10. Subrule 803.2(3) is amended to comply with the statutory changes from 2024 Iowa Acts, House File 2686, allowing a licensee to carry over up to 50 percent of excess completed continuing education hours from the previous renewal cycle. This rulemaking grants physical therapists the ability to carry over up to 20 hours of continuing education earned in excess of the 40 hours required by Iowa law every two

years. This rulemaking grants physical therapist assistants the ability to carry over up to 10 hours of continuing education earned in excess of the 20 hours required by Iowa law every two years.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on February 19, 2025, as **ARC 8862C**. A public hearing was held on the following date(s):

- March 11, 2025

No one attended the public hearing. No public comments were received. No changes from the Notice have been made.

Adoption of Rulemaking

This rulemaking was adopted by the Department on June 13, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to 481—Chapter 6.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Amend subrule 803.2(3) as follows:

803.2(3) ~~No hours of continuing education shall be carried over into the next biennium except for a new licensee.~~ Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Physical therapist licensees may apply a maximum of 20 hours from the previous renewal period. Physical therapist assistant licensees may apply a maximum of ten hours from the previous renewal period. A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

[Filed 6/16/25, effective 8/13/25]
[Published 7/9/25]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9399C

INSPECTIONS AND APPEALS DEPARTMENT[481]

Adopted and Filed

Rulemaking related to continuing education

The Department of Inspections, Appeals, and Licensing hereby amends Chapter 805, "Continuing Education for Occupational Therapists and Occupational Therapy Assistants," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code chapters 148B and 272C and 2024 Iowa Acts, House File 2682.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code chapters 148B and 272C and 2024 Iowa Acts, House File 2686.

Purpose and Summary

This rulemaking implements 2024 Iowa Acts, House File 2686. Chapter 805 sets forth continuing education and training requirements for occupational therapists and occupational therapy assistants. The intended benefit of this chapter is to ensure that licensees maintain up-to-date practice standards and, as a result, provide high-quality services to Iowans. The Board of Physical and Occupational Therapy reviewed the continuing education requirements in the fall of 2023 pursuant to Executive Order 10. Subrule 805.2(3) is amended to comply with the statutory changes from 2024 Iowa Acts, House File 2686, allowing a licensee to carry over up to 50 percent of excess completed continuing education hours from the previous renewal cycle. This rulemaking grants occupational therapists the ability to carry over up to 15 hours of continuing education earned in excess of the 30 hours required by Iowa law every two years. This rulemaking grants occupational therapy assistants the ability to carry over up to 7.5 hours of continuing education earned in excess of the 15 hours required by Iowa law every two years.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on February 19, 2025, as **ARC 8863C**. A public hearing was held on the following date(s):

- March 11, 2025

No one attended the public hearing. No public comments were received. No changes from the Notice have been made.

Adoption of Rulemaking

This rulemaking was adopted by the Department on June 13, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to 481—Chapter 6.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Amend subrule 805.2(3) as follows:

805.2(3) ~~With the exception of continuing education hours obtained by new licensees, no hours of continuing education shall be carried over into the next biennium.~~ Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Occupational therapist licensees may apply a maximum of 15 hours from the previous renewal period. Occupational therapy assistant licensees may apply a maximum of 7.5 hours from the previous renewal period. A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

[Filed 6/16/25, effective 8/13/25]
[Published 7/9/25]
EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9400C

INSPECTIONS AND APPEALS DEPARTMENT[481]

Adopted and Filed

Rulemaking related to continuing education for athletic trainers

The Department of Inspections, Appeals, and Licensing hereby amends Chapter 862, "Continuing Education for Athletic Trainers," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code chapter 152D and section 272C.2.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, 2024 Iowa Acts, House File 2686.

Purpose and Summary

2024 Iowa Acts, House File 2686, required that the Department adopt rules allowing a licensee to carry over up to 50 percent of excess completed continuing education hours from the previous renewal

cycle. This rulemaking grants athletic trainers the ability to carry over up to 20 hours of continuing education earned in excess of the 40 hours required by Iowa law every two years.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on April 16, 2025, as **ARC 9091C**. No public comments were received. No changes from the Notice have been made.

Adoption of Rulemaking

This rulemaking was adopted by the Board of Athletic Training on June 10, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa. Staff salaries to support the work of the boards are covered by the Licensing and Regulation Fund established in 2023 Iowa Acts, Senate File 557. Licensing fees go to the fund to cover operations of the regulated professional licensing board.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to 481—Chapter 6.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Amend subrule 862.2(4) as follows:

862.2(4) ~~No hours of continuing education shall be carried over into the next biennium except as stated for the second renewal.~~ Licensees who complete continuing education hours in excess of the requirements for renewal may apply up to 50 percent of the required hours to the following renewal period. Licensees may apply a maximum of 20 hours from the previous renewal period. A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

[Filed 6/10/25, effective 8/13/25]
[Published 7/9/25]
EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9401C

INSPECTIONS AND APPEALS DEPARTMENT[481]

Adopted and Filed

Rulemaking related to licensing

The Board of Behavior Health Professionals hereby adopts a new Chapter 880, "Behavioral Health Professionals Licensing," and rescinds Chapter 885, "Licensure of Psychologists," Chapter 891, "Licensure of Marital and Family Therapists, Mental Health Counselors, Behavior Analysts, and Assistant Behavior Analysts," and Chapter 895, "Licensure of Social Workers," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code chapters 17A, 147, 154B, 154C, 154D and 272C.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code chapters 17A, 147, 154B, 154C, 154D and 272C and 2024 Iowa Acts, Senate File 2385.

Purpose and Summary

Chapter 880 sets minimum standards for entry into the professions of mental health counselors, marital and family therapists, behavior analysts, assistant behavior analysts, social workers, and psychologists. Iowa residents, licensees, and employers benefit from the chapter because it articulates the processes by which individuals apply for licensure as a behavioral health professional in the state of Iowa, as directed in statute. This includes the processes for initial licensure, renewal, and reinstatement. These requirements ensure public safety by ensuring that any individual entering these professions has minimum competency. Requirements include the application process, minimum educational qualifications, and examination requirements. This rulemaking seeks to implement changes mandated by 2024 Iowa Acts, House File 2515, which amended supervision requirements to remove direct observation hours and modifies license by endorsement rules for mental health counselors and marriage and family therapists.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on February 19, 2025, as **ARC 8878C**. A public hearing was held on the following date(s):

- March 11, 2025

No one attended the public hearing. No public comments were received.

The Board felt there is confusion by some applicants over the examination requirements for temporary and full mental health counseling licensure. Changes from the Notice have been made in rule 481—880.3(154B,154C,154D) to reword the requirements to provide additional clarity.

Adoption of Rulemaking

This rulemaking was adopted by the Board on May 27, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, if any, pursuant to 481—Chapter 6.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Adopt the following **new** 481—Chapter 880:

BOARD OF BEHAVORIAL HEALTH PROFESSIONALS

CHAPTER 880
BEHAVIORAL HEALTH PROFESSIONALS LICENSING

481—880.1(148,154B,154C,154D) Definitions.

"Active license" means a license that is current and has not expired.

"AMFTRB" means the Association of Marital and Family Therapy Regulatory Boards.

"ASPPB" means the Association of State and Provincial Psychology Boards.

"ASWB" means the Association of Social Work Boards.

"BACB" means the Behavior Analyst Certification Board.

"Board" means the board of behavioral health professionals.

"CCE" means the Center for Credentialing and Education, Inc.

"Certified health service provider in psychology" means a person who works in a clinical setting, who is licensed to practice psychology and who has a doctoral degree in psychology. A person certified as a health service provider in psychology shall be deemed qualified to diagnose or evaluate mental illness and nervous disorders.

"Course" means three graduate semester credit hours.

"Grace period" means the 30-day period following expiration of a license when the license is still considered to be active.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period.

"NBCC" means the National Board for Certified Counselors.

"Provisional license" means a license issued to a person who is completing a predoctoral internship or postdoctoral residency under supervision in order to satisfy the requirements for licensure.

"Reactivate" or *"reactivation"* means the process as outlined in rules 481—880.11(272C) and 481—880.14(17A,147,272C) by which an inactive license is restored to active status.

"Reinstatement" means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have

the license reinstated, with or without conditions. Once the license is reinstated, the licensee may apply for active status.

"Temporary license" means a license to practice marital and family therapy or mental health counseling under direct supervision of a qualified supervisor as determined by the board by rule to fulfill the postgraduate supervised clinical experience requirement in accordance with this chapter.

481—880.2(154B,154C,154D) License requirements.

880.2(1) *Requirements for permanent and temporary licensure as a mental health counselor or marriage and family therapist.* The following criteria shall apply to licensure:

a. The applicant shall submit a completed online application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.3(147,154D).

b. The applicant for a mental health counseling license shall submit two completed fingerprint cards and a signed waiver form to facilitate a national criminal history background check by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI). The cost of the criminal history background check by the DCI and the FBI shall be assessed to the applicant.

c. No application will be considered by the board until official copies of academic transcripts sent directly from the school to the board have been received by the board or an equivalency evaluation completed by the CCE has been received by the board. The applicant shall present proof of meeting the educational requirements. Documentation of such proof shall be on file in the board office with the application and include one of the following:

(1) For licensure as a marital and family therapist, an official transcript verifying completion of a marital and family therapy program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as defined in paragraph 880.4(1)*"a"* or an equivalency evaluation of the applicant's educational credentials completed by the CCE as defined in paragraph 880.4(1)*"b."*

(2) For licensure as a mental health counselor, an official transcript verifying completion of a mental health counseling program accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP) as defined in paragraph 880.4(2)*"a"* or an equivalency evaluation of the applicant's educational credentials completed by the CCE as defined in paragraph 880.4(2)*"b."*

d. The applicant is required to take the examination(s) provided in subrule 880.3(1).

e. The applicant for permanent licensure shall submit the required attestation of supervision forms documenting clinical experience as required in rule 481—880.7(154D).

f. The applicant for temporary licensure must submit a supervision plan to the board prior to licensure. Within 30 days of completion of the supervised clinical experience, the attestation of the completed supervised experience must be submitted to the board office. The temporary licensee shall remain under supervision until a permanent license is issued.

g. A temporary license is only valid for the purpose of fulfilling the postgraduate supervised clinical experience requirement. It is valid for three years and may be renewed at the discretion of the board.

h. A licensee who was issued an initial permanent license within six months prior to the renewal shall not be required to renew the license until the renewal date two years later.

i. An application for a temporary or permanent license will be considered active for two years from the date the application is received. If the applicant does not submit all materials within this time period or if the applicant does not meet the requirements for the license, the application shall be considered incomplete. An applicant whose application is filed incomplete must submit a new application, supporting materials, and the application fee. The board shall destroy incomplete applications after two years.

880.2(2) *Licensure of behavior analysts and assistant behavior analysts.*

a. The applicant must submit a completed application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.3(147,154D).

b. For licensure as a behavior analyst, the applicant shall submit proof of current BACB certification as a board-certified behavior analyst or board-certified behavior analyst-doctoral. For

licensure as an assistant behavior analyst, the applicant shall submit proof of current BACB certification as a board-certified assistant behavior analyst.

880.2(3) *Requirements for initial psychology licensure.* The following criteria shall apply to licensure:

a. The applicant must submit a completed application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.16(147,154B).

b. Except as otherwise stated in these rules, no application will be considered by the board until:

(1) Official copies of academic transcripts sent directly from the school to the board have been received by the board; and

(2) Satisfactory evidence of the candidate's qualifications has been supplied in writing on the prescribed forms by the candidate's supervisors.

c. An applicant shall successfully pass the national Examination for Professional Practice in Psychology (EPPP).

d. The applicant shall have the national examination score sent directly from the ASPPB to the board.

e. Incomplete applications that have been on file in the board office for more than two years without additional supporting documentation shall be:

(1) Considered invalid and shall be destroyed; or

(2) Maintained upon written request of the applicant. The applicant is responsible for requesting that the file be maintained.

880.2(4) *Requirements for provisional license.*

a. Predoctoral internship. An applicant for a provisional license for purposes of completing a predoctoral internship shall provide the following:

(1) A completed provisional application for licensure and the nonrefundable licensure fee specified in rule 481—507.16(147,154B).

(2) A copy of the applicant's acceptance letter for the predoctoral internship.

(3) Identification of the training director and the training director's contact information.

(4) Evidence that the applicant is enrolled in an educational program that meets the requirements of rule 481—880.4(154B,154C,154D).

b. Postdoctoral residency. An applicant for a provisional license for purposes of completing a postdoctoral residency shall provide the following:

(1) A completed application for licensure and the nonrefundable licensure fee specified in rule 481—507.16(147,154B).

(2) Official copies of academic transcripts sent directly from the school establishing that the requirements stated in subrule 880.4(4) are met.

(3) A completed supervision plan on the prescribed board form, signed by the applicant's supervisors. A change in supervisor or in the supervision plan requires submission of a new supervision plan on the prescribed board form.

c. Duration. The provisional license is effective for two years from the date of issuance. A provisional license issued for purposes of completing a predoctoral internship can be used for purposes of completing a postdoctoral residency until the provisional license expires. The provisional licensee shall submit a completed supervision plan on the prescribed board form, signed by the licensee's supervisors, prior to beginning the postdoctoral residency. A change in supervisor or in the supervision plan requires submission of a new supervision plan on the prescribed board form. A provisional license may be renewed one time for a period of two years upon submission of the following:

(1) A provisional license renewal application;

(2) A provisional license renewal fee; and

(3) A current supervision plan as required in these rules.

880.2(5) *Certified health service provider in psychology.*

a. Requirements for the health service provider in psychology. The applicant shall:

(1) Verify at least one year of clinical experience in an organized health service training program that meets the requirements of paragraph 880.2(5)*"b"* and at least one year of clinical experience in a

health service setting that meets the requirements for postdoctoral residency stated in rule 481—880.8(154B). Alternatively, an applicant may submit verification of current registration at the doctoral level by the National Register of Health Service Psychologists to verify completion of the required clinical experience.

(2) Submit a completed application and nonrefundable application fee along with supporting documentation. Incomplete applications that have been on file in the board office for more than two years without additional supporting documentation shall be:

1. Considered invalid and shall be destroyed; or

2. Maintained upon written request of the applicant. The applicant is responsible for requesting that the file be maintained.

(3) Renew the certificate biennially at the same time as the psychology license.

b. Requirements of the organized health service training program. Internship programs in professional psychology that are accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) or that hold membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC) are deemed approved. Applicants completing an organized health service training program that is not accredited by the APA or the CPA, or is not APPIC-designated at the time the applicant completes the training shall cause documentation to be sent from the program to establish that the program:

(1) Provides the intern with a planned, programmed sequence of training experiences.

(2) Has a clearly designated doctoral-level staff psychologist who is responsible for the integrity and quality of the training program and is actively licensed by the board of psychology in the jurisdiction in which the program exists.

(3) Has two or more doctoral-level psychologists on the staff who serve as supervisors, at least one of whom is actively licensed by the board of psychology in the jurisdiction in which the program exists.

(4) Has supervision that is provided by staff members of the organized health service training program or by an affiliate of the organized health service training program who carries clinical responsibility for the cases being supervised. At least half of the internship supervision shall be provided by one or more doctoral-level psychologists.

(5) Provides training in a range of psychological assessment and treatment activities conducted directly with recipients of psychological services.

(6) Ensures that trainees have a minimum of 375 hours of direct patient contact.

(7) Includes a minimum of two hours per week (regardless of whether the internship is completed in one year or two years) of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with psychological services rendered directly by the intern. There must also be at least two additional hours per week in learning activities such as case conferences involving a case in which the intern is actively involved, seminars dealing with clinical issues, cotherapy with a staff person including discussion, group supervision, and additional individual supervision.

(8) Has training that is at the postclerkship, postpracticum, and postexternship level.

(9) Has a minimum of two interns at the internship level of training during any period of training.

(10) Designates for internship-level trainees titles such as “intern,” “resident,” “fellow,” or other designation of trainee status.

(11) Has a written statement or brochure that describes the goals and content of the internship, states clear expectations for quantity and quality of trainees’ work and is made available to prospective interns.

(12) Provides a minimum of 1,500 hours of training experience that shall be completed in no less than 12 months within a 24-consecutive-month period.

880.2(6) *Exemption to licensure.* Psychologists residing outside the state of Iowa and intending to practice in Iowa under the provisions of Iowa Code section 154B.3(5) shall complete and submit the application for the exemption to licensure and the nonrefundable licensure fee specified in rule 481—507.16(147,154B).

a. The applicant shall provide a summary of the intent to practice and a verification of the license in the applicant’s jurisdiction of residence, sent directly from the jurisdiction to the board office. Web-

based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

(1) Licensee's name;

(2) Date of initial licensure;

(3) Current licensure status; and

(4) Any disciplinary action taken against the license.

b. The exemption must be issued prior to practice in Iowa. The exemption shall be valid for 10 consecutive business days or not to exceed 15 business days in any 90-day period.

880.2(7) *Requirements for social work licensure.* The following criteria shall apply to licensure:

a. The applicant must submit a completed application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.19(147,154C).

b. No application will be considered by the board until official copies of academic transcripts have been received by the board except as provided in paragraph 880.2(7)*"g."*

c. The applicant provides verification of license from the jurisdiction in which the applicant has most recently been licensed, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

(1) Licensee's name;

(2) Date of initial licensure;

(3) Current licensure status; and

(4) Any disciplinary action taken against the license.

d. The applicant will take the examination(s) provided in subrule 880.3(3).

e. Licensees who were issued their initial licenses within six months prior to the renewal shall not be required to renew their licenses until the renewal date two years later.

f. Incomplete applications that have been on file in the board office for more than two years will be:

(1) Considered invalid and be destroyed; or

(2) Maintained upon written request of the applicant. The applicant is responsible for requesting that the file be maintained.

g. In lieu of the requirements in paragraphs 880.2(7)*"b"* and *"c,"* the board will accept the ASWB Social Work Registry verification of academic transcripts and verification of licensure in other states.

481—880.3(154B,154C,154D) Examination requirements.

880.3(1) *Examination requirements for mental health counselors and marital and family therapists.* The following criteria shall apply to the written examination(s):

a. The applicant will take and pass the following examinations in order to qualify for licensing:

(1) For a marital and family therapist license, the AMFTRB Examination in Marital and Family Therapy.

(2) For a mental health counselor license, the National Clinical Mental Health Counselor Examination (NCMHCE) of the NBCC.

(3) For a temporary mental health counselor license, the NCMHCE of the NBCC or the National Counselor Examination (NCE) of the NBCC.

If the NCMHCE is passed for the temporary mental health counselor license, it does not need to be taken a second time when applying for the full mental health counselor license.

b. The passing score on the written examination shall be the passing point criterion established by the appropriate national testing authority at the time the test was administered.

c. An applicant for a marital and family therapist license who is requesting approval to take the licensure examination prior to graduation shall:

(1) Submit a completed online application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.3(147,154D).

(2) Have a letter on official school letterhead sent directly from the program director to the board indicating that the applicant is in good academic standing, that the applicant will graduate from the program within three months of the date on the letter, and the applicant's anticipated date of graduation.

d. An applicant for a temporary or full mental health counselor license shall register for the examination directly with the NBCC.

880.3(2) *Psychology examination requirements.* An applicant will pass the national examination to be eligible for licensure in Iowa.

a. To be eligible to take the national examination, the applicant will:

(1) Meet all requirements of paragraphs 880.2(3)*"a"* and *"b"*; and

(2) Provide official copies of academic transcripts sent directly from the school to the board of psychology verifying completion of a doctoral degree in psychology in accordance with subrule 880.4(4).

b. The EPPP passing score shall be utilized as the Iowa passing score.

880.3(3) *Social work examination requirements.*

a. The applicant will take and pass the ASWB examination at the appropriate level as follows:

(1) Bachelor-level social worker—the basic level examination.

(2) Master-level social worker—the intermediate level examination.

(3) Independent-level social worker—the clinical level examination.

b. The board will accept only official results from the ASWB examination service that are sent directly from the examination service to the board.

c. The ASWB passing score will be utilized as the Iowa passing score.

d. An applicant may sit for the examination if the applicant meets the requirements stated in subrule 880.2(7). Upon written request of the applicant, the board may authorize a student to sit for the examination prior to the receipt of the official transcript if the student is in the last semester of an approved master of social work program. The student shall submit an application for licensure at the master level and the fee, and, in lieu of a transcript, the student shall request that the school submit a letter directly to the board office. The letter shall state that the student is currently enrolled in a master of social work program and the student's expected date of graduation. Upon completion of degree requirements, the applicant shall have the transcript showing the date of the degree sent directly from the school to the board office.

e. In lieu of the requirements in paragraph 880.3(3)*"b,"* the board will accept the ASWB Social Work Registry verification of the ASWB examination results.

f. In lieu of the requirements in paragraph 880.3(3)*"a,"* the board will accept verification of passing the state of California equivalent level licensing examination.

481—880.4(154B,154C,154D) Educational requirements.

880.4(1) *Educational qualifications for marital and family therapists.* The applicant must complete the required semester credit hours, or equivalent quarter hours, of graduate level coursework in each of the content areas identified in paragraph 880.4(1)*"b"*; no course may be used more than once. The applicant must present proof of completion of the following educational requirements for licensure as a marital and family therapist:

a. Accredited program. Applicants must present with the application an official transcript verifying completion of a master's degree of 60 semester hours (or 80 quarter hours or equivalent) or a doctoral degree in marital and family therapy from a program accredited by the COAMFTE from a college or university accredited by an agency recognized by the United States Department of Education. Applicants who entered a program of study prior to July 1, 2010, must present with the application an official transcript verifying completion of a master's degree of 45 semester hours or the equivalent; or

b. Content-equivalent program. Applicants must present an official transcript verifying completion of a master's degree of 60 semester hours (or 80 quarter hours or equivalent) or a doctoral degree in marital and family therapy, behavioral science, or a counseling-related field from a college or university accredited by an agency recognized by the United States Department of Education, which is content-equivalent to a graduate degree in marital and family therapy. Applicants who entered a program of

study prior to July 1, 2010, must present with the application an official transcript verifying completion of a master's degree of 45 semester hours or the equivalent. Graduates from non-COAMFTE-accredited marital and family therapy programs shall provide an equivalency evaluation of the graduates' educational credentials by the CCE, website cce-global.org.

880.4(2) *Educational qualifications for mental health counselors.* The applicant must complete three semester credit hours, or equivalent quarter hours, of graduate level coursework in each of the content areas identified in paragraph 880.4(2)*"b"*; no course may be used to fulfill more than one content area. The applicant must present proof of completion of the following educational requirements for licensure as a mental health counselor:

a. Accredited program. Applicants must present with the application an official transcript verifying completion of a master's degree of 60 semester hours (or equivalent quarter hours) or a doctoral degree in counseling with emphasis in mental health counseling from a mental health counseling program accredited by the CACREP from a college or university accredited by an agency recognized by the United States Department of Education. Applicants who entered a program of study prior to July 1, 2012, must present with the application an official transcript verifying completion of a master's degree of 45 semester hours or the equivalent; or

b. Content-equivalent program. Applicants must present an official transcript verifying completion of a master's degree or a doctoral degree from a college or university accredited by an agency recognized by the United States Department of Education that is content-equivalent to a master's degree in counseling with emphasis in mental health counseling. Graduates from non-CACREP accredited mental health counseling programs shall provide an equivalency evaluation of their educational credentials by the CCE, website cce-global.org.

880.4(3) *Foreign-trained marital and family therapists or mental health counselors.* Foreign-trained marital and family therapists or mental health counselors shall:

a. Provide an equivalency evaluation of their educational credentials by the following: International Education Research Foundation, Inc., Credentials Evaluation Service, P.O. Box 3665, Culver City, CA 90231-3665; telephone 310.258.9451; website www.ierf.org or email at info@ierf.org. A candidate shall bear the expense of the curriculum evaluation.

b. Receive a final determination from the board regarding the application for licensure.

880.4(4) *Psychology educational qualifications.* An applicant for licensure to practice as a psychologist shall possess a doctoral degree in psychology.

a. At the time of an applicant's graduation:

(1) The program from which the doctoral degree in psychology is granted must be:

1. Accredited by the APA;
2. Accredited by the Canadian Psychological Association; or
3. Designated by the ASPPB/National Register; or

(2) The applicant must hold current board certification from the American Board of Professional Psychology; or

(3) The applicant must possess a postdoctoral respecialization certificate from a program accredited by the APA.

b. Foreign-trained psychologists who possess a doctoral degree in psychology and who do not meet the requirements of paragraph 880.4(4)*"a"* will:

(1) Provide an equivalency evaluation of their educational credentials by the National Register of Health Service Psychologists, 1200 New York Avenue NW, Suite 800, Washington, D.C. 20005, telephone 202.783.7663, website www.nationalregister.org, or by an evaluation service with membership in the National Association of Credential Evaluation Services at www.naces.org. A certified translation of documents submitted in a language other than English shall be provided. The candidate will bear the expense of the curriculum evaluation and translation of application documents. The educational credentials must be equivalent to programs stated in paragraph 880.4(4)*"a."*

(2) Submit evidence of meeting all other requirements for licensure stated in these rules.

880.4(5) *Social work educational qualifications.*

a. Bachelor level social worker. An applicant for a license will possess a bachelor's degree in social work from a college or university accredited by the Council on Social Work Education at the time of graduation.

b. Master and independent level social worker. An applicant for a license will present evidence satisfactory to the board that the applicant:

(1) Possesses a master's degree in social work from a college or university accredited by the Council on Social Work Education at the time of graduation; or

(2) Possesses a doctoral degree in social work from a college or university approved by the board at the time of graduation.

c. Foreign-trained social workers shall provide an equivalency evaluation of their educational credentials by International Education Research Foundation, Inc., Credentials Evaluation Service, P.O. Box 3665, Culver City, California 90231-3665, telephone 310.258.9451, website www.ierf.org or email at info@ierf.org; or obtain a certificate of equivalency from the Council on Social Work Education, 1701 Duke Street, Suite 200, Alexandria, Virginia 22314-3457, telephone 703.683.8080, website www.cswe.org. The professional curriculum must be equivalent to that stated in these rules. The applicant shall bear the expense of the curriculum evaluation.

481—880.5(154D) Licensure by endorsement for mental health counselors and marital and family therapists. An applicant who has been a licensed marriage and family therapist or mental health counselor under the laws of another jurisdiction may file an application for licensure by endorsement with the board office.

880.5(1) The board may receive by endorsement any applicant from the District of Columbia or another state, territory, province or foreign country who:

a. Meets the requirements of paragraph 880.2(1)*"a"*; and

b. Provides verification of license from the jurisdiction in which the applicant has been most recently licensed, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

(1) Licensee's name;

(2) Date of initial licensure;

(3) Current licensure status; and

(4) Any disciplinary action taken against the license.

880.5(2) A person who is licensed in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

481—880.6(147) Licensure by endorsement for psychologists. An applicant who possesses a doctoral degree in psychology and has been a licensed psychologist at the doctoral level under the laws of another jurisdiction may file an application for licensure by endorsement with the board office.

880.6(1) The board may license by endorsement any applicant from the District of Columbia or another state, territory, province, or foreign country who:

a. Submits a completed application for licensure and pay the nonrefundable licensure fee specified in rule 481—507.16(147,154B).

b. Provides verification of license from the jurisdiction in which the applicant has most recently been licensed, and additional verifications if necessary to verify at least three years of an independent license as described in paragraph 880.6(1)*"c"* sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification direct from the jurisdiction's board office if the verification provides:

(1) Licensee's name;

(2) Date of initial licensure;

(3) Current licensure status; and

(4) Any disciplinary action taken against the license.

c. Provides verification of a current Certificate of Professional Qualification (CPQ) issued by the ASPPB, or verification of a doctoral degree in psychology and an independent license to practice psychology in another jurisdiction for at least three years with no disciplinary history. Except as stated in paragraph 880.4(4)*"b,"* applicants providing certification or verification are deemed to have met the requirements stated in subparagraphs 880.6(1)*"c"*(1) and *"c"*(2). The board may license by endorsement any other applicant who:

(1) Provides the official EPPP score sent directly to the board from the ASPPB or verification of the EPPP score sent directly from the state of initial licensure. The recommended passing score established by the ASPPB shall be considered passing.

(2) Shows evidence of licensure requirements that are substantially equivalent to those required in Iowa by one of the following means:

1. Provides:

- Official copies of academic transcripts that have been sent directly from the school; and
- Satisfactory evidence of the applicant's qualifications in writing on the prescribed forms by the applicant's supervisors. If verification of professional experience is not available, the board may consider submission of documentation from the jurisdiction in which the applicant is currently licensed or equivalent documentation of supervision; or

2. Has an official copy of one of the following certifications sent directly to the board from the certifying organization:

- Current credentialing at the doctoral level as a health service provider in psychology by the National Register of Health Service Psychologists.
- Board certification by the American Board of Professional Psychology that was originally granted on or after January 1, 1983.

880.6(2) Licensure by verification. A person who is licensed in another jurisdiction but who is unable to satisfy the requirements for licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

481—880.7(154C,154D) Supervised clinical experience. An applicant for licensure as a mental health counselor, marital and family therapist, or independent level social worker must complete a supervised clinical experience as set forth in this rule.

880.7(1) *Minimum requirements.* The supervised clinical experience must satisfy all of the following requirements:

a. Timing. The supervised clinical experience cannot begin until after all graduate coursework has been completed with the exception of the thesis.

b. Duration. The supervised clinical experience must be for a minimum of two years.

c. Minimum number of hours. The supervised clinical experience must consist of at least 3,000 hours of total practice.

d. Minimum number of direct client hours. The supervised clinical experience will consist of at least 1,500 hours of direct client contact.

e. Minimum number of direct supervision hours. The supervised clinical experience will consist of at least 110 hours of direct supervision equitably distributed throughout the supervised clinical experience. A maximum of 50 hours of direct supervision may be obtained through group supervision. Direct supervision can occur in person or by using videoconferencing. After 110 hours of direct supervision are complete, ongoing direct supervision will continue to occur for the remainder of the supervised clinical experience.

f. Number of supervisors. A supervisee may utilize a maximum of four supervisors at any given time. A supervisee is responsible for notifying each supervisor if another supervisor is also being utilized to allow for coordination as appropriate.

g. Number of supervisees. A supervisor will determine the number of supervisees who can be supervised safely and competently and will not exceed that number.

h. *Content.* The supervised clinical experience must involve performing psychosocial assessments, diagnostic practice using the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) published March 2022, and providing treatment, including the establishment of treatment goals, psychosocial therapy using evidence-based therapeutic modalities, and differential treatment planning. The supervised clinical experience will prepare the supervisee for independent practice and must include training on practice management, ethical standards, legal and regulatory requirements, documentation, coordination of care, and self-care.

880.7(2) *Eligible supervisors.* A supervisor must satisfy all of the following requirements:

a. Hold an active license as an independent level social worker, mental health counselor, or marital and family therapist in Iowa.

b. Have a minimum of three years of independent practice.

c. Have completed at least a six-hour continuing education course in supervision or one graduate-level course in supervision.

d. Be knowledgeable of the applicable ethical code and licensing rules governing the supervisee. Any request for a supervisor who does not meet these requirements must be approved by the board before supervision begins.

880.7(3) *Supervision plan.* Prior to beginning supervision, the supervisee will submit a written supervision plan to the board using the current form published by the board. The supervisee will also submit a written supervision plan to the board prior to beginning supervision with a new supervisor.

880.7(4) *Supervision report.* When supervision is complete, or when a supervisor ceases providing supervision to the supervisee, the supervisee will ensure a completed supervision report using the current form published by the board is submitted to the board. If the supervisor reports that the supervisee is not adequately prepared for independent licensure, or reports violations of the board's rules or applicable ethical code, the board may require the supervisee to complete additional supervision or training as deemed appropriate prior to licensure.

880.7(5) *Supervised clinical experience in other states.* An applicant who completed some or all of the supervised clinical experience in another state without obtaining licensure in that state should contact the board to determine whether some or all of the supervised clinical experience that has been completed can be used to qualify for licensure in Iowa.

880.7(6) *Grandfather clause.* Any new or additional requirements imposed by this rule do not apply to supervision that started prior to July 20, 2022.

481—880.8(154B) Psychology postdoctoral residency.

880.8(1) The postdoctoral residency may begin after all academic requirements for the doctoral degree, including completion of the predoctoral internship, have been completed. The postdoctoral residency shall consist of a minimum of 1,500 hours that are completed in no less than ten months.

880.8(2) During the postdoctoral residency, the supervisee will competently apply the principles of psychology under the supervision of a licensed psychologist who is actively licensed in the jurisdiction where the supervision occurs in accordance with the following:

a. The supervisee and supervisor will complete a supervision plan using the form provided by the board. The supervision plan must be submitted to the board if the supervisee is applying for or utilizing a provisional license.

b. A supervisor will not have more than three concurrent full-time supervisees or the equivalent in part-time supervisees. Full-time is defined as 40 hours per week.

c. The supervisee and supervisor will meet individually in person or via videoconferencing during each week in which postdoctoral residency hours are accrued, for no less than a total of 45 hours during the postdoctoral residency. Group supervision hours cannot count toward the 45 hours of individual supervision required.

d. The supervisor will provide supervision at all times, which means the supervisor will be readily available on site, or via electronic or telephonic means, at all times when the supervisee is providing services so that the supervisee may contact the supervisor for advice, assistance, or instruction. A

supervisor will identify one or more licensed mental health providers who can be contacted for advice, assistance, or instruction during times in which the supervisor will not be readily available.

e. The supervisee and supervisor will have a crisis plan in place any time the supervisee is providing services and the supervisor is not on site in the same physical setting as the supervisee.

f. The supervisor will establish and maintain a level of supervisory contact consistent with established professional standards and be fully accountable in the event that professional, ethical or legal issues are raised.

g. The supervisor will provide training that is appropriate to the functions to be performed. The supervisee shall have the background, training, and experience that is appropriate to the functions performed. The supervisor shall not permit the supervisee to engage in any psychological practice that the supervisor cannot perform competently.

h. The supervisor and supervisee will ensure clients are informed regarding the supervisee's status and the sharing of information between the supervisee and supervisor.

i. The supervisor will have reasonable access to the clinical records corresponding to the work being supervised. The supervisor will countersign all written reports, clinical records and clinical communications as "Reviewed and Approved" by the supervisor.

j. All services will be offered in the name of the supervisor. The supervisee and supervisor will ensure that the supervisee uses a title in accordance with rule 481—880.17(147,154B).

k. The fee schedule and receipt of payment will remain the sole domain of the supervisor or employing agency.

l. The supervisor will maintain an ongoing record of supervision that details the types of activities in which the supervisee is engaged, the level of the supervisee's competence in each, and the type and outcome of all procedures.

m. The supervisor is responsible for determining the competency of the work performed by the supervisee and must honestly and accurately complete the supervision report at the conclusion of providing supervision.

481—880.9(154B) Psychologists' supervision of persons other than postdoctoral residents in a practice setting.

880.9(1) This rule applies when a psychologist is supervising individuals who are not licensed or who are provisionally licensed and completing the predoctoral internship. This rule does not apply to supervision of an individual completing a postdoctoral residency in accordance with rule 481—880.17(147,154B), regardless of whether the individual is provisionally licensed or not.

880.9(2) The supervising psychologist will:

a. Be vested with administrative control over the functioning of assistants in order to maintain ultimate responsibility for the welfare of every client. When the employer is a person other than the supervising psychologist, the supervising psychologist must have direct input into administrative matters.

b. Have sufficient knowledge of all clients, including face-to-face contact when necessary, in order to plan effective service delivery procedures. The progress of the work will be monitored through such means as will ensure that full legal and professional responsibility can be accepted by the supervisor for all services rendered. Supervisors will also be available for emergency consultation and intervention.

c. Provide work assignments that are commensurate with the skills of the supervisee. All procedures will be planned in consultation with the supervisor.

d. Work in the same physical setting as the supervisee unless the supervisee is receiving formal training pursuant to the requirements for licensure as a psychologist. For supervisees working off site while receiving formal licensure training, ensure the off-site location has a licensed mental health provider or primary care provider on site whenever the supervisee is working for purposes of providing emergency consultation.

e. Make public announcement of services and fees; contact with laypersons or the professional community will be offered only by or in the name of the supervising psychologist. Titles of unlicensed persons must clearly indicate their supervised status.

f. Provide specific information to clients when an unlicensed person delivers services to those clients, including disclosure of the unlicensed person's status and information regarding the person's qualifications and functions.

g. Inform clients of the possibility of periodic meetings with the supervising psychologist at the client's, the supervisee's or the supervisor's request.

h. Provide for setting and receipt of payment that will remain the sole domain of the employing agency or supervising psychologist.

i. Establish and maintain a level of supervisory contact consistent with established professional standards and be fully accountable in the event that professional, ethical or legal issues are raised.

j. Provide a detailed job description in which functions are designated at varying levels of difficulty, requiring increasing levels of training, skill and experience. This job description will be made available to representatives of the board and service recipients upon request.

k. Be responsible for the planning, course, and outcome of the work. The conduct of supervision shall ensure the professional, ethical, and legal protection of the client and of the unlicensed persons.

l. Countersign all written reports, clinical records and clinical communications as "Reviewed and Approved" by the supervising psychologist.

481—880.10(147) License renewal for mental health counselors and marriage and family therapists.

880.10(1) The biennial license renewal period for a license to practice marital and family therapy or mental health counseling shall begin on October 1 of an even-numbered year and end on September 30 of the next even-numbered year. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice from the board does not relieve the licensee of the responsibility for renewing the license.

880.10(2) A licensee seeking renewal shall:

a. Meet the continuing education requirements of rule 481—881.2(272C). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date. An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the next renewal two years later.

880.10(3) Mandatory reporter training requirements.

a. A licensee who, in the scope of professional practice or in the licensee's employment responsibilities, examines, attends, counsels or treats children in Iowa shall indicate on the renewal application completion of two hours of training in child abuse identification and reporting as required by Iowa Code section 232.69(3)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 880.10(3)*"d."*

b. A licensee who, in the course of employment, examines, attends, counsels or treats adults in Iowa shall indicate on the renewal application completion of two hours of training in dependent adult abuse identification and reporting as required by Iowa Code section 235B.16(5)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 880.10(3)*"d."*

c. The licensee shall maintain written documentation for five years after mandatory training as identified in paragraphs 880.10(3)*"a"* and *"b,"* including program date(s), content, duration, and proof of participation.

d. The requirement for mandatory training for identifying and reporting child and dependent adult abuse shall be suspended if the board determines that suspension is in the public interest or that a person at the time of license renewal:

(1) Is engaged in active duty in the military service of this state or the United States.

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements, including an exemption of continuing education requirements or extension of time in which to fulfill requirements due to a physical or mental disability or illness as identified in 481—Chapter 500.

e. The board may select licensees for audit of compliance with the requirements in paragraphs 880.10(3)*"a"* through *"d."*

880.10(4) Upon receiving the information required by this rule and the required fee, board staff shall administratively issue a two-year license. In the event the board receives adverse information on the renewal application, the board shall issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

880.10(5) A person licensed to practice as a marital and family therapist or mental health counselor shall keep the person's license certificate and wallet card displayed in a conspicuous public place at the primary site of practice.

880.10(6) Late renewal. The license shall become late when the license has not been renewed by the expiration date on the wallet card. The licensee shall be assessed a late fee as specified in 481—subrule 507.3(3). To renew a late license, the licensee shall complete the renewal requirements and submit the late fee within the grace period.

880.10(7) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but shall not practice mental health counseling or marital and family therapy in Iowa until the license is reactivated. A licensee who practices mental health counseling or marital and family therapy in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

481—880.11(272C) Initial licensing, reactivation, and license renewal for behavior analysts and assistant behavior analysts.

880.11(1) An initial license for a behavior analyst or assistant behavior analyst shall be issued with the same expiration date as the applicant's current certification issued by BACB.

880.11(2) The biennial license renewal period for a behavior analyst or assistant behavior analyst shall run concurrent with the licensee's BACB certification. Each license renewed shall be given the expiration date that is on the licensee's current BACB certification. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice from the board does not relieve the licensee of the responsibility for renewing the license.

880.11(3) A licensee seeking renewal shall:

a. Meet the continuing education requirements required by BACB to renew a certification.

b. Maintain current certification as a board-certified behavior analyst, board-certified behavior analyst-doctoral, or board-certified assistant behavior analyst issued by BACB.

c. Submit the completed renewal application and renewal fee before the license expiration date.

880.11(4) Upon receiving the information required by this rule and the required fee, board staff shall administratively issue a license. In the event the board receives adverse information on the renewal application, the board shall issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

880.11(5) A person licensed as a behavior analyst or assistant behavior analyst shall keep the person's license certificate and renewal displayed in a conspicuous public place at the primary site of practice.

880.11(6) Late renewal. The license shall become late when the license has not been renewed by the expiration date on the renewal. The licensee shall be assessed a late fee as specified in 481—subrule 507.3(5). To renew a late license, the licensee shall complete the renewal requirements and submit the late fee within the grace period.

880.11(7) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but shall not engage in the practice of applied behavior analysis for which a license is required in Iowa until the license is reactivated. A licensee who practices applied behavior analysis in a capacity that requires licensure in the state of Iowa with an inactive license may be subject to disciplinary action

by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

880.11(8) Reactivation. To apply for reactivation of an inactive license, a licensee shall submit a completed renewal application and proof of current certification and shall be assessed a reactivation fee as specified in 481—subrule 507.3(6).

481—880.12(147) Psychology license renewal.

880.12(1) The biennial license renewal period for a license to practice psychology shall begin on July 1 of even-numbered years and end on June 30 of the next even-numbered year. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice from the board does not relieve the licensee of the responsibility for renewing the license.

880.12(2) An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the subsequent renewal date two years later.

880.12(3) A licensee seeking renewal shall:

a. Meet the continuing education requirements of rule 481—881.2(272C) and the mandatory reporting requirements of subrule 880.12(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Submit the completed renewal application and renewal fee before the license expiration date.

880.12(4) Mandatory reporter training requirements.

a. A licensee who, in the scope of professional practice or in the licensee's employment responsibilities, examines, attends, counsels or treats children in Iowa shall indicate on the renewal application completion of two hours of training in child abuse identification and reporting as required by Iowa Code section 232.69(3)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 880.12(4)*"e."*

b. A licensee who, in the course of employment, examines, attends, counsels or treats adults in Iowa shall indicate on the renewal application completion of training in dependent adult abuse identification and reporting as required by Iowa Code section 235B.16(5)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 880.12(4)*"e."*

c. The course(s) shall be the curriculum provided by the department of health and human services.

d. The licensee shall maintain written documentation for three years after mandatory training as identified in paragraphs 880.12(4)*"a"* through *"c,"* including program date(s), content, duration, and proof of participation.

e. The requirement for mandatory training for identifying and reporting child and dependent adult abuse shall be suspended if the board determines that suspension is in the public interest or that a person at the time of license renewal:

(1) Is engaged in active duty in the military service of this state or the United States.

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements, including an exemption of continuing education requirements or extension of time in which to fulfill requirements due to a physical or mental disability or illness as identified in rule 481—500.9(272C).

f. The board may select licensees for audit of compliance with the requirements in paragraphs 880.12(4)*"a"* through *"e."*

880.12(5) Upon receiving the information required by this rule and the required fee, board staff shall administratively issue a two-year license. In the event the board receives adverse information on the renewal application, the board shall issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

880.12(6) A person licensed to practice as a psychologist shall keep the person's license certificate and renewal displayed in a conspicuous public place at the primary site of practice.

880.12(7) Late renewal.

a. The license shall become late when the license has not been renewed by the expiration date on the renewal. The licensee shall be assessed a late fee as specified in 481—subrule 507.16(3).

b. To renew a late license, the licensee shall complete the renewal requirements and submit the late fee within the grace period.

880.12(8) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa but shall not practice as a psychologist or health service provider in psychology in Iowa until the license is reactivated. A licensee who practices as a psychologist or health service provider in psychology in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

481—880.13(154C) Social work license renewal.

880.13(1) The biennial license renewal period for a license to practice social work will begin on January 1 of odd-numbered years and end on December 31 of the next even-numbered year. Every licensee will renew on a biennial basis. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice does not relieve the licensee of the responsibility for renewing the license.

880.13(2) Renewal procedures.

a. A licensee seeking renewal will:

(1) Meet the continuing education requirements of rule 481—881.2(272C) and the mandatory reporting requirements of subrule 880.13(3); and

(2) Submit the completed renewal application and renewal fee before the license expiration date.

b. Those persons licensed for the first time will not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired anytime from the initial licensing until the second license renewal may be used. The new licensee will be required to complete a minimum of 27 hours of continuing education per biennium for each subsequent license renewal.

c. Persons licensed to practice social work shall keep their renewal licenses displayed in a conspicuous public place at the primary site of practice.

d. Failure to receive the notice of renewal will not relieve the licensee of the responsibility for submitting the required materials and the renewal fee to the board office 30 days before license expiration.

e. A social worker whose Iowa license is delinquent, closed, retired, voluntarily surrendered, suspended, or revoked cannot advance to a higher level until the license is again active.

880.13(3) Mandatory reporter training requirements.

a. A licensee who, in the scope of professional practice or in the licensee's employment responsibilities, examines, attends, counsels or treats children in Iowa shall indicate on the renewal application completion of two hours of training in child abuse identification and reporting as required by Iowa Code section 232.69(3)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 880.13(3)*"e."*

b. A licensee who, in the course of employment, examines, attends, counsels or treats adults in Iowa shall indicate on the renewal application completion of training in dependent adult abuse identification and reporting as required by Iowa Code section 235B.16(5)*"b"* in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 880.13(3)*"e."*

c. The course(s) shall be the curriculum provided by the department of health and human services.

d. The licensee shall maintain written documentation for three years after mandatory training as identified in paragraphs 880.13(3)*"a"* through *"c,"* including program date(s), content, duration, and proof of participation.

e. The requirement for mandatory training for identifying and reporting child and dependent adult abuse shall be suspended if the board determines that suspension is in the public interest or that a person at the time of license renewal:

(1) Is engaged in active duty in the military service of this state or the United States.

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements, including an exemption of continuing education requirements or extension of time in which to fulfill requirements due to a physical or mental disability or illness as identified in rule 481—500.9(272C).

f. The board may select licensees for audit of compliance with the requirements in paragraphs 880.13(3)*"a"* through *"e."*

880.13(4) Late renewal. To renew a late license, the licensee will complete the renewal requirements and submit the late fee within the grace period.

880.13(5) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but shall not practice as a social worker in Iowa until the license is reactivated. A licensee who practices as a social worker in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

880.13(6) Upon receiving the information required by this rule and the required fee, board staff will administratively issue a two-year license. In the event the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

481—880.14(17A,147,272C) License reactivation for mental health counselors, marital and family therapists, psychologists, and social workers. To apply for reactivation of an inactive license, a licensee shall:

880.14(1) Submit a reactivation application.

880.14(2) Pay the reactivation fee that is due as specified in 481—Chapter 507.

880.14(3) Provide verification of license from the jurisdiction in which the applicant has been most recently licensed, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification directly from the jurisdiction's board office if the verification provides:

a. Licensee's name;

b. Date of initial licensure;

c. Current licensure status; and

d. Any disciplinary action taken against the license.

880.14(4) For mental health counseling and marriage and family therapy, provide verification of a current active license in another jurisdiction at the time of application or verification of completion of continuing education taken within two years of the application. If the license has been inactive for less than five years, the applicant must submit verification of 40 hours of continuing education, and if the license has been inactive for more than five years, the applicant must submit verification of 80 hours of continuing education.

880.14(5) For psychology, provide verification of a current active license in another jurisdiction at the time of application or verification of completion of continuing education taken within two years of the application. If the license has been inactive for less than five years, the applicant must submit verification of 40 hours of continuing education, and if the license has been inactive for more than five years, the applicant must submit verification of 80 hours of continuing education.

880.14(6) For social work, provide:

a. Verification of completion of 27 hours of continuing education within two years of application for reactivation or verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction during the two years preceding an application for reactivation.

b. If the license has been on inactive status for more than five years, the verification in paragraph 880.14(6)*"a"* and one of the following:

(1) Verification of passing the ASWB examination within the last five years at the appropriate or higher level as follows:

1. Bachelor-level social worker—the bachelor's level examination;
2. Master-level social worker—the master's level examination; or
3. Independent-level social worker—the clinical level examination; or

(2) Verification of continued social work practice at the appropriate or higher level in another state for a minimum of two years immediately preceding the application for reactivation.

481—880.15(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with rule 481—506.31(272C) and must apply for and be granted reactivation of the license in accordance with rule 481—880.14(17A,147,272C) prior to practicing in this state.

481—880.16(154C) Social work services subject to regulation. Social work, marital and family therapy, and mental health counseling services provided to an individual in this state through telephonic, electronic or other means, regardless of the location of the practitioner, shall constitute the practice of the profession and are subject to regulation in Iowa.

481—880.17(147,154B) Psychology title designations.

880.17(1) Students who are enrolled in an education program that satisfies the requirements of subrule 880.4(4) and who are completing the predoctoral internship may be designated "psychology intern" or "intern in psychology."

880.17(2) Applicants for licensure who have met educational requirements and who are completing the postdoctoral residency to be eligible for licensure may be designated "psychology resident," "resident in psychology," "psychology postdoctoral fellow," or "postdoctoral fellow in psychology." The designation of "resident" shall not be used except during a postdoctoral residency that meets the requirements of rule 481—880.8(154B).

880.17(3) Persons who possess provisional licenses shall add the designation "provisional license in psychology" following the "resident," "intern," or "fellow" designation.

481—880.18(147) Professional counselor licensing compact. The rules of the Counseling Compact Commission are incorporated by reference.

481—880.19(154D) Temporary licensees. A temporary licensee shall engage only in the practice of marital and family therapy or mental health counseling as part of an agency or group practice with oversight over the temporary licensee. The agency or group practice shall have at least one independently licensed mental health provider. A temporary licensee shall not practice as a solo practitioner or solely with other temporary licensees.

These rules are intended to implement Iowa Code chapters 17A, 147, 154B, 154C, 154D and 272C.

ITEM 2. Rescind and reserve **481—Chapter 885**.

ITEM 3. Rescind and reserve **481—Chapter 891**.

ITEM 4. Rescind and reserve **481—Chapter 895**.

[Filed 6/17/25, effective 8/13/25]
[Published 7/9/25]
EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9404C

INSPECTIONS AND APPEALS DEPARTMENT[481]

Adopted and Filed

Rulemaking related to continuing education

The Board of Behavioral Health Professionals hereby adopts new Chapter 881, "Continuing Education for Marital and Family Therapists, Mental Health Counselors, Social Workers, and Psychologists," and rescinds Chapter 886, "Continuing Education for Psychologists," Chapter 892, "Continuing Education for Marital and Family Therapists and Mental Health Counselors," and Chapter 896, "Continuing Education for Social Workers," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code chapters 154B, 154C, 154D and 272C and 2024 Iowa Acts, Senate File 2385.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code chapters 154B, 154C, 154D and 272C; 2024 Iowa Acts, Senate File 2385; and 2024 Iowa Acts, House File 2686.

Purpose and Summary

This rulemaking sets forth continuing education requirements for mental health counselors, marriage and family therapists, social workers and psychologists. The intended benefit of continuing education is to ensure that licensees maintain up-to-date practice standards and, as a result, provide high-quality services to Iowans. These rules were reviewed through the 2023 Red Tape Review in accordance with Executive Order 10. This rulemaking consolidates the three practice chapters into one chapter pursuant to the merger of the three boards into the Behavioral Health Professionals Board. This rulemaking also seeks to implement 2024 Iowa Acts, House File 2686, which allowed licensees to carry over a percentage of excess continuing education hours earned between renewal cycles.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on February 19, 2025, as **ARC 8876C**. A public hearing was held on the following date(s):

- March 11, 2025

No one attended the public hearing. No public comments were received.

Changes from the Notice have been made to renumber a section of subrules specific to marriage and family therapists and mental health counselors to clarify that the affected paragraphs apply to those specific professions. The Board noticed that a paragraph requiring Licensed Independent Social Workers serving in a supervisory role to complete three hours of continuing education in the area of supervision was missing, so that paragraph was added.

Adoption of Rulemaking

This rulemaking was adopted by the Board on May 27, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, if any, pursuant to 481—Chapter 6.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Adopt the following **new** 481—Chapter 881:

CHAPTER 881
CONTINUING EDUCATION FOR MARITAL AND FAMILY THERAPISTS, MENTAL HEALTH COUNSELORS, SOCIAL WORKERS, AND PSYCHOLOGISTS

481—881.1(272C) Definitions. For the purpose of these rules, the following definitions will apply:

"Active license" means the license is current and has not expired.

"Approved program/activity" means a continuing education program/activity meeting the standards set forth in these rules.

"Audit" means the selection of licensees for verification of satisfactory completion of continuing education requirements during a specified time period.

"Board" means the board of behavioral health professionals.

"Continuing education" means planned, organized learning acts designed to maintain, improve, or expand a licensee's knowledge and skills in order for the licensee to develop new knowledge and skills relevant to the enhancement of practice, education, or theory development to improve the safety and welfare of the public.

"Hour of continuing education" means at least 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

"Inactive license" means a license that has expired because it was not renewed by the end of the grace period. The category of "inactive license" may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

"Independent study" means a continuing education program or activity that a licensee pursues autonomously that includes a posttest and meets the general criteria in subrule 881.2(9).

"License" means license to practice.

"Licensee" means any person licensed to practice marital and family therapy, mental health counseling, social work, or psychology in the state of Iowa.

"Practice of psychology" means the application of established principles of learning, motivation, perception, thinking, psychophysiology and emotional relations to problems, behavior, group relations, and biobehavior by persons trained in psychology for compensation or other personal gain. The application of principles includes but is not limited to counseling and the use of psychological remedial measures with persons, in groups or individually, with adjustment or emotional problems in the areas of work, family, school and personal relationships. The practice of psychology also means measuring and testing personality, mood-motivation, intelligence/aptitudes, attitudes/public opinion, and skills; the teaching of such subject matter; and the conducting of research on the problems relating to human behavior.

481—881.2(272C) Continuing education requirements.

881.2(1) The biennial continuing education compliance period for mental health counselors and marriage and family therapists shall extend for a 25-month period beginning on September 1 of the even-

numbered year and ending on September 30 of the next even-numbered year. Each biennium, each person who is licensed to practice as a mental health counselor or marriage and family therapist in this state is required to complete a minimum of 40 hours of continuing education that meets the requirements of this chapter.

881.2(2) The biennial continuing education compliance period for psychologists shall extend for a two-year period beginning on July 1 of even-numbered years and ending on June 30 of even-numbered years. Each biennium, each person who is licensed to practice as a psychologist in this state shall be required to complete a minimum of 40 hours of continuing education approved by the board.

881.2(3) The biennial continuing education compliance period for social workers extends for a two-year period beginning on January 1 of each odd-numbered year and ending on December 31 of the next even-numbered year. Each biennium, each person who is licensed to practice as a social worker in this state will be required to complete a minimum of 27 hours of continuing education approved by the board.

881.2(4) Requirements for new mental health counselor, marriage and family therapist, and psychology licensees. Those persons licensed for the first time shall not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired any time from the initial licensing until the second license renewal may be used. A new mental health counselor, marriage and family therapist, or psychology licensee will be required to complete a minimum of 40 hours of continuing education per biennium for each subsequent license renewal. A new social work licensee will be required to complete a minimum of 27 hours of continuing education per biennium for each subsequent license renewal.

881.2(5) No hours of continuing education are required to renew a provisional license.

881.2(6) Hours of continuing education credit may be obtained by attending and participating in a continuing education activity. These hours must be in accordance with these rules.

881.2(7) Up to 50 percent of continuing education can be carried over into the next biennium if there was an amount of continuing education completed during the prior period that exceeded the minimum requirement. A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

881.2(8) It is the responsibility of each licensee to finance the cost of continuing education.

881.2(9) General criteria. A continuing education activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education activity:

a. Constitutes an organized program of learning that contributes directly to the professional competency of the licensee;

b. Pertains to subject matters that integrally relate to the practice of the profession;

c. Is conducted by individuals who have specialized education, training and experience by reason of which said individuals should be considered qualified concerning the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

d. Fulfills stated program goals, objectives, or both; and

e. Provides proof of attendance to licensees in attendance including:

(1) Date, location, course title, presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

881.2(10) Specific marriage and family therapy and mental health counseling criteria.

a. Continuing education hours of credit may be obtained by completing the following:

(1) Attendance at workshops, conferences, symposiums and webinars.

(2) Academic courses. Official transcripts indicating successful completion of academic courses that apply to the field of mental health counseling or marital and family therapy, as appropriate, will be necessary in order to receive the following continuing education credits:

1 academic semester hour = 15 continuing education hours

1 academic quarter hour = 10 continuing education hours

(3) Independent study courses that meet the general criteria in subrule 881.2(9).

(4) Any of the following activities, not to exceed a combined total of 20 hours:

1. Presenting professional programs that meet the criteria in subrule 881.2(9). Two hours of credit will be awarded for each hour of presentation. A course schedule or brochure must be maintained for audit. Presenting at a professional program does not include teaching a class at an institution of higher learning at which the applicant is regularly and primarily employed. Presentations to lay public are excluded.

2. Scholarly research or other activities, the results of which are published in a recognized professional publication such as a refereed journal, monograph or conference proceedings. The scholarly research must be integrally related to the practice of the professions.

3. Publication in a refereed journal. The article in a refereed journal for which the licensee is seeking continuing education credit must be integrally related to the practice of the professions.

4. Teaching in an approved college, university, or graduate school. The licensee may receive credit on a one-time basis for the first offering of the course.

5. Authoring papers, publications, and books. The licensee will receive 5 hours of credit per page with a maximum of 20 hours of credit.

6. Serving on a state or national professional board. The licensee will receive a maximum of three hours of credit.

b. Additional criteria includes the following:

(1) Three hours of the 40 continuing education hours will be in ethics.

(2) Effective with the biennial continuing education compliance period that begins October 1, 2022, persons serving in a supervisory role must complete three hours of continuing education in supervision.

(3) Effective July 1, 2019, a licensee who regularly examines, attends, counsels or treats adults in Iowa shall complete, within six months of employment or prior to the expiration of a current certification, an initial two-hour course in dependent adult abuse training for mandatory reporters offered by the department of health and human services. Thereafter, all mandatory reporters shall take a one-hour recertification training every three years, prior to the expiration of a current certification.

(4) Effective July 1, 2019, a licensee who regularly examines, attends, counsels or treats children in Iowa shall complete, within six months of employment or prior to the expiration of a current certification, an initial two-hour course in child abuse training for mandatory reporters offered by the department of health and human services. Thereafter, all mandatory reporters shall take a one-hour recertification training every three years, prior to the expiration of a current certification.

881.2(11) Specific psychology criteria.

a. For the second license renewal, licensees shall obtain six hours of continuing education pertaining to the practice of psychology in either of the following areas: Iowa mental health laws and regulations, or risk management.

b. For all renewal periods following the second license renewal, licensees shall obtain six hours of continuing education pertaining to the practice of psychology in any of the following areas: ethical issues, federal mental health laws and regulations, Iowa mental health laws and regulations, or risk management. For all board members, a maximum of two of these hours may be obtained by providing service as a member of the board as follows:

(1) One hour of credit for attendance and participation at a minimum of three regular quarterly board meetings during the license biennium, or

(2) Two hours of credit for attendance and participation at a minimum of six regular quarterly board meetings during the license biennium.

c. A licensee may obtain the remainder of continuing education hours of credit by:

(1) Completing training to comply with mandatory reporter training requirements as specified in 481—subrule 880.10(3). Hours reported for credit shall not exceed the hours required to maintain compliance with required training.

(2) Attending programs/activities that are sponsored by the American Psychological Association or the Iowa Psychological Association.

(3) Attending workshops, conferences, or symposiums that meet the criteria in subrule 881.2(9).

(4) Completing academic coursework that meets the criteria set forth in these rules. Continuing education credit equivalents are as follows:
1 academic semester hour = 15 continuing education hours
1 academic quarter hour = 10 continuing education hours

(5) Completing home study courses for which a certificate of completion is issued.

(6) Completing electronically transmitted courses for which a certificate of completion is issued.

(7) Conducting scholarly research, the results of which are published in a recognized professional publication. In order to claim such credit, the licensee must attest to the hours actually spent conducting research, demonstrate that the research is integrally related to the practice of psychology, explain how the research advances the licensee's knowledge in the field, and provide the published work.

(8) Preparing new courses on material that is integrally related to the practice of psychology and is beyond entry level. In order to claim such credit, the licensee must: attest that the licensee has not taught the course in the past or that the licensee has not substantially altered the course content; request a specific amount of continuing education credit; describe how the course is integrally related to the practice of the profession and advances the licensee's knowledge in the field; and supply a course syllabus that supports the licensee's request for credit.

(9) Presenting to other professionals. A licensee may receive credit on a one-time basis for presenting continuing education programs that meet the criteria of subrule 881.2(9). Two hours of credit will be awarded for each hour of presentation.

d. A combined maximum of 30 hours of credit per biennium may be used for scholarly research, preparation of new courses, and presentations to other professionals.

881.2(12) Specific social work criteria. Continuing education hours of credit can be obtained by completing:

a. Coursework pertaining to one of the following content areas:

(1) Human behavior.

1. Theories and concepts of the development of human behavior in the life cycle of individuals, families and the social environment;
2. Community and organizational theories;
3. Normal, abnormal and addictive behaviors;
4. Abuse and neglect; and
5. Effects of culture, race, ethnicity, sexual orientation and gender.

(2) Assessment and treatment.

1. Psychosocial assessment/interview;
2. Utilization of the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) of the American Psychiatric Association, published March 2022;
3. Theoretical approaches and models of practice—individual, couple, and family therapy and group psychotherapy;
4. Establishing treatment goals and monitoring progress;
5. Techniques of social work practice; and
6. Interdisciplinary consultation and collaboration.

(3) Social work research, program evaluation, or practice evaluation.

(4) Management, administration, and social policy.

1. Organizational policies and procedures;
2. Advocacy and prevention in social work practice;
3. Management of social work staff and other personnel; and
4. Management of social work programs.

(5) Theories and concepts of social work education.

(6) Social work ethics as they pertain to the rules of conduct.

(7) An area, as demonstrated by the licensee, that directly relates to the licensee's individual practice as a social worker. The licensee will submit for consideration by the board a specific explanation of how the program relates to the licensee's individual practice setting as a social worker.

b. A minimum of three hours per biennium in social work ethics.

c. Academic coursework that meets the criteria set forth in the rules. Continuing education equivalents are as follows:
1 academic semester hour = 15 continuing education hours
1 academic quarter hour = 10 continuing education hours

d. Programs designed for the purpose of enhancing the licensee's administrative, management or other clinical skills.

e. Activities/programs that are sponsored or approved by:

(1) ASWB Approved Continuing Education (ACE) program; or

(2) National Association of Social Workers (NASW) Continuing Education Unit (CEU) Approval Program.

f. Pro bono or volunteer work that meets the following criteria:

(1) A licensee may earn a maximum of 3 of the required 27 hours of continuing education for credit during one biennium by performing pro bono or volunteer services for indigent, underserved populations or in areas of critical need within the state of Iowa. Such services must be approved in advance by the board.

(2) A licensee will apply for prior approval of pro bono or volunteer services by sending a letter to the board indicating that the following requirements will be met:

1. The site for these services is identified including information about the clients, the services that will be offered, how they will be performed and the learning objectives.
2. A contract will be established between licensee and client(s), and each party will be aware that the services are being provided without charge.
3. The services will be subject to all the legal responsibilities and obligations related to the licensee's profession.
4. The licensee will keep records and files of these client services pursuant to this rule.
5. A representative from the site for pro bono or volunteer services must provide a letter stating that these services are to be performed by the licensee.
6. Upon review, the licensee will receive a letter from the board indicating prior approval for these pro bono or volunteer services that will be done for continuing education credit.
7. Following completion of such services:

- The licensee must provide the board a letter stating that the services were performed as planned.
- The representative from the site must provide a letter indicating such completion.

g. Instruction of a course at an approved college, university or graduate school of social work. A licensee may receive credit on a one-time basis, not to exceed three hours of continuing education credit per biennium.

h. Instruction, presentation, or moderation of continuing education programs. A licensee may receive credit on a one-time basis, not to exceed three hours of continuing education credit per biennium, for programs at which the licensee is actually in attendance for the complete program, provided the licensee receives a certificate of attendance in compliance with this rule.

i. Authorship of professional papers, publications or books and preparation of presentations and exhibits. A presentation must be made before a professional audience. Presentations may receive credit on a one-time basis for the article, publication, book or preparation of a presentation or exhibit, not to exceed three hours of continuing education credit per biennium.

j. Supervision of a social work practicum student(s) from an accredited social work education program. A licensee may receive one credit for every 100 hours supervised, not to exceed 6 hours of continuing education credit per biennium.

k. For licensure at the independent level for supervisors, three hours of continuing education in supervision.

These rules are intended to implement Iowa Code chapters 154B, 154C, 154D and 272C.

ITEM 2. Rescind and reserve **481—Chapter 886**.

ITEM 3. Rescind and reserve **481—Chapter 892**.

ITEM 4. Rescind and reserve **481—Chapter 896**.

[Filed 6/17/25, effective 8/13/25]
[Published 7/9/25]
EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9402C

INSPECTIONS AND APPEALS DEPARTMENT[481]

Adopted and Filed

Rulemaking related to discipline

The Board of Behavioral Health Professionals hereby adopts new Chapter 882, "Discipline for Marital and Family Therapists, Mental Health Counselors, Behavior Analysts, Psychologists, and Social Workers," and rescinds Chapter 887, "Discipline for Psychologists," Chapter 893, "Discipline for Marital and Family Therapists, Mental Health Counselors, Behavior Analysts, and Assistant Behavior Analysts," and Chapter 898, "Discipline for Social Workers," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code chapters 147, 154B, 154C, 154D and 272C.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code chapters 147, 154B, 154C, 154D and 272C.

Purpose and Summary

This rulemaking provides only those disciplinary grounds that are unique to the Board and are therefore excluded from the general disciplinary chapter. These rules were reviewed through the 2023 Red Tape Review in accordance with Executive Order 10. This rulemaking consolidates the three practice chapters into one chapter pursuant to the merger of the three boards into the Behavioral Health Professionals board.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on February 19, 2025, as **ARC 8875C**. A public hearing was held on the following date(s):

- March 11, 2025

No one attended the public hearing. No public comments were received. No changes from the Notice have been made.

Adoption of Rulemaking

This rulemaking was adopted by the Board on May 27, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, if any, pursuant to 481—Chapter 6.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Adopt the following **new** 481—Chapter 882:

CHAPTER 882
DISCIPLINE FOR MARITAL AND FAMILY THERAPISTS, MENTAL HEALTH COUNSELORS, BEHAVIOR ANALYSTS, PSYCHOLOGISTS, AND SOCIAL WORKERS

481—882.1(154D,272C) Mental health counselors, marriage and family therapists, and behavioral analysts—grounds for discipline. The board may impose any of the disciplinary sanctions provided in Iowa Code section 272C.3 when the board determines that the licensee is guilty of any of the following acts or offenses or those listed in 481—Chapter 504:

882.1(1) Failure to comply with the national association's code of ethics.

a. Marital and family therapists. Failure to comply with the current American Association for Marriage and Family Therapy (AAMFT) Code of Ethics revised January 2015, which is hereby adopted by reference. Copies of the Code of Ethics may be obtained from the AAMFT's website.

b. Mental health counselors. Failure to comply with the current Code of Ethics of the American Counseling Association (ACA) published 2014, which is hereby adopted by reference. Copies of the Code of Ethics may be obtained from the ACA website.

c. Behavior analysts and assistant behavior analysts. Failure to comply with the current Behavior Analyst Certification Board (BACB) Professional and Ethical Compliance Code for Behavior Analysts published January 2023, which is hereby adopted by reference. Copies of the Professional and Ethical Compliance Code may be obtained from the BACB website.

882.1(2) Sexual relationships.

a. Current clients. A licensee shall not engage in sexual activities or sexual contact with a client, regardless of whether such contact is consensual or nonconsensual.

b. Former clients. A licensee shall not engage in sexual activities or sexual contact with a former client within the five years following termination of the client relationship. A licensee shall not engage in sexual activities or sexual contact with a former client, regardless of the length of time elapsed since termination of the client relationship, if the client has a history of physical, emotional, or sexual abuse or if the client has ever been diagnosed with any form of psychosis or personality disorder or if the client is likely to remain in need of therapy due to the intensity or chronicity of a problem.

c. A licensee shall not engage in sexual activities or sexual contact with a client's or former client's spouse or significant other.

d. A licensee shall not engage in sexual activities or sexual contact with a client's or former client's relative within the second degree of consanguinity (client's parent, grandparent, child, grandchild, or sibling) when there is a risk of exploitation or potential harm to a client or former client.

e. A licensee shall not provide clinical services to an individual with whom the licensee has had prior sexual contact.

882.1(3) Physical contact. A licensee shall not engage in physical contact with a client when there is a possibility of psychological harm to the client as a result of the contact. A licensee who engages in appropriate physical contact with a client is responsible for setting clear, appropriate, and culturally and age-sensitive boundaries that govern such contact.

481—882.2(147,272C) Psychologists—grounds for discipline. The board may impose any of the disciplinary sanctions provided in Iowa Code section 272C.3 when the board determines that the licensee is guilty of the following offense or those listed in 481—Chapter 504: failure to comply with the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association, as published in the December 2002 edition of American Psychologist and including amendments effective January 1, 2017, hereby adopted by reference. Copies of the Ethical Principles of Psychologists and Code of Conduct may be obtained from the American Psychological Association's website at www.apa.org.

481—882.3(272C) Social workers—grounds for discipline. The board may impose any of the disciplinary sanctions provided in Iowa Code section 272C.3 when the board determines that the licensee is guilty of the following offense or those listed in 481—Chapter 504: violation of a regulation, rule, or law of this state, another state, or the United States that relates to the practice of social work, including but not limited to the rules of conduct found in rule 481—884.4(154C).

These rules are intended to implement Iowa Code chapters 147, 154B, 154C, 154D and 272C.

ITEM 2. Rescind and reserve **481—Chapter 887**.

ITEM 3. Rescind and reserve **481—Chapter 893**.

ITEM 4. Rescind and reserve **481—Chapter 898**.

[Filed 6/17/25, effective 8/13/25]
[Published 7/9/25]
EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9403C

INSPECTIONS AND APPEALS DEPARTMENT[481]

Adopted and Filed

Rulemaking related to prescribing psychologists

The Board of Behavioral Health Professionals hereby adopts a new Chapter 883, "Prescribing Psychologists," and rescinds Chapter 889, "Prescribing Psychologists," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code chapters 147, 154B and 272C.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code chapters 147, 154B and 272C.

Purpose and Summary

This rulemaking provides the minimum standards for education and practice of psychologists with a conditional prescribing certificate and psychologists with a prescribing certificate. Members of the public, licensees, training programs, and employers benefit from having a clear understanding of the minimum standards for appropriate training and practice in this State. These rules were reviewed through the 2023 Red Tape Review in accordance with Executive Order 10. This rulemaking consolidates the three practice chapters into one chapter pursuant to the merger of the three boards into the Behavioral Health Professionals board.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on February 19, 2025, as **ARC 8877C**. A public hearing was held on the following date(s):

- March 11, 2025

No one attended the public hearing. No public comments were received. No changes from the Notice have been made.

Adoption of Rulemaking

This rulemaking was adopted by the Board on May 27, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, if any, pursuant to 481—Chapter 6.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Adopt the following **new** 481—Chapter 883:

CHAPTER 883
PRESCRIBING PSYCHOLOGISTS

481—883.1(148,154B) Definitions—joint rule.

"APA" means the American Psychological Association.

"Applicant" means a psychologist applying for a conditional prescription certificate.

"Board" means the Iowa board of psychology.

"Board of medicine" means the Iowa board of medicine.

"Collaborating physician" means a person who is licensed to practice medicine and surgery or osteopathic medicine in Iowa, who regularly prescribes psychotropic medications for the treatment of mental disorders as part of the physician's normal course of practice, and who serves as a resource for a prescribing psychologist pursuant to a collaborative practice agreement. A collaborating physician shall engage in the practice of family medicine, internal medicine, neurology, pediatrics, or psychiatry.

"Conditional prescribing psychologist" means a person licensed to practice psychology in Iowa who holds an active conditional prescription certificate. This term does not include prescribing psychologists.

"Conditional prescription certificate" means a certificate issued by the board to a psychologist that permits the psychologist to prescribe psychotropic medication under the supervision of a supervising physician.

"CSA registration" means a Controlled Substance Act registration issued by the Iowa board of pharmacy authorizing a psychologist to possess and prescribe controlled substances.

"DEA registration" means a mid-level practitioner registration with the Drug Enforcement Administration authorizing a psychologist to possess and prescribe controlled substances.

"Joint rule" means a rule adopted by agreement of the board of psychology and the board of medicine through the joint rulemaking process.

"Mental disorder" means a disorder that is defined by the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) published by the American Psychiatric Association March 2022, or contained within the mental and behavioral disorders chapter of the most recent version of the International Classification of Diseases, 11th revision, effective January 1, 2022.

"Prescribing psychologist" means a person licensed to practice psychology in Iowa who holds an active prescription certificate. This term does not include conditional prescribing psychologists.

"Prescription certificate" means a certificate issued by the board to a psychologist that permits the psychologist to prescribe psychotropic medication.

"Primary care provider" means a person who engages in the practice of family medicine, internal medicine, neurology, pediatrics, obstetrics and gynecology, or psychiatry and oversees a patient's general medical care, consistent with Iowa Code section 280A.1.

"Psychologist" means a person licensed to practice psychology in Iowa.

"Psychotropic medication" means a medication that shall not be dispensed or administered without a prescription and that has been explicitly approved by the federal Food and Drug Administration for the treatment of a mental disorder, as defined by the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) published by the American Psychiatric Association March 2022, or the most recent version of the International Classification of Diseases, 11th revision, effective January 1, 2022. "Psychotropic medication" does not include narcotics.

"Supervising physician" means a person who is licensed to practice medicine and surgery or osteopathic medicine in Iowa, who regularly prescribes psychotropic medications for the treatment of mental disorders as part of the physician's normal course of practice, and who supervises a conditional prescribing psychologist. A supervising physician shall specialize in family medicine, internal medicine, neurology, pediatrics, or psychiatry.

"Training director" means an employee of the psychopharmacology training program who is primarily responsible for directing the training program.

"Training physician" means a person who is licensed to practice medicine and surgery or osteopathic medicine in Iowa, who regularly prescribes psychotropic medications for the treatment of mental disorders as part of the physician's normal course of practice, and who provides training to a psychologist as part of the clinical experience and practicum described in rule 481—883.3(148,154B). A training physician shall engage in the practice of family medicine, internal medicine, neurology, pediatrics, or psychiatry. A training physician shall be approved by the psychopharmacology training program.

481—883.2(154B) Conditional prescription certificate. A conditional prescription certificate shall authorize a psychologist to prescribe psychotropic medications to patients with mental disorders under supervision in accordance with the requirements of this chapter.

883.2(1) *Application.* Unless a basis for denial exists in accordance with rule 481—883.9(154B), the board shall issue a conditional prescription certificate to an applicant who satisfies the following requirements:

a. Holds an active license to practice psychology in Iowa and an active health service provider certification issued by the board. Both the license and the health service provider certification must be in good standing.

b. Meets the educational requirements set forth in rule 481—883.3(148,154B). Official academic transcripts shall be sent directly from the school to the board.

c. Submits a supervision plan in accordance with subrule 883.4(1).

d. Possesses malpractice insurance that covers the prescribing of psychotropic medications.

e. Submits a completed application and a nonrefundable application fee of $270.

883.2(2) *Term.* A conditional prescription certificate shall be valid for a period of four years from the date of issuance. The board shall not renew a conditional prescription certificate unless a conditional prescribing psychologist cannot complete the requirements of supervised practice within four years due to extenuating circumstances. A conditional prescribing psychologist may request an extension of a conditional prescription certificate when extenuating circumstances exist to provide additional time for the requirements of supervised practice to be met.

481—883.3(148,154B) Educational requirements for conditional prescription certificate—joint rule. An applicant for a conditional prescription certificate shall have completed a program of study designated by the APA as a program for the psychopharmacology training of postdoctoral psychologists. The program must have included didactic instruction, a clinical experience, and a practicum satisfying the requirements of this rule. A minimum of 40 hours of basic training on clinical assessment skills shall be included as part of the program's didactic instruction.

883.3(1) *Degree.* An applicant shall possess a postdoctoral master of science degree in clinical psychopharmacology from a program designated by the APA as a program for the psychopharmacology training of postdoctoral psychologists. The degree program must be a minimum of 30 credit hours, not including the practicum, and shall include coursework in basic science; neuroscience; clinical medicine; pathological basis of disease; clinical pharmacology; psychopharmacology; and professional, ethical and legal issues. A minimum of one-third of the coursework must be completed in a live interactive format. A program must be designated by the APA at the time the degree is conferred.

883.3(2) *Clinical experience.* An applicant shall have completed a clinical experience in accordance with the requirements of this subrule. During the clinical experience, a psychologist shall learn clinical assessment techniques and pathophysiology through direct observation and hands-on training with a training physician. During the clinical experience, a psychologist shall become competent in health history interviews, physical examinations, and neurological examinations with a medically diverse patient population. The clinical experience must be associated with the psychopharmacology training program from which the psychologist obtained the postdoctoral master of science degree in clinical psychopharmacology.

a. Scope. At the beginning of the clinical experience, the psychologist shall directly observe the training physician performing clinical assessments of patients. After the training physician determines the psychologist has gained sufficient knowledge, the clinical experience shall transition to the psychologist's performance of clinical assessments of patients under the direct observation of the training physician. After the training physician determines the psychologist has gained sufficient knowledge and experience, the psychologist may perform clinical assessments of patients without being directly observed by the training physician, provided that the training physician is on site at all times when the psychologist is with patients and is reviewing all medical records. A psychologist and a training physician shall have ongoing discussions regarding the psychologist's clinical assessment skills and progress in the clinical experience.

b. Minimum experience. The clinical experience shall consist of a minimum of 600 patient encounters that shall be completed by the end of the practicum.

c. Conflict of interest. A training physician shall not be an employee of the psychologist or otherwise have a conflict of interest that could affect the training physician's ability to impartially evaluate the psychologist's performance. A psychologist may utilize more than one training physician.

d. Milestones. To satisfactorily complete the clinical experience, a psychologist shall demonstrate competency in each of the following:

(1) Perform a health history interview to obtain pertinent information regarding a patient's chief complaint, history of the present illness, past medical and surgical history, family history, allergies, medications, and psychosocial history. The psychologist shall perform a review of systems to elicit a health history and shall appropriately document the health history.

(2) Perform a physical examination in a logical sequence, ensuring appropriate positioning of the patient, proper patient draping, and proper application of the principles of asepsis throughout the examination. The psychologist shall verbalize and assess the components of a general survey and be able to accurately assess all of the following: vital signs, including pulse, respiration, and blood pressure; skin, hair and nails; head, face and neck; eyes; ears, nose, mouth and throat; thorax, lungs and axillae; heart; peripheral vascular system; abdomen; and musculoskeletal system. The psychologist shall be proficient in utilizing any equipment needed to conduct a physical examination.

(3) Complete a neurological examination demonstrating knowledge of the history related to the neurological system and the ability to assess the following: mental status, cranial nerves, motor system, sensory system, and reflexes. The psychologist shall differentiate normal laboratory values from abnormal laboratory values and correlate abnormal laboratory values with impaired physiological systems. The psychologist shall identify adverse drug reactions and identify laboratory data and physical signs indicating an adverse drug reaction.

e. Informed consent. At the initial contact, the psychologist shall inform the patient, or the patient's legal guardian when appropriate, of the psychologist's training role in the clinical experience. The psychologist shall provide sufficient information regarding the expectations and requirements of the clinical experience to obtain informed consent and appropriate releases. Upon request, the psychologist shall provide additional information regarding the psychologist's education, training, or experience.

f. Training documentation. The psychologist and the training director shall maintain documentation accounting for all clinical experience patient encounters, including the dates, times, and locations of all clinical experience patient encounters, and documentation of completion of the milestones defined in these rules. The applicant shall provide additional documentation to the board upon request.

g. Certification. The training physician(s) and the training director shall certify on forms provided by the board that the applicant has successfully completed the minimum number of clinical experience patient encounters required and demonstrated competence in clinical assessment techniques and pathophysiology through completion of the milestones defined in these rules.

883.3(3) *Practicum.* An applicant shall have completed a practicum in accordance with the requirements of this subrule. During the practicum, a psychologist shall develop competencies in evaluating and treating patients with mental disorders through pharmacological intervention via observation and active participation. The practicum must be associated with the psychopharmacology training program from which the applicant obtained the postdoctoral master of science degree in clinical psychopharmacology and must be completed in a period of time not less than six months and not more than three years.

a. Scope. At the beginning of the practicum, the psychologist shall directly observe the training physician evaluating and treating patients with mental disorders. After the training physician determines the psychologist has gained sufficient knowledge, the practicum shall transition to the psychologist's evaluation and treatment of patients under the direct observation of the training physician. After the training physician determines the psychologist has gained sufficient knowledge and experience, the psychologist may evaluate and treat patients without being directly observed by the training physician, provided that the training physician is on site at all times when the psychologist is with patients, has

personal contact with the patient at each visit, and is reviewing all pertinent medical records. During the practicum, the training physician shall make all final treatment decisions, with consultation from the psychologist prior to making a final determination regarding the psychopharmacological treatment of a patient.

b. Minimum number of hours. A practicum shall consist of a minimum of 400 hours. Only hours spent face to face evaluating and treating patients with mental disorders and hours spent discussing treatment plans with a training physician may count as practicum hours. Time spent by the psychologist providing services that are within the scope of practice of a licensed psychologist, such as psychological examinations and psychotherapy, shall not be counted as practicum hours.

c. Minimum number of patients. A psychologist shall see a minimum of 100 individual patients throughout the practicum. A patient can be counted toward this requirement if the patient has a diagnosed mental disorder and pharmacological intervention is considered as a treatment option, even if a decision is made not to prescribe a psychotropic medication to the patient. Over the course of the practicum, the psychologist shall observe, evaluate, and treat patients encompassing a range of ages and a variety of psychiatric diagnoses.

d. Settings. At least 100 hours of the 400 hours must be completed in a psychiatric setting. At least 100 hours of the 400 hours must be completed in a primary care or community mental health setting.

e. Conflict of interest. A training physician shall not be an employee of the psychologist or otherwise have a conflict of interest that could affect the training physician's ability to impartially evaluate the psychologist's performance. A psychologist may utilize more than one training physician.

f. Milestones. To successfully complete the practicum, a psychologist shall demonstrate competency in each of the following:

(1) Physical examination and mental status examination. The psychologist shall perform comprehensive and focused physical examinations and mental status evaluations, demonstrate proper use of instruments, and recognize variation associated with developmental stages and diversity.

(2) Review of systems. The psychologist shall integrate information learned from patient reports, signs, symptoms, and a review of each major body system, recognizing normal developmental variations.

(3) Medical history interview. The psychologist shall systematically conduct a patient clinical interview, producing a patient's medical, surgical, psychiatric, and medication history, as well as a family medical and psychiatric history, and be able to communicate the findings in written and verbal form.

(4) Assessment indications and interpretation. The psychologist shall order and interpret appropriate tests (e.g., psychometric, laboratory, and radiological) for the purpose of making a differential diagnosis and monitoring therapeutic and adverse effects of treatment.

(5) Differential diagnosis. The psychologist shall determine primary and alternate diagnoses using established diagnostic criteria.

(6) Integrated treatment planning. The psychologist shall identify and select, using all available data, the most appropriate treatment alternatives, including medication, psychosocial, and combined treatments, and sequence treatment within the larger biopsychosocial context.

(7) Consultation and collaboration. The psychologist shall understand the parameters of the role of a prescribing psychologist and work with other professionals, including a patient's primary care physician, in an advisory or collaborative manner to effectively treat a patient.

(8) Treatment management. The psychologist shall apply, monitor, and modify as needed the treatment of a patient and learn to write valid and complete prescriptions.

(9) Medical documentation. The psychologist shall demonstrate appropriate medical documentation for the patient-psychologist interaction to include subjective and objective assessment; mental status, physical examination findings, or both; formulation; diagnostic impression; and comprehensive treatment plan.

g. Informed consent. At the initial contact, the psychologist shall inform the patient, or the patient's legal guardian when appropriate, of the psychologist's training role in the practicum. The psychologist shall provide sufficient information regarding the expectations and requirements of the

practicum to obtain informed consent and appropriate releases. Upon request, the psychologist shall provide additional information regarding the psychologist's education, training, or experience.

h. Training documentation. The psychologist and the training director shall maintain documentation regarding all patients observed, evaluated, and treated by the psychologist as part of the practicum. The documentation shall clearly identify the training physician for each patient. The psychologist and the training director shall maintain documentation of all practicum hours, including the dates, times, and locations of all practicum hours, and documentation of completion of the milestones defined in these rules. The applicant shall provide additional documentation to the board upon request.

i. Certification. The training physician(s) and the training director shall certify on forms provided by the board that the psychologist has successfully completed the minimum number of practicum hours, treated the minimum number of patients, and demonstrated competence in the evaluation and treatment of patients with mental disorders through pharmacological intervention through completion of the milestones defined in these rules.

883.3(4) *Examination.* A psychologist shall pass the Psychopharmacology Examination for Psychologists (PEP) administered by the APA Practice Organization's College of Professional Psychology or by the Association of State and Provincial Psychology Boards. The passing score utilized by the board shall be the passing score recommended by the test administrator. The examination score shall be sent directly from the testing service to the board.

481—883.4(148,154B) Supervised practice as a conditional prescribing psychologist—joint rule. A conditional prescribing psychologist shall complete a minimum of two years of supervised practice in prescribing psychotropic medications to patients with mental disorders in accordance with this rule to be eligible to apply for a prescription certificate.

883.4(1) *Supervision plan.* Prior to issuing a conditional prescription certificate, the board shall review and approve the proposed supervision plan.

a. The proposed supervision plan must include the following:

(1) Conditional prescribing psychologist information. The plan must include the name, license number, address, telephone number, and email address of the supervisee.

(2) Supervising physician information. The plan must include the name, license number, date of licensure, area of specialization, address, telephone number, and email address of each supervising physician.

(3) Primary supervising physician. The plan must include a designation of the primary supervising physician.

(4) Period of supervision. The plan must include the beginning date of the supervision plan and estimated date of completion.

(5) Locations and settings. The plan must include a description of the locations and settings where and with whom supervision will occur.

(6) Scope of practice. The plan must include a description of the scope of practice of the conditional prescribing psychologist, including any limitations on the types of psychotropic medications that may be prescribed and the patient populations to which a prescription may be issued and including the expectations and responsibilities of the supervising physician.

(7) Release of information. The plan must include a provision requiring the conditional prescribing psychologist to obtain a release of information from all patients who are considered for psychopharmacological intervention, authorizing the conditional prescribing psychologist to share the patient's health information with the supervising physician.

(8) Consultation between the conditional prescribing psychologist and the supervising physician. The plan must include a provision requiring that the conditional prescribing psychologist consult with the supervising physician on a regular basis regarding a patient's psychotropic treatment plan and any potential complications. A conditional prescribing psychologist shall not prescribe a new psychotropic medication, discontinue a psychotropic medication, or change the dosage of a psychotropic medication if the supervising physician objects on the basis of a contraindication.

(9) Consultation between the supervising physician and the primary care physician. The plan must include a provision requiring that the supervising physician consult with the patient's primary care physician on a regular basis regarding the patient's psychotropic treatment plan and any potential complications.

(10) Termination of the supervision plan. The plan must include a description of how the supervision plan may be terminated and the process for notifying affected patients.

(11) Signatures. The plan must include signatures of the psychologist and all supervising physicians.

b. A conditional prescribing psychologist shall inform the board of any amendments to the conditional prescribing psychologist's supervision plan, including the addition of any supervising physicians, within 30 days of the change. Amendments to a supervision plan are subject to board approval.

c. The board shall transmit all approved supervision plans and approved amendments to the board of medicine.

883.4(2) *Responsibilities of a supervising physician.* A supervising physician shall provide supervision in accordance with rules established by the board of medicine.

883.4(3) *Responsibilities of a conditional prescribing psychologist.* At the initial contact, a conditional prescribing psychologist shall inform a patient, or a patient's legal guardian when appropriate, that the conditional prescribing psychologist is practicing under the supervision of a physician for purposes of prescribing psychotropic medication and shall provide the name of the supervising physician. A conditional prescribing psychologist shall provide sufficient information regarding the supervision requirements to obtain informed consent and appropriate releases. Upon request, a conditional prescribing psychologist shall provide additional information regarding the conditional prescribing psychologist's education, training, or experience with respect to prescribing psychotropic medications.

883.4(4) *Specialization.* A conditional prescribing psychologist shall complete the following training during the supervised practice period to be eligible to prescribe psychotropic medications to the respective population as a prescribing psychologist:

a. Children. To prescribe to patients who are less than 17 years of age, a conditional prescribing psychologist shall complete at least one year of the required two years of supervised practice in either:

(1) A pediatric practice,

(2) A child and adolescent practice, or

(3) A general practice provided the conditional prescribing psychologist treats a minimum of 50 patients who are less than 17 years of age.

b. Elderly patients. To prescribe to patients who are over 65 years of age, a conditional prescribing psychologist shall complete at least one year of the required two years of supervised practice in either:

(1) A geriatric practice, or

(2) A general practice with patients across the lifespan including patients who are over 65 years of age.

c. Serious medical conditions. To prescribe to patients with serious medical conditions, including but not limited to heart disease, cancer, stroke, seizures, or comorbid psychological conditions, or patients with developmental disabilities and intellectual disabilities, a conditional prescribing psychologist shall complete at least one year prescribing psychotropic medications to patients with serious medical conditions.

883.4(5) *Completion of supervised practice.* A conditional prescribing psychologist shall see a minimum of 300 patients over a minimum of two years to complete the supervised practice period, provided each of the 300 patients has a diagnosed mental disorder and pharmacological intervention is considered as a treatment option, even if a decision is made not to prescribe a psychotropic medication to the patient. A conditional prescribing psychologist shall treat a minimum of 100 patients with psychotropic medication throughout the supervised practice period.

a. At the conclusion of the supervised practice period, a primary supervising physician shall certify the following:

(1) Supervision was provided in accordance with rules established by the board of medicine.

(2) A conditional prescribing psychologist has successfully completed two years of supervised practice, considered at least 300 patients for psychopharmacological intervention, and treated at least 100 patients with psychotropic medications.

(3) A conditional prescribing psychologist intending to specialize in the psychological care of children or elderly persons, or persons with serious medical conditions, has completed the requirements of subrule 883.4(4).

(4) A conditional prescribing psychologist has successfully completed the supervised practice period and demonstrated competence in psychopharmacology by demonstrating competency in the milestones listed in paragraph 883.3(3)*"f"* sufficient to obtain a prescription certificate.

b. If a conditional prescribing psychologist is unable to successfully complete the supervised practice period prior to the expiration of the conditional prescription certificate, the conditional prescribing psychologist may request an extension of the conditional prescription certificate provided that the conditional prescribing psychologist can demonstrate that the conditional prescribing psychologist is likely to successfully complete the supervised practice within the extended time requested. Any requests for extension must be submitted to and approved by both the board and the board of medicine.

481—883.5(154B) Prescription certificate. A prescription certificate shall authorize a psychologist to prescribe psychotropic medications to patients with mental disorders in accordance with the requirements of this chapter.

883.5(1) *Application.* Unless a basis for denial exists in accordance with rule 481—883.9(154B), the board shall issue a prescription certificate to a conditional prescribing psychologist who satisfies the following requirements:

a. Holds an active license to practice psychology in Iowa, an active health service provider certification issued by the board, and an active conditional prescription certificate. The license, certification, and certificate must all be in good standing.

b. Submits documentation regarding successful completion of the supervised practice period.

c. Submits a collaborative practice agreement in accordance with rule 481—883.8(148,154B).

d. Possesses malpractice insurance that covers the prescribing of psychotropic medications.

e. Submits a completed application and a nonrefundable application fee of $60.

883.5(2) *Initial term and renewal.* An initial prescription certificate shall be valid through the current expiration date of the applicant's psychologist license. Thereafter, a prescription certificate shall be renewed biennially concurrent with the renewal of the psychologist license. A prescribing psychologist may renew a prescription certificate by submitting a completed renewal application and a nonrefundable application fee of $60. A prescribing psychologist is responsible for renewing the prescription certificate prior to its expiration.

883.5(3) *Continuing education required.* A prescribing psychologist shall complete a minimum of 20 hours of continuing education in psychopharmacology each year. A total of 40 hours of continuing education in psychopharmacology is required to renew a prescription certificate. These hours are separate from, and in addition to, the continuing education hours needed to renew a psychologist license pursuant to 481—Chapter 881. If a psychologist specializes in treating children, a minimum of 10 hours of continuing education in psychopharmacology each year, for a total of 20 hours of continuing education per renewal period, must be directly related to prescribing psychotropic medication to children.

883.5(4) *Late renewal.* A prescription certificate shall become late when it has not been renewed prior to the expiration date. To renew a late prescription certificate, a prescribing psychologist shall complete the renewal requirements and submit a late fee of $60 within 30 days following the prescription certificate expiration date. A prescribing psychologist who fails to renew a prescription certificate within 30 days following the prescription certificate expiration date shall have an inactive prescription certificate. A psychologist whose prescription certificate is inactive continues to hold the privilege of certification in Iowa but may not prescribe psychotropic medications until the prescription certificate is reactivated.

883.5(5) *Reactivation.* To apply for reactivation of an inactive prescription certificate, a psychologist shall submit a completed reactivation application, a nonrefundable fee of $60, and documentation of a minimum of 40 hours of continuing education in psychopharmacology taken within the preceding two years. If a prescription certificate has been inactive for more than five years, a psychologist shall demonstrate competence in psychopharmacology through one of the following means:

a. Practiced as a prescribing psychologist in another jurisdiction in the preceding two years.

b. Completed a period of supervised practice for a minimum of 12 months. The board may issue a conditional prescription certificate to complete a supervised practice period for purposes of prescription certificate reactivation.

481—883.6(148,154B) Prescribing—joint rule. This rule applies to both conditional prescribing psychologists and prescribing psychologists. A psychologist shall comply with all prescription requirements described in rule 481—552.12(155A). The following limits apply to a psychologist's prescriptive authority:

1. A psychologist shall only prescribe psychotropic medications for the treatment of mental disorders.
2. A psychologist shall only prescribe psychotropic medications in situations where the psychologist has adequate education and training to safely prescribe.
3. A prescription shall identify the prescriber as a "psychologist certified to prescribe" and shall include the Iowa license number of the psychologist.
4. A prescription issued by a conditional prescribing psychologist shall contain the name of the supervising physician overseeing the care of the patient.
5. A psychologist shall not delegate prescriptive authority to any other person.
6. A psychologist is prohibited from prescribing narcotics as defined in Iowa Code section 124.101.
7. A psychologist shall maintain an active DEA registration and an active CSA registration in order to dispense, prescribe, or administer controlled substances.
8. A psychologist shall not self-prescribe nor prescribe to any person who is a member of the psychologist's immediate family or household.
9. Before prescribing a psychotropic medication that is classified as a controlled substance, a psychologist shall check the patient's prescriptive profile using the Iowa prescription monitoring program.
10. To prescribe to a patient who is pregnant or lactating, a psychologist shall consult with the patient's obstetrician-gynecologist or the physician managing the patient's pregnancy or postpartum care regarding all prescribing decisions. A psychologist shall not prescribe a psychotropic medication to a patient if the patient's obstetrician-gynecologist or the physician managing care objects on the basis of a contraindication.
11. To prescribe to a patient who has a serious medical condition, including but not limited to heart disease, kidney disease, liver disease, cancer, stroke, seizures, or comorbid psychological conditions, or to a patient who has a developmental or intellectual disability, a psychologist shall consult with the physician who is managing the comorbid condition for that patient regarding all prescribing decisions. A psychologist shall not prescribe a psychotropic medication if the patient's physician objects on the basis of a contraindication.
12. A psychologist shall not prescribe a new psychotropic medication, discontinue a psychotropic medication, or change the dosage of a psychotropic medication if the supervising physician or collaborating primary care provider objects on the basis of a contraindication.

481—883.7(148,154B) Consultation with primary care providers—joint rule. This rule applies to both conditional prescribing psychologists and prescribing psychologists. A psychologist shall maintain a cooperative relationship with the primary care provider who oversees a patient's general medical care to ensure that necessary medical examinations are conducted, the psychotropic medication is appropriate

for the patient's medical conditions, and significant changes in the patient's medical or psychological condition are discussed.

883.7(1) *Requirement for a primary care provider.* A patient must have a designated primary care provider who engages in the practice of family medicine, internal medicine, neurology, pediatrics, obstetrics and gynecology, or psychiatry in order for a psychologist to have the ability to prescribe psychotropic medications to the patient. If a patient does not have a designated primary care provider, a psychologist shall refer the patient to a primary care provider prior to prescribing psychotropic medications to the patient. A psychologist shall not prescribe psychotropic medications to a patient until the patient has established care with a primary care provider.

883.7(2) *Requirement for a release.* A psychologist shall obtain a release of information from the patient, or the patient's legal guardian when appropriate, authorizing the sharing of the patient's health information between the psychologist and the patient's primary care provider. A psychologist shall not prescribe psychotropic medications to a patient who refuses to sign a release.

883.7(3) *Cooperation and consultation with primary care provider.* A psychologist shall contact each patient's primary care provider on at least a quarterly basis and shall contact the primary care provider to relay information regarding the care of a patient whenever the following occur:

a. A psychologist is considering adding a new psychotropic medication to a patient's medication regimen. A psychologist shall not prescribe a new psychotropic medication if the patient's primary care provider objects on the basis of a contraindication.

b. A psychologist is discontinuing or changing the dosage of a psychotropic medication.

c. A patient experiences adverse effects from any medication prescribed by the psychologist that may be related to the patient's medical condition.

d. A psychologist receives the results of laboratory tests related to the medical care of a patient.

e. A psychologist notes a change in a patient's mental condition that may affect the patient's medical treatment.

481—883.8(148,154B) Collaborative practice—joint rule.

883.8(1) A prescribing psychologist shall have one or more collaborating physicians at all times, as evidenced by a current collaborative practice agreement. Prior to executing a collaborative practice agreement, a prescribing psychologist and a collaborating physician shall review and discuss each other's relevant education, training, experience, and competencies to determine whether a collaborative practice is appropriate and to facilitate drafting a suitable collaborative practice agreement. A collaborative relationship between a prescribing psychologist and a collaborating physician shall ensure patient safety and optimal clinical outcomes. Collaboration may be done in person or via electronic communication in accordance with these rules. A physician shall not serve as a collaborating physician for more than two prescribing psychologists at one time. A prescribing psychologist shall not prescribe without a current written collaborative practice agreement with a collaborating physician in place. All collaborative relationships shall be reviewed and evaluated on an annual basis to ensure that the prescribing psychologist is competent to safely prescribe psychotropic medications to patients and that the collaborating physician is providing appropriate feedback to the prescribing psychologist. A collaborative practice agreement shall establish the parameters of the collaborative practice that are mutually agreed upon by the prescribing psychologist and the collaborating physician and shall be reviewed on an annual basis.

883.8(2) A collaborative practice agreement shall include the following:

a. Prescribing psychologist information. The name, license number, DEA registration number, CSA registration number, address, telephone number, email address, and practice locations of the prescribing psychologist.

b. Collaborating physician information. The name, license number, DEA registration number, CSA registration number, address, telephone number, email address, and practice locations of the collaborating physician.

c. Time period. The time period covered by the agreement.

d. Locations and settings. The locations and settings where collaborative practice will occur.

e. Collaboration. A provision indicating that the collaborating physician and prescribing psychologist shall ensure that the collaborating physician is available for timely collaboration with a prescribing psychologist, either in person or via electronic communication, in accordance with these rules.

f. Scope of practice. The scope of practice agreed upon by the collaborating physician and the prescribing psychologist, as it relates to the prescribing psychologist's prescribing of psychotropic medications, including provisions to ensure that the prescribing psychologist's practice complies with all provisions of these rules.

g. Clinical protocols, practice guidelines, and care plans. Clinical protocols, practice guidelines, and care plans relevant to the scope of practice authorized.

h. Methods of communication. A description of how a prescribing psychologist and a collaborating physician may contact each other for consultation.

i. Limitations on psychotropic medications. A description of any limitations on the range of psychotropic medications the prescribing psychologist may prescribe. The collaborative practice agreement shall also include a provision indicating that the collaborating physician and prescribing psychologist shall ensure that the prescribing psychologist only prescribes psychotropic medications that are consistent with the prescribing psychologist's education, training, experience, and competence.

j. Limitations on patient populations. A description of any limitations on the types of populations that the prescribing psychologist may treat with psychotropic medications. The collaborative practice agreement shall also include a provision indicating that the collaborating physician and prescribing psychologist shall ensure that the prescribing psychologist only provides psychopharmacology services to patient populations that are within the prescribing psychologist's education, training, experience, and competence.

k. Release of information. A provision requiring the prescribing psychologist to obtain a release of information from all patients who are considered for psychopharmacological intervention, authorizing the prescribing psychologist to share the patient's health information with the collaborating physician.

l. Chart review. A provision indicating that the collaborating physician and prescribing psychologist shall ensure that the collaborative physician personally reviews and documents review of at least 10 percent of the prescribing psychologist's patient charts on a quarterly basis in each of the following categories:

(1) Juvenile patients,
(2) Pregnant or lactating patients,
(3) Elderly patients,
(4) Patients with serious medical conditions, and
(5) All other patients.

m. Annual review. A provision requiring an annual review and evaluation of the collaborative relationship and the collaborative practice agreement.

n. Consultation between the prescribing psychologist and the collaborating physician. A provision requiring that the prescribing psychologist consult with the collaborating physician on a regular basis regarding the patient's psychotropic treatment plan and any potential complications. A prescribing psychologist shall not prescribe a new psychotropic medication, discontinue a psychotropic medication, or change the dosage of a psychotropic medication if the collaborating physician objects on the basis of a contraindication.

o. Consultation between the collaborating physician and the primary care provider. A provision requiring that the collaborating physician consult with the patient's primary care provider on a regular basis regarding the patient's psychotropic treatment plan and any potential complications.

p. Termination. A provision describing how the agreement can be terminated and the process for notifying affected patients if there will be an interruption in services.

q. Signatures. Signatures of the prescribing psychologist and all collaborating physicians.

481—883.9(154B) Grounds for discipline. The board may deny, suspend, revoke, or impose other discipline as outlined in 481—Chapter 504 against a psychologist who holds a conditional prescription certificate or prescription certificate for any of the following:

883.9(1) Violating any of the grounds for discipline set forth in rule 481—882.2(147,272C).

883.9(2) The inability to safely prescribe psychotropic medications.

883.9(3) Prescribing medications in violation of rule 481—883.6(148,154B).

883.9(4) Repeatedly failing to cooperate and collaborate with primary care physicians.

883.9(5) Prescribing psychotropic medications without a current written collaborative practice agreement.

883.9(6) Failing to maintain malpractice insurance that covers the prescribing of psychotropic medications.

883.9(7) Practicing outside the scope of a collaborative practice agreement.

883.9(8) Prescribing medications while the conditional prescription certificate or prescription certificate is inactive, or prescribing controlled substances while the DEA registration or CSA registration is not current.

883.9(9) Having a conditional prescription certificate or prescription certificate disciplined by the licensing authority of another state.

883.9(10) Having a license or health service provider certification disciplined by the board or the licensing authority of another state.

481—883.10(154B) List of psychologists. The board shall maintain a list of all current conditional prescribing psychologists and prescribing psychologists. The list shall be transmitted annually to the board of medicine.

883.10(1) *Information.* The list shall include the name of the psychologist, license number, license expiration date, expiration date of the conditional prescription certificate or prescription certificate, and practice locations.

883.10(2) *Additions and deletions.* When a psychologist is added or removed from the list, the board shall notify the board of medicine of the addition or deletion.

481—883.11(148,154B) Complaints—joint rule. Any complaint received by the board alleging a violation of this chapter shall be forwarded to the board of medicine. Any complaint received by the board of medicine alleging a violation of this chapter shall be forwarded to the board.

481—883.12(148,154B) Joint waiver—joint rule. Any rule identified as a joint rule may only be waived upon approval by both the board and the board of medicine.

481—883.13(148,154B) Amendment—joint rule. Any rule identified as a joint rule may only be amended by agreement of the board and board of medicine through a joint rulemaking process.

These rules are intended to implement Iowa Code chapters 148 and 154B.

ITEM 2. Rescind and reserve **481—Chapter 889**.

[Filed 6/17/25, effective 8/13/25]
[Published 7/9/25]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9410C

INSPECTIONS AND APPEALS DEPARTMENT[481]

Adopted and Filed

Rulemaking related to practice of behavioral health professionals

The Board of Behavioral Health Professionals hereby adopts a new Chapter 884, "Practice of Social Workers, Psychologists, Marriage and Family Therapists, and Mental Health Counselors"; rescinds Chapter 885, "Licensure of Psychologists," and adopts a new Chapter 885, "Adoption of Uniform and Model Rules"; and rescinds Chapter 888, "Practice of Psychology," Chapter 890, "Adoption of Uniform and Model Rules," Chapter 894, "Adoption of Uniform and Model Rules," Chapter 897, "Practice of Social Workers," and Chapter 899, "Adoption of Uniform and Model Rules," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code chapters 154B, 154C, 154D, and 272C.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code chapters 147, 154B, 154C, 154D, and 272C.

Purpose and Summary

This rulemaking provides Iowans, licensees, and employers with practice guidance and requirements for social workers, psychologists, marriage and family therapists, and mental health counselors. These rules were reviewed through the 2023 Red Tape Review in accordance with Executive Order 10. This rulemaking consolidates the three practice chapters into one chapter pursuant to the merger of the three boards into the Board of Behavioral Health Professionals. It also consolidates the uniform and model rules adopted by the Board into one chapter.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on February 19, 2025, as **ARC 8880C**. A public hearing was held on the following date(s):

- March 11, 2025

No one attended the public hearing. No public comments were received.

It came to the Board's attention that the uniform and model rules adopted by each of the boards prior to the merger had been inadvertently left out of the consolidation. Chapters 890, 894, and 899 contain identical language to adopt the uniform model rules under the names of the former three boards. Changes from the Notice have been made to rescind all three of the aforementioned chapters and repromulgate the uniform and model rules adoption under the proper name of the Board of Behavioral Health Professionals in Chapter 885. The item to rescind and reserve 481—Chapter 891 has also been removed since it is being rescinded and reserved in **ARC 9401C**.

Adoption of Rulemaking

This rulemaking was adopted by the Board on May 27, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, if any, pursuant to 481—Chapter 6.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Adopt the following **new** 481—Chapter 884:

CHAPTER 884
PRACTICE OF SOCIAL WORKERS, PSYCHOLOGISTS, MARRIAGE AND FAMILY THERAPISTS, AND MENTAL HEALTH COUNSELORS

481—884.1(154B,154C) Definitions.

"APA" means the American Psychological Association.

"Client" means the individual, couple, family, or group to whom a licensee provides direct social work services.

"Clinical records" means records created by a licensee regarding the observation and treatment of patients, such as progress notes, but does not include psychotherapy notes.

"Clinical services" means services provided by a licensed master social worker (LMSW) or licensed independent social worker (LISW) that involve the professional application of social work theory and methods in diagnosing, assessing, treating, and preventing psychosocial disabilities or impairments, including emotional and mental disorders.

"Counseling" means a method used by licensees to assist clients in learning how to solve problems and make decisions about personal, health, social, educational, vocational, financial, and other interpersonal concerns.

"Examinee" means a person who is the subject of a forensic examination for the purpose of informing a decision maker or attorney about the psychological functioning of that examinee.

"HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and related regulations promulgated thereunder.

"Patient" means an individual under the care of a licensee in a clinical role and is synonymous with the term "client."

"Personal representative" means a person authorized to act on behalf of the patient in making health care-related decisions, such as a parent or legal guardian, an individual with a health care power of attorney, an individual with a general power of attorney or durable power of attorney that includes the power to make health care decisions, or a court-appointed legal guardian.

"Psychosocial therapy" means a specialized, formal interaction between an LMSW or LISW and a client in which a therapeutic relationship is established and maintained to assist the client in overcoming or abating specific emotional, mental, or social problems and achieving specified goals for well-being. Psychosocial therapy is a form of psychotherapy that emphasizes the interface between the client and the client's environment. Therapy is a planned, structured program based on a diagnosis and is directed to accomplish measurable goals and objectives specified in the client's individual treatment plan.

"Psychotherapy notes" means notes recorded by a licensee documenting or analyzing the contents of a conversation during a private therapy session with a patient, or a group, joint, or family therapy session, that are maintained separately from the patient's clinical records. "Psychotherapy notes" excludes medication prescription monitoring, counseling session start and stop times, the modalities and

frequencies of treatment furnished, results of any clinical tests, and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

"Telepsychology" means the provision of psychological services using telecommunication technologies.

"Test data" means raw and scaled scores, patient responses to test questions or stimuli, and notes and recordings concerning patient statements and behavior during an examination.

"Test materials" means the test questions, scoring keys, protocols, and manuals that do not include personally identifying information about the subject of the test.

481—884.2(147,154B,272C) Purpose and scope. The purpose of this rule is to set the minimum standards of practice for psychologists practicing in Iowa. The practice of psychology is occurring in Iowa if the patient or examinee is located in Iowa. Psychologists will ensure any interns or residents under supervision adhere to the minimum standards of practice and must comply with the requirements set forth in 481—subrule 880.2(6). The APA Code of Ethics, published January 1, 2017, is applicable and enforceable to the extent it does not conflict with any standards of practice set forth in this chapter. A psychologist may be disciplined for any violation of this chapter or the APA Code of Ethics.

884.2(1) *Access to records.*

a. Clinical records generally. When records are requested along with a signed release from the patient or the patient's personal representative, a psychologist will provide requested clinical records in a timely manner unless there is a ground for denial under HIPAA (Health Insurance Portability and Accountability Act of 1996, PL No. 104-191, August 21, 1996, 110 Stat. 1936).

b. Psychotherapy notes. A psychologist is not required to release psychotherapy notes in response to a signed release; if a psychologist chooses to release psychotherapy notes, a signed release specifically authorizing the release of those notes will be provided.

c. Substance use disorder treatment programs. Psychologists who practice in a federally assisted substance use disorder treatment program, also known as a Part 2 program, are prohibited from disclosing any information that would identify a patient as having a substance use disorder unless the patient provides written consent in compliance with Part 2 requirements.

d. Clinical records of minor patients. A minor patient is a patient who is under the age of 18 and is not emancipated. A psychologist is not required to release the clinical records of a minor patient to the minor's personal representative if releasing such records is not in the minor's best interest. When a minor patient reaches the age of 18, the clinical records belong to the patient.

e. Clinical records of deceased patients. A psychologist will provide the clinical records of a deceased patient to the deceased patient's executor upon a written request accompanied by a copy of the patient's death certificate and a copy of the legal document identifying the requestor as the patient's executor.

f. Forensic records. A psychologist will provide forensic records consistent with the APA Specialty Guidelines for Forensic Psychology published January 2011.

g. Board. A psychologist shall provide clinical records, test data, or forensic records to the board as requested during the investigation of a complaint. A psychologist is not required to obtain a patient release to send such information to the board because the board is a health oversight agency.

h. Exceptions. These rules do not apply when there is a legal basis for not disclosing requested information.

884.2(2) *Psychological testing.* A psychologist may administer psychological tests and assessments to a patient or examinee if the psychologist has appropriate training for any psychological test or assessment utilized and the test or assessment is scientifically founded.

a. Use of proctors. A psychologist may delegate the administration of a standardized test, intelligence test, or objective personality assessment to an appropriately trained individual. The psychologist is responsible for supervising any proctors.

b. Release of test data. A psychologist will not provide test data to any person, with the exception that the test data with proper written release may be disclosed to a licensed psychologist designated by

the patient or examinee. A psychologist who receives test data in this manner shall not further disseminate the test data.

c. Release of test materials. A psychologist shall not disclose test materials to any person, except for another licensed psychologist who has been designated in writing by the subject of a psychological test to receive the records associated with the psychological testing of the subject. A psychologist shall not disclose test materials in any administrative, judicial, or legislative proceeding.

884.2(3) *Judicial proceedings.* Prior to participating in a judicial proceeding, a psychologist will become familiar with the rules governing the proceeding. A psychologist will understand and clearly identify the psychologist's role in the proceeding.

a. Licensure. A license to practice psychology in Iowa or an exemption from licensure is not required solely to testify as an expert witness in court, if the psychologist did not personally examine the examinee. A psychologist who personally examines an examinee located in Iowa for the purpose of providing an expert opinion is required to be licensed or exempt from licensure at the time of the evaluation.

b. Custody evaluations. A psychologist who performs a child custody evaluation will comply with the APA Guidelines for Child Custody Evaluations in Family Law Proceedings published December 2010.

884.2(4) *Telepsychology.* A psychologist may practice telepsychology provided the following are met:

a. The psychologist must be licensed or be exempt from licensure in the jurisdiction where the patient or examinee is located.

b. Prior to initiating telepsychology with a new patient or examinee, a psychologist will take reasonable steps to verify the identity and location of the patient or examinee.

c. A psychologist will ensure informed consent for telepsychology includes a description of any limitations of services as a result of the technology utilized.

d. A psychologist will gain competency in the use of a particular technology prior to utilizing it in practice. A psychologist shall only use technologies that are secure and functioning properly.

e. A psychologist will apply the same ethical and professional standards of care and professional practice that are required when providing in-person psychological services. If the same standard of care cannot be met with telepsychology, a psychologist will not utilize telepsychology.

884.2(5) *Records.* A psychologist will complete clinical records as soon as practicable to ensure continuity of services. All clinical records shall be completed within 30 days after the service or evaluation is complete unless there are significant extenuating circumstances. Clinical records and psychotherapy notes will be retained for at least seven years after the last date of service, or until at least three years after a minor reaches the age of 18, whichever is later. Forensic records will be completed and retained consistent with the APA Specialty Guidelines for Forensic Psychology published January 2011.

481—884.3(147) Mental health counselor and marriage and family therapist recordkeeping.

884.3(1) A mental health counselor or marriage and family therapist shall maintain sufficient, timely, and accurate documentation in client records.

884.3(2) For purposes of this rule, "client" means the individual, couple, family, or group to whom a mental health counselor or marriage and family therapist provides direct clinical services.

884.3(3) A mental health counselor's or marriage and family therapist's records shall reflect the services provided, facilitate the delivery of services, and ensure continuity of services in the future.

884.3(4) Clinical services. A mental health counselor or marriage and family therapist who provides clinical services in any employment setting, including private practice, shall:

a. Store records in accordance with state and federal statutes and regulations governing record retention and with the guidelines of the mental health counselor's or marriage and family therapist's employer or agency, if applicable. If no other legal provisions govern record retention, a mental health counselor or marriage and family therapist shall store all client records for a minimum of seven years after the date of the client's discharge or death or, in the case of a minor, for three years after the client

reaches the age of majority under state law or seven years after the date of the client's discharge or death, whichever is longer.

b. Maintain timely records that include subjective and objective data, an assessment, a treatment plan, and any revisions to the assessment or plan made during the course of treatment.

c. Provide the client with reasonable access to records concerning the client. A mental health counselor or marriage and family therapist who is concerned that a client's access to the client's records could cause serious misunderstanding or harm to the client shall provide assistance in interpreting the records and consultation with the client regarding the records. A mental health counselor or marriage and family therapist may limit a client's access to the client's records, or portions of the records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both the client's request for access and the licensee's rationale for withholding some or all of a record shall be documented in the client's records.

d. Take steps to protect the confidentiality of other individuals identified or discussed in any records to which a client is provided access.

884.3(5) Electronic recordkeeping. The requirements of this rule apply to electronic records as well as to records kept by any other means. When electronic records are kept, the mental health counselor or marriage and family therapist shall ensure that a duplicate hard-copy record or a backup, unalterable electronic record is maintained.

884.3(6) Correction of records.

a. Hard-copy records. Original notations shall be legible, be written in ink, and contain no erasures or whiteouts. If incorrect information is placed in the original record, it must be crossed out with a single, nondeleting line and be initialed and dated by the mental health counselor or marriage and family therapist.

b. Electronic records. If a record is stored in an electronic format, the record may be amended with a signed addendum attached to the record.

884.3(7) Confidentiality and transfer of records. Marital and family therapists or mental health counselors shall preserve the confidentiality of client records in accordance with their respective rules of conduct and with federal and state law. Upon receipt of a written release or authorization signed by the client, the licensee shall furnish such therapy records, or copies of the records, as will be beneficial for the future treatment of that client. A fee may be charged for duplication of records, but a mental health counselor or marriage and family therapist shall not refuse to transfer records for nonpayment of any fees. A written request may be required before transferring the record(s).

884.3(8) Retirement, death or discontinuance of practice.

a. If a mental health counselor or marriage and family therapist is retiring or discontinuing practice and is the owner of a practice, the mental health counselor or marriage and family therapist shall notify in writing all active clients and, upon knowledge and agreement of the clients, shall make reasonable arrangements with those clients to transfer client records, or copies of those records, to the succeeding licensee.

b. Upon a mental health counselor's or marriage and family therapist's death:

(1) The mental health counselor's or marriage and family therapist's employer or representative must ensure that all client records are transferred to another licensee or entity that is held to the same standards of confidentiality and agrees to act as custodian of the records.

(2) The mental health counselor's or marriage and family therapist's employer or representative shall notify each active client that the client's records will be transferred to another licensee or entity that will retain custody of the records and that, at the client's written request, the records will be sent to the licensee or entity of the client's choice.

884.3(9) Nothing stated in this rule shall prohibit a mental health counselor or marriage and family therapist from conveying or transferring the client records to another licensed individual who is assuming a practice, provided that written notice is furnished to all clients.

481—884.4(154C) Social work rules of conduct.

884.4(1) *Informed consent.*

a. A social worker will provide services to clients only in the context of a professional relationship based, when appropriate, on valid written informed consent. A social worker will use clear and understandable language to inform clients about the nature of available services, potential benefits and risks, limits and risks of confidentiality, alternative ways of receiving assistance, applicable fees, and involvement of and sharing information with third parties.

b. If a client has difficulty communicating, a social worker will attempt to ensure the client's comprehension. This may include providing the client with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible. A social worker will provide information in a manner that is understandable and culturally appropriate for the client. Clients will be given sufficient opportunity to ask questions and receive answers about social work services, including electronic delivery of services, if appropriate.

c. If a client lacks the capacity to provide informed consent, a social worker will protect the client's interests by seeking permission from an appropriate third party and will inform the client consistent with the client's level of understanding. In such instances, a social worker will seek to ensure that the third party acts in a manner consistent with the client's wishes and interests. A social worker will take reasonable steps to enhance the client's ability to give informed consent.

d. If a client is receiving services involuntarily, a social worker will provide information about the nature and extent of services and about the extent of the client's right to refuse services.

e. The provision of social work services to an individual in this state through any electronic means, including the Internet, telephone, or the Iowa communications network or any fiberoptic media, regardless of the location of the social worker, constitutes the practice of social work in the state of Iowa and will be subject to regulation in accordance with Iowa Code chapters 147 and 154C and the administrative rules of the board. A social worker who provides services via electronic media will inform recipients of the limitations and risks associated with such services.

f. A social worker will obtain a client's informed consent before audiotaping or videotaping the client or permitting a third party to observe services provided to the client.

g. A social worker will develop policies regarding the sharing, retention, and storage of digital and other electronic communications and records and will inform clients of applicable policies.

884.4(2) *Competence.*

a. A social worker will provide services and represent oneself as competent only within the boundaries of the social worker's education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

b. A social worker will provide services in substantive areas or use intervention techniques or approaches that are new only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those areas, interventions, or techniques.

c. When generally recognized standards do not exist with respect to an emerging area of practice, a social worker will exercise careful judgment and take responsible steps, including appropriate education, research, training, consultation and supervision, to ensure competence and to protect clients from harm.

884.4(3) *Supervision.*

a. A social worker will exercise appropriate supervision over persons who practice under the supervision of the social worker.

b. A social worker who provides supervision or consultation will have the necessary knowledge and skill to supervise or consult appropriately and will do so only within the social worker's areas of knowledge and competence.

c. A social worker who provides supervision or consultation is responsible for setting clear, appropriate, and culturally sensitive boundaries.

d. A social worker will not engage in any dual or multiple relationships with supervisees if there is a risk of exploitation of or potential harm to the supervisee.

e. A social worker will not engage in sexual activities or sexual contact with a supervisee, student, trainee, or other colleague over whom the social worker exercises professional or supervisory authority.

f. A social worker will not employ, assign, or supervise an individual in the performance of services that require a license if the individual has not received a license to perform the services or if the individual has a suspended, revoked, lapsed, or inactive license.

g. A social worker will not practice without receiving supervision, as needed, given the social worker's level of practice, experience, and need.

884.4(4) *Privacy and confidentiality.*

a. A social worker will not disclose or be compelled to disclose client information unless required by law, except under the following limited circumstances:

(1) Situations in which the social worker determines that disclosure is necessary to prevent serious, foreseeable, and imminent harm to the client or another specific identifiable person.

(2) Situations in which the client waives the privilege by bringing criminal, civil, or administrative charges or action against a social worker.

(3) With the written informed consent of the client that explains to whom the client information will be disclosed or released and the purpose and time frame for the release of information. If the client is deceased or unable to provide informed consent, a social worker will obtain written consent from the client's personal representative, another person authorized to sue, or the beneficiary of an insurance policy on the client's life, health, or physical condition.

(4) To testify in a court or administrative hearing concerning matters pertaining to the welfare of children.

(5) To seek collaboration or consultation with professional colleagues or administrative superiors on behalf of the client.

(6) Pursuant to a validly issued subpoena or court order.

In the event of a disclosure of information under any of the circumstances stated above, the social worker will disclose the least amount of confidential information necessary and will reveal only that information that is directly relevant to the purpose for which the disclosure is made.

b. Before the disclosure is made, on the basis of client consent or other legal basis, a social worker will inform the client, to the extent possible, about the disclosure of confidential information and the potential consequences of the disclosure.

c. A social worker will discuss with clients and other interested parties the nature of confidentiality and limitations of a client's right to confidentiality. A social worker will review with clients the circumstances under which confidential information may be requested and when disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the professional relationship and as needed throughout the course of the relationship.

d. When a social worker provides counseling or psychosocial therapy services to families, couples, or groups, the social worker will seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. A social worker will inform participants in family, couples, or group counseling or psychosocial therapy that the social worker cannot guarantee that all participants will honor such agreements.

e. A social worker will inform clients involved in family, couples, marital, or group counseling or psychosocial therapy of the policy of the social worker, the social worker's employer, and the agency concerning the social worker's disclosure of confidential information among the parties involved in the counseling or psychosocial therapy.

f. A social worker will not disclose confidential information to third-party payers unless a client has authorized such disclosure. A social worker will inform the client of the nature of the client information to be disclosed or released to the third-party payer.

g. A social worker will not discuss confidential information in any setting unless privacy can be ensured.

h. A social worker will protect the confidentiality of clients during legal proceedings to the extent permitted by law.

i. A social worker will protect the confidentiality of clients when the social worker is responding to requests from members of the media.

j. A social worker will protect the confidentiality of clients' written and electronic records and other sensitive information. A social worker will take reasonable steps to ensure that client records are stored in a secure location and that client records are not available to others who are not authorized to have access.

k. A social worker will take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones, telephone answering machines, and other electronic or computer technology.

l. A social worker will transfer or dispose of client records in a manner that protects client confidentiality and is consistent with federal and state statutes, rules and regulations and the guidelines of the social worker's employer or agency, if applicable.

m. A social worker will take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.

n. A social worker will not disclose identifying information when discussing a client for teaching or training purposes or in public presentations unless the client has consented to disclosure of confidential information.

o. A social worker will not disclose identifying information when discussing a client with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

p. Consistent with the preceding standards, a social worker will protect the confidentiality of deceased clients.

884.4(5) *Recordkeeping.*

a. A social worker will maintain sufficient, timely, and accurate documentation in client records. A social worker's records will reflect the services provided, facilitate the delivery of services, and ensure continuity of services in the future.

b. A social worker who provides clinical services in any employment setting, including private practice, will maintain timely records that include subjective and objective data, assessment or diagnosis, a treatment plan, and any revisions to the assessment, diagnosis, or plan made during the course of treatment.

c. A social worker who provides clinical services will store records in accordance with state and federal statutes, rules, and regulations governing record retention and with the guidelines of the social worker's employer or agency, if applicable. If no other legal provisions govern record retention, a social worker will store all client records for a minimum of seven years following the termination of services to ensure reasonable future access.

884.4(6) *Access to records.* A social worker who provides clinical services will:

a. Provide the client with reasonable access to records concerning the client. A social worker who is concerned that a client's access to the client's records could cause serious misunderstanding or harm to the client will provide assistance in interpreting the records and consultation with the client regarding the records. A social worker may limit a client's access to the client's records, or portions of the records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both the client's request and the rationale for withholding some or all of a record should be documented in the client's records.

b. Take steps to protect the confidentiality of other individuals identified or discussed in any records to which a client is provided access.

884.4(7) *Billing and fees.*

a. A social worker will bill only for services that have been provided.

b. A social worker will not accept goods or services from the client or a third party in exchange for the social worker's services.

c. A social worker will not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social worker's employer or agency.

d. A social worker will not accept, give, offer or solicit a fee, commission, rebate, fee split, or other form of consideration for the referral of a client.

e. A social worker will not permit any person to share in the fees for professional services, other than a partner, an employee, an associate in a professional firm, or a consultant to the social worker.

f. A social worker who provides clinical services will, when appropriate:

(1) Establish and maintain billing practices that accurately reflect the nature and extent of services provided.

(2) Inform the client of the fee for services at the initial session or meeting with the client. A social worker will provide a written payment arrangement to a client at the commencement of the professional relationship.

884.4(8) *Dual relationships and conflicts of interest.*

a. "Dual relationship" means that a social worker develops or assumes a secondary role with a client, including but not limited to a social relationship, an emotional relationship, an employment relationship, or a business association. For purposes of these rules, "dual relationship" does not include a sexual relationship. Standards governing sexual relationships are found in subrule 884.4(9).

(1) Current clients. A social worker will not engage in a dual relationship with a client.

(2) Former clients. A social worker will not engage in a dual relationship with a client within five years of the termination of the client relationship. A social worker will not engage in a dual relationship with a former client, regardless of the length of time elapsed since termination of the client relationship, when there is a risk of exploitation or potential harm to a client or former client.

(3) Unavoidable dual relationships with current and former clients. If a dual relationship with a current or former client is unavoidable, the social worker will take steps to protect the client and will be responsible for setting clear, appropriate, and culturally sensitive boundaries. The burden will be on the social worker to show that the dual relationship was unavoidable. In determining whether a dual relationship was unavoidable, the board will consider the size of the community, the nature of the relationship, and the risk of exploitation or harm to a client or former client.

b. Conflicts of interest.

(1) A social worker will avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment.

(2) A social worker will not continue in a professional relationship with a client when the social worker has become emotionally involved with the client to the extent that objectivity is no longer possible in providing the required professional services.

(3) A social worker will inform the client when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the client's interests primary and protects the client's interests to the greatest extent possible. In some cases, protecting the client's interests may require termination of the professional relationship with proper referral of the client.

(4) A social worker will not take unfair advantage of any professional relationship or exploit others to further the social worker's personal, religious, political, or business interests.

(5) A social worker who provides services to two or more people who have a relationship with each other will clarify with all parties, when appropriate and in a manner consistent with the confidentiality standards of subrule 884.4(4), which individuals will be considered clients and the nature of the social worker's professional obligations to the various individuals who are receiving services. A social worker who anticipates a conflict of interest among the individuals receiving services or who anticipates having to perform in potentially conflicting roles will clarify, when appropriate and in a manner consistent with the confidentiality standards at subrule 884.4(4), the social worker's role with the parties involved and take appropriate action to minimize any conflict of interest.

884.4(9) *Sexual relationships.*

a. Current clients. A social worker will not engage in sexual activities or sexual contact with a client, regardless of whether such contact is consensual or nonconsensual.

b. Former clients. A social worker will not engage in sexual activities or sexual contact with a former client within the five years following termination of the client relationship. A social worker will not engage in sexual activities or sexual contact with a former client, regardless of the length of time elapsed since termination of the client relationship, if the client has a history of physical, emotional, or

sexual abuse or if the client has ever been diagnosed with any form of psychosis or personality disorder or if the client is likely to remain in need of therapy due to the intensity or chronicity of a problem.

c. A social worker will not engage in sexual activities or sexual contact with a client's or former client's spouse or significant other.

d. A social worker will not engage in sexual activities or sexual contact with a client's or former client's relative within the second degree of consanguinity (client's parent, grandparent, child, grandchild, or sibling) when there is a risk of exploitation or potential harm to a client or former client.

e. A social worker will not provide clinical services to an individual with whom the social worker has had prior sexual contact.

884.4(10) *Physical contact.* A social worker will not engage in physical contact with a client when there is a possibility of psychological harm to the client as a result of the contact. A social worker who engages in appropriate physical contact with a client is responsible for setting clear, appropriate, and culturally and age-sensitive boundaries that govern such contact.

884.4(11) *Termination of services.*

a. A social worker will terminate services when such services are no longer required or no longer serve the client's needs or interests.

b. A social worker will take reasonable steps to avoid abandoning clients who are still in need of services. A social worker will assist in making appropriate arrangements for continuation of services when necessary.

c. A social worker will not terminate services to pursue a social, financial, business, romantic, or sexual relationship with a client.

d. A social worker who anticipates the termination or interruption of services to a client will notify the client promptly and seek the transfer, referral, or continuation of services in relation to the client's needs and preferences.

e. A social worker who is leaving an employment setting will inform clients, to the extent possible given the nature of the termination of the employment relationship, of appropriate options for the continuation of services and of the benefits and risks of the options.

f. If the employer who terminates a social worker is also a social worker, the employer will provide notice to clients or allow the social worker the opportunity to provide notice to clients to ensure appropriate case closure or continuation or transfer of services if continued treatment is necessary.

g. A social worker who provides clinical services will comply with the following additional standards regarding termination of the client relationship:

(1) Termination of a client relationship will be documented in the client record. Absent written documentation of termination, the professional relationship will be considered ongoing.

(2) A social worker who practices in a fee-for-service setting may terminate services to a client who is not paying an overdue balance only if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client. Prior to terminating services under this subrule, a social worker will make reasonable efforts to collect the unpaid fees and will make appropriate referrals for the client.

884.4(12) *Misrepresentations, disclosure.* A social worker will not:

a. Knowingly make a materially false statement, or fail to disclose a relevant material fact, in a letter of reference, application, referral, report or other document.

b. Knowingly allow another person to use the social worker's license or credentials.

c. Knowingly aid or abet a person who is misrepresenting the person's professional credentials or competencies.

d. Impersonate another person or misrepresent an organizational affiliation in one's professional practice.

e. Further the application or make a recommendation for professional licensure of another person who is known by the social worker to be unqualified in respect to character, education, experience, or other relevant attribute.

f. Fail to notify the appropriate licensing authority of any human services professional who is practicing or teaching in violation of the laws or rules governing that person's professional discipline.

g. Engage in professional activities, including advertising, that involve dishonesty, fraud, deceit, or misrepresentation.

h. Advertise services in a false or misleading manner or fail to indicate in the advertisement the name, highest relevant degree, and licensure status of the provider of services.

i. Fail to distinguish, or purposely mislead the reader or listener, in public announcements, addresses, letters and reports as to whether the statements are made as a private individual or whether they are made on behalf of an employer or organization.

j. Engage in direct solicitation of potential clients for pecuniary gain in a manner or in circumstances that constitute overreacting, undue influence, misrepresentation or invasion of privacy.

k. Fail to inform each client of any financial interests that might accrue to the social worker for referral to any other person or organization or for the use of tests, books, or apparatus.

l. Fail to inform each client that the client may be entitled to the same services from a public agency if the social worker is employed by that public agency and also offers services privately.

m. Make claims of professional superiority that cannot be substantiated by the social worker.

n. Guarantee that satisfaction or a cure will result from the performance of professional services.

o. Claim or use any secret or special method of treatment or techniques that the social worker refuses to divulge to professional colleagues.

p. Take credit for work not personally performed, whether by giving inaccurate information or failing to give accurate information.

q. Offer social work services or use the designation of licensed bachelor social worker, licensed master social worker, or licensed independent social worker; use the designations licensed baccalaureate social worker (LBSW), LMSW, or LISW or any other designation indicating licensure status; or hold oneself out as practicing at a certain level of licensure unless the social worker is duly licensed as such.

r. Permit another person to use the social worker's license for any purpose.

s. Practice outside the scope of a license.

884.4(13) *Impairments.*

a. A social worker will not:

(1) Practice in a professional relationship while intoxicated or under the influence of alcohol or drugs not prescribed by a licensed physician.

(2) Practice in a professional relationship while experiencing a mental or physical impairment that adversely affects the ability of the social worker to perform professional duties in a competent and safe manner.

(3) Practice in a professional relationship if involuntarily committed for treatment of mental illness, drug addiction, or alcoholism.

b. A social worker who self-reports an impairment or suspected impairment to the board may be eligible for confidential monitoring by the impaired practitioner review committee. The social worker will be provided the Impaired Practitioner Report form to initiate the process. Standards governing the impaired practitioner review committee may be found in 193—Chapter 12.

884.4(14) *Research.* If engaged in research, a social worker will:

a. Consider carefully the possible consequences for human beings participating in the research.

b. Protect each participant from unwarranted physical and mental harm.

c. Ensure that the consent of the participant is voluntary and informed and that each participant executes a signed informed consent form that details the nature of the research and any known possible consequences.

d. Treat information obtained as confidential.

e. Not knowingly report distorted, erroneous, or misleading information.

884.4(15) *Organization relationships and business practices.* A social worker will not:

a. Solicit the clients of colleagues or assume professional responsibility for clients of another agency or colleague without appropriate communication with that agency or colleague.

b. Abandon an agency, organization, institution, or group practice without reasonable notice or under circumstances that seriously impair the delivery of professional care to clients.

c. Deliberately falsify client records.

d. Fail to submit required reports and documents in a timely fashion to the extent that the well-being of the client is adversely affected.

e. Delegate professional responsibilities to a person when the social worker knows, or has reason to know, that the person is not qualified by training, education, experience, or classification to perform the requested duties.

884.4(16) *Discrimination and sexual harassment.*

a. A social worker will not practice, condone, or facilitate discrimination against a client, student, or supervisee on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, mental or physical disability, diagnosis, or social or economic status.

b. A social worker will not sexually harass a client, student, or supervisee. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

884.4(17) *General.* A social worker will not:

a. Practice without receiving supervision as needed, given the social worker's level of practice, experience, and need.

b. Practice a professional discipline without an appropriate license or after expiration of the required license.

c. Physically or verbally abuse a client or colleague.

d. Obtain, possess, or attempt to obtain or possess a controlled substance without lawful authority; or sell, prescribe, give away, or administer controlled substances.

884.4(18) *Relationship between the board's rules of conduct and the National Association of Social Workers (NASW) Code of Ethics.* The NASW Code of Ethics is one resource for practitioners with respect to practice and ethical issues, and selected sections from the NASW Code of Ethics have been incorporated into the rules of conduct. A social worker's professional conduct is governed by the board's rules of conduct, and a social worker may be disciplined for violation of these rules.

884.4(19) *Electronic social work services.* A social worker will:

a. Assess the client's suitability and capacity for online and remote services at the point of the client's first contact and use professional judgment to determine whether an initial in-person, videoconference, or telephone consultation is warranted before undertaking electronic social work services.

b. Take reasonable steps to verify the client's identity, ability to consent to services, and location. When verification of a client's identity is not feasible, social workers will inform the client of the limitations of services that can be provided.

c. Continually assess a client's suitability for electronic social work services during the course of the professional relationship.

These rules are intended to implement Iowa Code chapters 154B, 154C and 154D.

ITEM 2. Adopt the following **new** 481—Chapter 885:

CHAPTER 885
ADOPTION OF UNIFORM AND MODEL RULES

481—885.1(17A,272C) Board of behavioral health professions adoption of uniform and model rules. The board hereby adopts by reference the following:

885.1(1) Uniform Rules on Agency Procedure, 481—Chapter 2, 481—Chapter 3, 481—Chapter 4, 481—Chapter 5, and 481—Chapter 6.

885.1(2) Military Service, Veteran Reciprocity, and Spouses of Active-Duty Service Members, 481—Chapter 7.

885.1(3) Licensing and Child Support Noncompliance, Student Loan Repayment Noncompliance, and Nonpayment of State Debt, 481—Chapter 8.

885.1(4) Model Rules for Board Administrative Processes, 481—Chapter 500.

885.1(5) Model Rules for Licensure by Verification or Work Experience, 481—Chapter 501.

885.1(6) Model Rules for Use of Criminal Convictions in Eligibility Determinations and Initial Licensing Decisions, 481—Chapter 502.

885.1(7) Model Rules for Complaints and Investigations, 481—Chapter 503.

885.1(8) Model Rules for Discipline, 481—Chapter 504.

885.1(9) Model Rules for Licensee Review Committee, 481—Chapter 505.

885.1(10) Model Rules for Contested Cases before Licensing Boards and Settlements, 481—Chapter 506.

885.1(11) Model Rules for Licensing Division Fees, 481—Chapter 507.

This rule is intended to implement Iowa Code chapters 17A and 272C.

ITEM 3. Rescind and reserve **481—Chapter 888**.

ITEM 4. Rescind and reserve **481—Chapter 890**.

ITEM 5. Rescind and reserve **481—Chapter 894**.

ITEM 6. Rescind and reserve **481—Chapter 897**.

ITEM 7. Rescind and reserve **481—Chapter 899**.

[Filed 6/17/25, effective 8/13/25]
[Published 7/9/25]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9405C

IOWA FINANCE AUTHORITY[265]

Adopted and Filed

Rulemaking related to contested cases

The Iowa Finance Authority hereby rescinds Chapter 7, "Contested Cases," Iowa Administrative Code, and adopts a new chapter with the same title.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code chapter 17A and section 16.5.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code chapter 17A.

Purpose and Summary

Pursuant to Executive Order 10, the Authority is rescinding Chapter 7 and adopting a new chapter in lieu thereof. The chapter eliminates language that is duplicative of statutory language, eliminates unnecessary and inconsistent language, removes unnecessarily restrictive terms, and updates outdated language.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on April 30, 2025, as **ARC 9187C**. A public hearing was held on the following date(s):

- May 20, 2025
- May 22, 2025

No one attended the public hearings. No public comments were received. No changes from the Notice have been made.

Adoption of Rulemaking

This rulemaking was adopted by the Authority Board on June 4, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Authority for a waiver of the discretionary provisions, if any, pursuant to 265—Chapter 18.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Rescind 265—Chapter 7 and adopt the following **new** chapter in lieu thereof:

CHAPTER 7
CONTESTED CASES

265—7.1(17A) Scope and applicability. This chapter applies to contested case proceedings conducted by the authority.

265—7.2(17A) Definitions. Except where otherwise specifically defined by law:

"Authority" means the Iowa finance authority created in Iowa Code section 16.1A.

"Contested case" means a proceeding defined by Iowa Code section 17A.2 and includes any matter described as a no factual dispute contested case under Iowa Code section 17A.10A.

"Director" means the director of the authority or an authorized representative of the director.

"Issuance" means the date of mailing of a decision or order or date of delivery if service is by other means unless another date is specified in the order.

"Party" means the same as defined in Iowa Code section 17A.2.

"Presiding officer" means the authority board or members of the authority board.

"Proposed decision" means the presiding officer's recommended findings of fact, conclusions of law, decision, and order in a contested case in which the entire authority board did not preside.

265—7.3(17A) Time.

7.3(1) Time shall be computed as provided in Iowa Code section 4.1(34).

7.3(2) For good cause, the presiding officer may extend or shorten the time to take any action, except as precluded by statute or by rule. Except for good cause stated in the record, before extending or shortening the time to take any action, the presiding officer shall afford all parties an opportunity to be heard or to file written arguments.

265—7.4(17A) Requests for contested case proceeding.

7.4(1) Requests for contested case proceedings shall be filed with the authority in writing within the time specified by the particular rules or statutes governing the subject matter or, in the absence of such law, the time specified in the authority action in question. If no such time is specified by the authority, the request shall be filed within 12 months of the authority action in question.

7.4(2) The request for a contested case proceeding should state the name and address of the requester, identify the specific authority action that is disputed, identify the provisions of law or precedent requiring or authorizing the holding of a contested case proceeding, and include a short and plain statement of the issues of material fact in dispute.

265—7.5(17A) Notice of hearing.

7.5(1) Delivery of the notice of hearing to the person requesting a contested case constitutes the commencement of the contested case proceeding. Delivery may be executed by:

a. The methods specified in Iowa Code section 17A.12;

b. First-class mail; or

c. Publication as provided in the Iowa Rules of Civil Procedure.

7.5(2) The notice of hearing shall contain the information specified by Iowa Code section 17A.12(2) and the following information:

a. Identification of all parties, including the name, address and telephone number of the person who will act as advocate for the authority or the state and of parties' counsel where known;

b. Reference to the procedural rules governing conduct of the contested case proceeding;

c. Reference to the procedural rules governing informal settlement;

d. Identification of the presiding officer, if known. If not known, a description of who will serve as presiding officer; and

e. Notification of the time period in which a party may request that the presiding officer be an administrative law judge pursuant to Iowa Code section 17A.11 and rule 265—7.6(17A).

265—7.6(17A) Presiding officer.

7.6(1) In each contested case in which Iowa Code chapter 17A requires an evidentiary hearing, the chairperson of the authority will determine whether the hearing will be held before the authority board, one or more members of the authority board, or an administrative law judge. Parties requesting that the presiding officer assigned to render a proposed decision be an administrative law judge must file a written request within 20 days after service of a notice of hearing that identifies or describes the presiding officer as the authority board or members of the authority board.

7.6(2) The director may deny a request made pursuant to subrule 7.6(1) only upon a finding that any of the following apply:

a. Conditions specified in Iowa Code section 17A.11(1)*"a."*

b. Neither the authority nor any officer of the authority under whose authority the contested case is to take place is a named party to the proceeding or a real party in interest to that proceeding.

c. The request is not consistent with a specified statute.

7.6(3) The director shall issue a written ruling specifying the grounds for its decision within 20 days after a request for an administrative law judge is filed. If the ruling is contingent upon the availability of an administrative law judge with the qualifications identified in subrule 7.6(4), the parties shall be notified at least ten days prior to hearing if a qualified administrative law judge will not be available.

7.6(4) An administrative law judge assigned to act as presiding officer in any of the authority's cases shall have sufficient technical expertise identified by the authority.

7.6(5) Except as otherwise provided by another provision of law, all rulings by an administrative law judge acting as presiding officer are subject to appeal to the authority board. A party must seek any available intra-authority appeal to exhaust adequate administrative remedies.

7.6(6) Unless otherwise provided by law, members of the authority board, when reviewing a proposed decision upon intra-authority appeal, shall have the powers of and comply with the provisions of this chapter that apply to presiding officers.

265—7.7(17A) Waiver of procedures. Unless otherwise precluded by law, the parties in a contested case proceeding may agree to waive any provision of this chapter. However, the authority in its discretion may refuse to give effect to such a waiver when it deems the waiver to be inconsistent with the public interest.

265—7.8(17A) Telephone or video proceedings. The presiding officer may resolve preliminary procedural motions by telephone conference in which all parties have an opportunity to participate. Other telephone proceedings or interactive video proceedings, including the hearing for the contested case proceeding, may be held with the consent of all parties. The presiding officer will determine the location of the parties and witnesses for telephone hearings. The convenience of the witnesses or parties, as well as the nature of the case, will be considered when location is chosen. The cost of the telephone hearing or an interactive video hearing may be assessed equally to each party.

265—7.9(17A) Disqualification.

7.9(1) A presiding officer or other person shall withdraw from participation in the making of any proposed or final decision in a contested case if that person:

a. Has a personal bias or prejudice concerning a party or a representative of a party;

b. Has personally investigated, prosecuted or advocated in connection with that case, the specific controversy underlying that case, another pending factually related contested case, or a pending factually related controversy that may culminate in a contested case involving the same parties;

c. Is subject to the authority, direction or discretion of any person who has personally investigated, prosecuted or advocated in connection with that contested case, the specific controversy underlying that contested case, or a pending factually related contested case or controversy involving the same parties;

d. Has acted as counsel to any person who is a private party to that proceeding within the past two years;

e. Has a personal financial interest in the outcome of the case or any other significant personal interest that could be substantially affected by the outcome of the case;

f. Has a spouse or relative within the third degree of relationship that:

(1) Is a party to the case, or an officer, director or trustee of a party;

(2) Is a lawyer in the case;

(3) Is known to have an interest that could be substantially affected by the outcome of the case; or

(4) Is likely to be a material witness in the case; or

g. Has any other legally sufficient cause to withdraw from participation in the decision-making in that case.

7.9(2) The term "personally investigated" means taking affirmative steps to interview witnesses directly or to obtain documents or other information directly. The term "personally investigated" does not include general direction and supervision of assigned investigators, unsolicited receipt of information that is relayed to assigned investigators, review of another person's investigative work product in the course of determining whether there is probable cause to initiate a proceeding, or exposure to factual information while performing other authority functions, including fact-gathering for purposes other than investigation of the matter that culminates in a contested case. Factual information relevant to the merits of a contested case received by a person who later serves as presiding officer in that case shall be disclosed if required by Iowa Code section 17A.17 and subrules 7.9(3) and 7.23(9).

7.9(3) In a situation where a presiding officer or other person knows of information that might reasonably be deemed to be a basis for disqualification and decides voluntary withdrawal is unnecessary,

that person shall submit the relevant information for the record by affidavit and provide for the record a statement of the reasons for the determination that withdrawal is unnecessary.

7.9(4) If a party asserts disqualification on any appropriate ground, including those listed in subrule 7.9(1), the party shall file a motion supported by an affidavit pursuant to Iowa Code section 17A.17(7). The motion must be filed as soon as practicable after the reason alleged in the motion becomes known to the party. If, during the course of the hearing, a party first becomes aware of evidence of bias or other grounds for disqualification, the party may move for disqualification but must establish the grounds by the introduction of evidence into the record.

7.9(5) If the presiding officer determines that disqualification is appropriate, the presiding officer or other person shall withdraw. If the presiding officer determines that withdrawal is not required, the presiding officer shall enter an order to that effect. A party asserting disqualification may seek an interlocutory appeal under rule 265—7.25(17A) and seek a stay under rule 265—7.29(17A).

265—7.10(17A) Consolidation—severance.

7.10(1) *Consolidation.* The presiding officer may consolidate any or all matters at issue in two or more contested case proceedings where:

a. The matters at issue involve common parties or common questions of fact or law;

b. Consolidation would expedite and simplify consideration of the issues involved; and

c. Consolidation would not adversely affect the rights of any of the parties to those proceedings.

7.10(2) *Severance.* The presiding officer may, for good cause shown, order any contested case proceedings or portions thereof severed.

265—7.11(17A) Pleadings.

7.11(1) Pleadings may be required by rule, by the notice of hearing, or by order of the presiding officer. A petitioner in a contested case proceeding has 20 days from delivery of the notice of hearing or subsequent order of the presiding officer to file a petition unless otherwise ordered.

7.11(2) A petition shall include the following:

a. The persons or entities on whose behalf the petition is filed;

b. The particular provisions of statutes and rules involved;

c. The relief demanded and the facts and law relied upon for such relief; and

d. The name, address and telephone number of the petitioner and the petitioner's attorney, if any.

7.11(3) Answers are to be filed within 20 days of service of the petition unless otherwise ordered. A party may move to dismiss or apply for a more definite and detailed statement when appropriate. An answer shall include the following:

a. The name, address and telephone number of the person filing the answer;

b. The name of the person or entities on whose behalf it is filed;

c. The name of any attorney representing the person or entity on whose behalf it is filed;

d. Specific admission, denial, or other answer to all material allegations of the pleading to which it responds;

e. Any facts deemed to show an affirmative defense;

f. Any additional defenses the pleader may claim;

Any allegation in the petition not denied in the answer is considered admitted. The presiding officer may refuse to consider any defense not raised in the answer that could have been raised on the basis of facts known when the answer was filed if any party would be prejudiced.

7.11(4) Any notice of hearing, petition, or other charging document may be amended before a responsive pleading has been filed. Amendments to pleadings after a responsive pleading has been filed and to an answer may be allowed with the consent of the other parties or at the discretion of the presiding officer who may impose terms or grant a continuance.

265—7.12(17A) Service and filing of pleadings and other papers.

7.12(1) *Service required.* Except where otherwise provided by law, every pleading, motion, document, or other paper filed in a contested case proceeding and every paper relating to discovery in such a proceeding shall be served upon each of the parties of record to the proceeding, including the

person designated as advocate or prosecutor for the state or the authority, simultaneously with their filing. Except for the original notice of hearing and an application for rehearing as provided in Iowa Code section 17A.16(2), the party filing a document is responsible for service on all parties.

7.12(2) *Service method.* Service upon a party represented by an attorney shall be made upon the attorney unless otherwise ordered. Service is made by delivery or by mailing a copy to the person's last-known address. Service by mail is complete upon mailing, except where otherwise specifically provided by statute, rule, or order.

7.12(3) *Filing timing.* After the notice of hearing, all pleadings, motions, documents or other papers in a contested case proceeding are to be filed with the authority at the address set forth in rule 265—1.3(16). All pleadings, motions, documents or other papers served upon a party pursuant to these rules shall be filed simultaneously with the authority.

7.12(4) *Filing—when made.* Except where otherwise provided by law, a document is deemed filed at the time it is delivered to the authority at the address set forth in rule 265—1.3(16), delivered to an established courier service for immediate delivery to that office, or mailed by first-class mail or state interoffice mail to that office, so long as there is proof of mailing.

7.12(5) *Proof of mailing.* Proof of mailing includes a legible United States Postal Service postmark on the envelope, a certificate of service, a notarized affidavit, or a certification in substantially the following form:

> I certify under penalty of perjury and pursuant to the laws of Iowa that, on (date of mailing), I mailed copies of (describe document) addressed to the (authority office and address) and to the names and addresses of the parties listed below by depositing the same in (a United States post office mailbox with correct postage properly affixed or state interoffice mail).
>
> (Date) (Signature)

265—7.13(17A) Discovery.

7.13(1) Discovery procedures applicable in civil actions are applicable in contested cases. Unless lengthened or shortened by these rules or by order of the presiding officer, time periods for compliance with discovery shall be as provided in the Iowa Rules of Civil Procedure.

7.13(2) Any motion relating to discovery shall allege that the moving party has previously made a good-faith attempt to resolve the discovery issues involved with the opposing party. The presiding officer shall rule on motions in regard to discovery. Opposing parties shall respond within ten days of the filing of the motion unless the time is shortened as provided in subrule 7.13(1). The presiding officer may rule on the basis of the written motion and any response or may order argument on the motion.

7.13(3) Evidence obtained in discovery may be used in the contested case proceeding if that evidence would otherwise be admissible in that proceeding.

265—7.14(17A) Subpoenas.

7.14(1) A party may be issued a subpoena by the authority upon written request. In the absence of good cause for permitting later action, a request for a subpoena must be received at least three days before the scheduled hearing. Requests for a subpoena shall include the name, address, and telephone number of the requesting party. Except to the extent otherwise provided by law, parties are responsible for service of their own subpoenas and payment of witness fees and mileage expenses.

7.14(2) The presiding officer may quash or modify a subpoena for any lawful reason upon motion in accordance with the Iowa Rules of Civil Procedure. A motion to quash or modify a subpoena shall be set for argument promptly.

265—7.15(17A) Motions.

7.15(1) Prehearing motions must be in writing, state the grounds for relief, and state the relief sought.

7.15(2) Any party may file a written response to a motion within ten days after the motion is served unless the time period is extended or shortened by rules of the authority or the presiding officer. The presiding officer may consider a failure to respond within the required time period in ruling on a motion.

7.15(3) The presiding officer may schedule oral argument on any motion.

7.15(4) Motions pertaining to the hearing, except motions for summary judgment, must be filed and served at least ten days prior to the date of hearing unless there is good cause for permitting later action or the time for such action is lengthened or shortened by rule of the authority or an order of the presiding officer.

7.15(5) Motions for summary judgment shall comply with and are disposed of pursuant to the Iowa Rules of Civil Procedure unless inconsistent with this rule or other laws governing contested cases. Motions for summary judgment must be filed and served at least 45 days prior to the scheduled hearing date or other time period determined by the presiding officer. Any party resisting the motion shall file and serve a resistance within 15 days from the date a copy of the motion was served unless otherwise ordered by the presiding officer. The time fixed for hearing or nonoral submission shall be at least 20 days after the filing of the motion unless a shorter time is ordered by the presiding officer. A summary judgment order rendered on all issues in a contested case is subject to rehearing pursuant to rule 265—7.28(17A) and appeal pursuant to rule 265—7.27(17A).

265—7.16(17A) Prehearing conference.

7.16(1) Any party may request a prehearing conference. A written request for prehearing conference or an order for prehearing conference on the presiding officer's own motion shall be filed not less than seven days prior to the hearing date. A prehearing conference shall be scheduled at least three business days prior to the hearing date.

Written notice of the prehearing conference shall be given by or on behalf of the authority to all parties. For good cause, the presiding officer may permit variances from this rule.

7.16(2) Each party shall bring to the prehearing conference:

a. A final list of the witnesses who the party anticipates will testify at hearing. Witnesses not listed may be excluded from testifying unless there was good cause for the failure to include their names; and

b. A final list of exhibits that the party anticipates will be introduced at hearing. Exhibits other than rebuttal exhibits that are not listed may be excluded from admission into evidence unless there was good cause for the failure to include them.

Witness or exhibit lists may be amended subsequent to the prehearing conference within the time limits established by the presiding officer at the prehearing conference. Any such amendments must be served on all parties.

7.16(3) In addition to items specified by subrule 7.16(2), the parties at a prehearing conference may:

a. Enter into stipulations of law or fact;

b. Enter into stipulations on the admissibility of exhibits;

c. Identify matters that the parties intend to request be officially noticed;

d. Enter into stipulations for waiver of any provision of law; and

e. Consider any additional matters that will expedite the hearing.

7.16(4) Prehearing conferences shall be conducted by telephone or other electronic means unless otherwise ordered. Parties shall exchange and receive witness and exhibit lists in advance of a prehearing conference.

265—7.17(17A) Continuances. Unless otherwise provided, applications for continuances shall be made to the presiding officer.

7.17(1) A written application for a continuance shall:

a. Be made at the earliest possible time and no less than seven days before the hearing except in case of unanticipated emergencies;

b. State the specific reasons for the request; and

c. Be signed by the requesting party or the party's representative.

An oral application for continuance may be made if the presiding officer waives the requirement for a written motion. However, a party making such an oral application for a continuance must confirm that request by written application within five days after the oral request unless waived by the presiding

officer. Applications for continuance shall not be made or granted without notice to all parties except when notice is not feasible. The authority may waive notice of such requests for a particular case or an entire class of cases.

7.17(2) In determining whether to grant a continuance, the presiding officer may consider:

a. Prior continuances;

b. The interests of all parties;

c. The likelihood of informal settlement;

d. The existence of an emergency;

e. Any objection;

f. Any applicable time requirements;

g. The existence of a conflict in the schedules of counsel, parties, or witnesses;

h. The timeliness of the request; and

i. Other relevant factors.

The presiding officer may require documentation of any grounds for continuance.

265—7.18(17A) Withdrawals. A party requesting a contested case proceeding may withdraw that request prior to the hearing. A withdrawal is with prejudice unless otherwise provided.

265—7.19(17A) Intervention.

7.19(1) *Motion.* A motion for leave to intervene in a contested case proceeding shall state the grounds for the proposed intervention, the position and interest of the proposed intervenor, and the possible impact of intervention on the proceeding. A proposed answer or petition in intervention shall be attached to the motion. Any party may file a response within 14 days of service of the motion to intervene unless the time period is extended or shortened by the presiding officer.

7.19(2) *When filed.* Motions for leave to intervene shall be filed as early in the proceeding as possible to avoid adverse impact on existing parties or the conduct of the proceeding. Unless otherwise ordered, a motion for leave to intervene shall be filed before the prehearing conference, if any, or at least 20 days before the date scheduled for hearing. A statement of good cause for the failure to file in a timely manner shall be included in any later motion. Unless inequitable or unjust, an intervenor shall be bound by any agreement, arrangement, or other matter previously raised in the case. Requests by untimely intervenors for continuances that would delay the proceeding may be denied.

7.19(3) *Grounds for intervention.* A motion for leave to intervene shall demonstrate that:

a. Intervention would not unduly prolong the proceedings or otherwise prejudice the rights of existing parties;

b. The movant is likely to be aggrieved or adversely affected by a final order in the proceeding; and

c. The interests of the movant are not adequately represented by existing parties.

7.19(4) *Effect of intervention.* If appropriate, the presiding officer may order consolidation of the petitions and briefs of different parties whose interests are aligned with each other and limit the number of representatives allowed to participate actively in the proceedings. A person granted leave to intervene is a party to the proceeding. The order granting intervention may condition the intervenor's participation in the proceeding.

265—7.20(17A) Hearing procedures.

7.20(1) The presiding officer presides at the hearing and may rule on motions, require briefs, issue a proposed decision, and issue other orders and rulings to ensure the orderly conduct of the proceedings.

7.20(2) All objections shall be timely made and stated on the record.

7.20(3) Parties have the right to participate or to be represented in all hearings or prehearing conferences related to their case. Partnerships, corporations, or associations may be represented by any member, officer, director, or duly authorized agent. Any party may be represented by an attorney or another person authorized by law.

7.20(4) Subject to terms and conditions prescribed by the presiding officer, parties have the right to introduce evidence on issues of material fact, cross-examine witnesses present at the hearing as

necessary for a full and true disclosure of the facts, present evidence in rebuttal, submit briefs, and engage in oral argument.

7.20(5) The presiding officer shall maintain the decorum of the hearing and may refuse to admit or may expel anyone whose conduct is disorderly.

7.20(6) Witnesses may be sequestered during the hearing.

7.20(7) The presiding officer shall conduct the hearing in the following manner:

a. The presiding officer gives an opening statement briefly describing the nature of the proceedings;

b. The parties are afforded the opportunity to present opening statements;

c. Parties present their cases in the sequence determined by the presiding officer;

d. Each witness is to be sworn or affirmed by the presiding officer or the court reporter and be subject to examination and cross-examination. The presiding officer may limit questioning in a manner consistent with law;

e. When all parties and witnesses have been heard, parties may be given the opportunity to present final arguments.

265—7.21(17A) Evidence.

7.21(1) The presiding officer shall rule on admissibility of evidence and may, where appropriate, take official notice of facts in accordance with all applicable requirements of law.

7.21(2) Stipulation of facts is encouraged. The presiding officer may make a decision based on stipulated facts.

7.21(3) Evidence in the proceeding shall be confined to the issues as to which the parties received notice prior to the hearing unless the parties waive their right to such notice or the presiding officer determines that good cause justifies expansion of the issues. If the presiding officer decides to admit evidence on issues outside the scope of the notice over the objection of a party who did not have actual notice of those issues, that party, upon timely request, shall receive a continuance sufficient to amend pleadings and to prepare for the additional issue.

7.21(4) The party seeking admission of an exhibit must provide opposing parties with an opportunity to examine the exhibit prior to the ruling on its admissibility. Copies of documents should normally be provided to opposing parties.

All exhibits admitted into evidence shall be appropriately marked and be made part of the record.

7.21(5) Any party may object to specific evidence or may request limits on the scope of any examination or cross-examination. Such an objection shall be accompanied by a brief statement of the grounds upon which it is based. The objection, the ruling on the objection, and the reasons for the ruling shall be noted in the record. The presiding officer may rule on the objection at the time it is made or may reserve a ruling until the written decision.

7.21(6) Whenever evidence is ruled inadmissible, the party offering that evidence may submit an offer of proof on the record. The party making the offer of proof for excluded oral testimony shall briefly summarize the testimony or, with permission of the presiding officer, present the testimony. If the excluded evidence consists of a document or exhibit, it shall be marked as part of an offer of proof and inserted in the record.

265—7.22(17A) Default.

7.22(1) A presiding officer may enter default in accordance with Iowa Code section 17A.12(3). Where appropriate and not contrary to law, any party may move for default against a party who has requested the contested case proceeding and has failed to file a required pleading or has failed to appear after proper service.

7.22(2) Default decisions or decisions rendered on the merits after a party has failed to appear or participate in a contested case proceeding become final authority action unless, within 15 days after the date of notification or mailing of the decision, a motion to vacate is filed and served on all parties or an appeal of a decision on the merits is timely initiated within the time provided by rule 265—7.27(17A). A motion to vacate must state all facts relied upon by the moving party that establish that good cause

existed for that party's failure to appear or participate at the contested case proceeding. Each fact so stated must be substantiated by at least one sworn affidavit of a person with personal knowledge of each such fact, which affidavit(s) must be attached to the motion.

7.22(3) The time for further appeal of a decision for which a timely motion to vacate has been filed is stayed pending a decision on the motion to vacate.

7.22(4) Properly substantiated and timely filed motions to vacate shall be granted only for good cause shown. The burden of proof as to good cause is on the moving party. Adverse parties shall have ten days to respond to a motion to vacate. Adverse parties shall be allowed to conduct discovery as to the issue of good cause and to present evidence on the issue prior to a decision on the motion if a request to do so is included in that party's response.

7.22(5) "Good cause," for purposes of this rule, shall have the same meaning as "good cause" for setting aside a default judgment in the Iowa Rules of Civil Procedure.

7.22(6) A decision denying a motion to vacate is subject to further appeal within the time limit allowed for further appeal of a decision on the merits in the contested case proceeding. A decision granting a motion to vacate is subject to interlocutory appeal by the adverse party pursuant to rule 265—7.25(17A).

7.22(7) If a motion to vacate is granted and no timely interlocutory appeal has been taken, the presiding officer shall issue another notice of hearing and the contested case shall proceed according to this chapter.

7.22(8) A default decision may award any relief consistent with the request for relief made in the petition and embraced in its issues, but unless the defaulting party has appeared, it cannot exceed the relief demanded.

7.22(9) A default decision may provide either that the default decision is to be stayed pending a timely motion to vacate or that the default decision is to take effect immediately, subject to a request for stay under rule 265—7.29(17A).

265—7.23(17A) Ex parte communication.

7.23(1) Iowa Code section 17A.17 governs ex parte communications in authority contested cases. This does not prohibit persons jointly assigned tasks related to the contested case from communicating with each other. Nothing in this provision is intended to preclude the presiding officer from communicating with members of the agency or seeking the advice or help of persons other than those with a personal interest in, or those engaged in personally investigating as defined in subrule 7.9(2), prosecuting, or advocating in, either the case under consideration or a pending factually related case involving the same parties as long as those persons do not directly or indirectly communicate to the presiding officer any ex parte communications they have received of a type that the presiding officer would be prohibited from receiving or that furnish, augment, diminish, or modify the evidence in the record.

7.23(2) Prohibitions on ex parte communications commence with the issuance of the notice of hearing in a contested case and continue while the case is pending.

7.23(3) Written, oral or other forms of communication are "ex parte" if made without notice and opportunity for all parties to participate.

7.23(4) To avoid prohibited ex parte communications, notice must be given in a manner reasonably calculated to give all parties a fair opportunity to participate. Notice of written communications shall be provided in compliance with rule 265—7.12(17A) and may be supplemented by telephone, electronic mail or other means of notification. Where permitted, oral communications may be initiated through conference telephone call or other electronic means including all parties or their representatives.

7.23(5) Persons who jointly act as presiding officer in a pending contested case may communicate with each other without notice or opportunity for parties to participate.

7.23(6) The director or other persons may be present in deliberations or otherwise advise the presiding officer without notice or opportunity for parties to participate as long as they are not disqualified from participating in the making of a proposed or final decision under any provision of law and they comply with subrule 7.23(1).

7.23(7) Communications with the presiding officer involving uncontested scheduling or procedural matters do not require notice or opportunity for parties to participate. Parties should notify other parties prior to initiating such contact with the presiding officer when feasible and shall notify other parties when seeking to continue hearings or other deadlines pursuant to rule 265—7.17(17A).

7.23(8) A presiding officer who receives a prohibited ex parte communication during the pendency of a contested case must initially determine if the effect of the communication is so prejudicial that the presiding officer should be disqualified. If the presiding officer determines that disqualification is warranted, a copy of any prohibited written communication, all written responses to the communication, a written summary stating the substance of any prohibited oral or other communication not available in written form for disclosure, all responses made, and the identity of each person from whom the presiding officer received a prohibited ex parte communication shall be submitted for inclusion in the record under seal by protective order. If the presiding officer determines that disqualification is not warranted, the procedures indicated in Iowa Code section 17A.17(4) apply.

7.23(9) Presiding officers shall disclose pre-assignment ex parte communications in accordance with Iowa Code section 17A.17(3). Factual information contained in an investigative report or similar document need not be separately disclosed by the presiding officer as long as such documents have been or will be provided to the parties.

7.23(10) The presiding officer may render a proposed or final decision imposing appropriate sanctions for violations of this rule, including default, a decision against the offending party, censure, or suspension, or revocation of the privilege to practice before the authority. Violation of ex parte communication prohibitions by authority personnel shall be reported to the director for possible sanctions, including censure, suspension, dismissal, or other disciplinary action.

265—7.24(17A) Recording costs. Upon request, the authority shall provide a copy of the whole or any portion of the record at cost. The cost of preparing a copy of the record or of transcribing the hearing record shall be paid by the requesting party. Parties who request that a hearing be recorded by certified shorthand reporters rather than by electronic means shall bear the cost of recording unless otherwise provided by law.

265—7.25(17A) Interlocutory appeals. Upon written request of a party or on its own motion, the authority board may review an interlocutory order of the presiding officer. In determining whether to do so, the authority board shall weigh the extent to which its granting the interlocutory appeal would expedite final resolution of the case and the extent to which review of that interlocutory order by the authority board at the time it reviews the proposed decision of the presiding officer would provide an adequate remedy. Any request for interlocutory review must be filed within 14 days of issuance of the challenged order but no later than the time for compliance with the order or the date of hearing, whichever is first.

265—7.26(17A) Posthearing procedures and orders.

7.26(1) *Filing by parties of briefs and proposed findings.* The presiding officer may ask the parties to submit proposed findings and conclusions of law and a proposed order or briefs. Copies of the submission shall be served on all parties. The submission schedule, including waiver or briefs, shall be determined at the close of the hearing.

7.26(2) *Final decision or order.*

a. When a quorum of the authority board presides over the reception of evidence at the hearing, its decision is a final decision. The decision shall be in writing and shall include findings of fact and conclusions of law in conformance with Iowa Code chapter 17A.

b. In a contested case in which the hearing is held before an administrative law judge or a panel of the authority board members constituting less than a quorum of the authority board, the presiding officer or panel shall render a proposed decision. The proposed decision shall be in writing and shall include findings of fact and conclusions of law in conformance with Iowa Code chapter 17A. The proposed decision becomes the final decision of the authority without further proceedings unless there is an appeal to, or review on motion of, the authority within 30 days.

7.26(3) *Decisions and orders.*

a. By whom prepared. The presiding officer who presided at the reception of evidence shall prepare a proposed or final decision or order in each case. Findings of fact shall be prepared by the presiding officer at the reception of the evidence in a case unless the officer becomes unavailable. If the officer is unavailable, the findings of fact may be prepared by another person qualified to be a presiding officer who has read the record unless demeanor of witnesses is a substantial factor. If demeanor is a substantial factor and the presiding officer is unavailable, the portions of the hearing involving demeanor shall be heard again or the case shall be dismissed.

b. Content of decision or order. Proposed or final decisions or orders are rendered in accordance with Iowa Code section 17A.16(1). Proposed decisions or orders include rulings upon each proposed finding if a party submitted proposed findings of fact in accordance with subrule 7.26(1).

c. Delivery. A copy of the proposed decision or order shall be delivered to the parties either by personal service or by certified mail, return receipt requested.

265—7.27(17A) Appeals and review.

7.27(1) *Appeal by party.* Any adversely affected party may appeal a proposed decision to the authority board within 30 days after issuance of the proposed decision.

7.27(2) *Review.* The authority board may initiate review of a proposed decision on its own motion at any time within 30 days following the issuance of such a decision.

7.27(3) *Notice of appeal.* An appeal of a proposed decision is initiated by filing a timely notice of appeal with the authority. The notice of appeal must be signed by the appealing party or a representative of that party and contain a certificate of service. If a member of the authority board or the authority initiates review of a proposed decision, the director shall mail a notice of review to all parties. The notice of appeal or the notice of review shall specify:

a. The parties initiating the appeal;

b. The proposed decision or order appealed from;

c. The specific findings or conclusions to which exception is taken and any other exceptions to the decision or order;

d. The relief sought;

e. The grounds for relief.

7.27(4) *Requests to present additional evidence.* A party may request the taking of additional evidence only by establishing that the evidence is material, that good cause existed for the failure to present the evidence at the hearing, and that the party has not waived the right to present the evidence. A written request to present additional evidence must be filed with the notice of appeal or, by a nonappealing party, within 14 days of service of the notice of appeal. The authority board may remand a case to the presiding officer for further hearing or may itself preside at the taking of additional evidence.

7.27(5) *Scheduling.* The authority shall issue a schedule for consideration of the appeal.

7.27(6) *Briefs and arguments.* Unless otherwise ordered, within 20 days of the notice of appeal or order for review, each appealing party may file exceptions and briefs. Within 20 days thereafter, any party may file a responsive brief. Briefs shall cite any applicable legal authority and specify relevant portions of the record in that proceeding. Written requests to present oral argument shall be filed with the briefs. The authority may resolve the appeal on the briefs or provide an opportunity for oral argument. The authority may shorten or extend the briefing period as appropriate.

265—7.28(17A) Applications for rehearing.

7.28(1) Any party to a contested case proceeding may file an application for rehearing from a final order.

7.28(2) The application for rehearing shall state on whose behalf it is filed, the specific grounds for rehearing, and the relief sought. In addition, the application shall state whether the applicant desires reconsideration of all or part of the authority decision on the existing record and whether, on the basis of the grounds enumerated in subrule 7.27(4), the applicant requests an opportunity to submit additional evidence.

7.28(3) The application shall be filed with the authority within 20 days after issuance of the final decision.

7.28(4) A copy of the application shall be timely mailed by the applicant to all parties of record not joining therein. If the application does not contain a certificate of service, the authority shall serve copies on all parties.

7.28(5) Any application for a rehearing shall be deemed denied unless the authority grants the application within 20 days after its filing.

265—7.29(17A) Stays of authority actions.

7.29(1) *When available.*

a. Any party to a contested case proceeding may petition the authority for a stay of an order issued in that proceeding or for other temporary remedies, pending review by the authority. The petition shall be filed with the notice of appeal and shall state the reasons justifying a stay or other temporary remedy. The authority may rule on the stay or authorize the presiding officer to do so.

b. Any party to a contested case proceeding may petition the authority for a stay or other temporary remedies pending judicial review of all or part of that proceeding. The petition shall state the reasons justifying a stay or other temporary remedy.

7.29(2) *When granted.* In determining whether to grant a stay, the presiding officer or authority shall consider the factors listed in Iowa Code section 17A.19(5).

7.29(3) *Vacation.* A stay may be vacated by the issuing authority upon application of the authority or any other party.

265—7.30(17A) No factual dispute contested cases. If the parties agree that no dispute of material fact exists as to a matter that would be a contested case if such a dispute of fact existed, the parties may present all relevant admissible evidence either by stipulation or otherwise as agreed to by the parties, without necessity for the production of evidence at an evidentiary hearing. If such agreement is reached, a jointly submitted schedule detailing the method and timetable for submission of the record, briefs and oral argument should be submitted by the parties to the presiding officer for approval as soon as practicable. If the parties cannot agree, any party may file and serve a motion for summary judgment.

265—7.31(17A) Emergency adjudicative proceedings.

7.31(1) *Necessary emergency action.* To the extent necessary to prevent or avoid immediate danger to the public health, safety, and welfare and, consistent with the Constitution and other provisions of law, the authority may issue a written order in compliance with Iowa Code section 17A.18A to suspend a license in whole or in part, order the cessation of any continuing activity, order affirmative action, or take other action within the jurisdiction of the authority by emergency adjudicative order. Before issuing an emergency adjudicative order, the authority shall consider factors, including but not limited to the following:

a. Whether there has been a sufficient factual investigation to ensure that the authority is proceeding on the basis of reliable information;

b. Whether the specific circumstances that pose immediate danger to the public health, safety or welfare have been identified and determined to be continuing;

c. Whether the person required to comply with the emergency adjudicative order may continue to engage in other activities without posing immediate danger to the public health, safety or welfare;

d. Whether imposition of monitoring requirements or other interim safeguards would be sufficient to protect the public health, safety or welfare; and

e. Whether the specific action contemplated by the authority is necessary to avoid the immediate danger.

7.31(2) *Issuance of order.*

a. An emergency adjudicative order shall contain findings of fact, conclusions of law, and policy reasons to justify the determination of an immediate danger in the authority's decision to take immediate action.

b. The written emergency adjudicative order shall be immediately delivered to persons who are required to comply with the order by utilizing one or more of the following procedures:

(1) Personal delivery;

(2) Certified mail, return receipt requested, to the last address on file with the authority;

(3) Certified mail to the last address on file with the authority;

(4) First-class mail to the last address on file with the authority; or

(5) Fax. Fax may be used as the sole method of delivery if the person required to comply with the order has filed a written request that authority orders be sent by fax and has provided a fax number for that purpose.

c. To the degree practicable, the authority shall select the procedure for providing written notice that best ensures prompt, reliable delivery.

7.31(3) *Oral notice.* Unless the written emergency adjudicative order is provided by personal delivery on the same day that the order is issued, the authority shall make reasonable immediate efforts to contact by telephone or electronic mail the persons who are required to comply with the order.

7.31(4) *Completion of proceedings.*

a. After the issuance of an emergency adjudicative order, the authority shall proceed as quickly as feasible to complete any proceedings that would be required if the matter did not involve an immediate danger.

b. Issuance of a written emergency adjudicative order shall include notification of the date on which the authority's proceedings are scheduled for completion. After issuance of an emergency adjudicative order, continuance of further authority proceedings to a later date will be granted only in compelling circumstances upon application in writing.

265—7.32(17A,16) Informal procedure prior to hearing. Any person who desires to pursue informal settlement of any contested case may make a request for an informal settlement to the director. When the authority is a party, all informal settlements shall be made by the director. All informal settlements are subject to ratification by the board. A request for informal settlement should be received by the director not less than 15 days before the authority board meeting at which the request is to be considered. The director shall schedule consideration of the request at the next regular authority board meeting occurring more than 30 days after the request for an informal settlement is made. Not more than ten days after the authority meeting at which the request is scheduled for consideration, the director will notify the petitioner in writing of the authority's disposition of the request. If the authority determines that a conference is appropriate, the party will be notified when, where, and with whom such a conference is to be held. The terms of any settlement agreed to by the parties shall be embodied in a written stipulation. Upon receipt of the request, all formal contested case procedures are stayed, except in the case of emergency orders as provided in rule 265—7.31(17A). If informal settlement is unsuccessful, formal contested case proceedings may be instituted in accordance with rule 265—7.5(17A).

These rules are intended to implement Iowa Code chapter 17A.

[Filed 6/18/25, effective 8/13/25]
[Published 7/9/25]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9406C

IOWA FINANCE AUTHORITY[265]

Adopted and Filed

Rulemaking related to purchasing

The Iowa Finance Authority hereby rescinds Chapter 15, "Purchasing," Iowa Administrative Code, and adopts a new chapter with the same title.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code section 16.5.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code section 16.5(1)"f."

Purpose and Summary

Pursuant to Executive Order 10, the Authority is rescinding Chapter 15 and adopting a new chapter in lieu thereof. The chapter eliminates unnecessary and inconsistent language, removes unnecessarily restrictive terms, and updates outdated language.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on April 30, 2025, as **ARC 9188C**. A public hearing was held on the following date(s):

- May 20, 2025
- May 22, 2025

No one attended the public hearings. No public comments were received. No changes from the Notice have been made.

Adoption of Rulemaking

This rulemaking was adopted by the Authority Board on June 4, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Authority for a waiver of the discretionary provisions, if any, pursuant to 265—Chapter 18.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Rescind 265—Chapter 15 and adopt the following **new** chapter in lieu thereof:

CHAPTER 15
PURCHASING

265—15.1(16) Applicability of competitive bidding.

15.1(1) Goods or services expected to cost more than $50,000 in the aggregate will be obtained through a formal or informal competitive bidding process conducted by the authority or through the department of administrative services whenever such procurement is in the best interests of the authority as determined by the authority. Goods or services expected to cost $50,000 or less in the aggregate may be obtained in any manner deemed appropriate by the authority.

15.1(2) Notwithstanding the foregoing, the authority may exempt any item from competitive bidding if the item is noncompetitive or is purchased in quantities too small to be effectively purchased through competitive bidding; if there is an immediate or emergency need for the item; if the purchase of the item facilitates compliance with set-aside procurement provisions; or if the director of the authority determines, in the director's sole discretion, that the authority's best interests will be served by exemption from the bidding process.

265—15.2(16) Methods of obtaining bids or proposals used by the authority. Formal or informal bids or proposals may be obtained by one of the following methods.

15.2(1) *Request for bids.*

a. The authority may prepare a request for bids for providing the goods or services sought by the authority. The request may be shared on the state website for bid opportunities, shared on the authority's website, sent directly to vendors, or distributed in other means determined by the authority. The authority may use reverse auction methods to obtain goods and services.

b. The request for bids will include the due date and time of the bid opening, a description of the goods or services needed, and other information deemed necessary by the authority.

c. The authority will tabulate results as bids are opened.

d. The authority will make an award by the date identified in the request for bids. The price quoted by the vendors shall remain binding for the time period indicated in the request for bids. If an award is not made within the time frame indicated by the authority when requesting bids, all bids may be deemed rejected.

15.2(2) *Informal bids.*

a. The authority may obtain informal bids through use of a written bid form, in electronic format, or in other manners determined appropriate by the authority. The authority will describe the goods or services sought by the authority, the date by which bids must be submitted, the anticipated award date and other information deemed necessary by the authority. The authority may use reverse auction methods to obtain goods and services.

b. The authority will tabulate results as bids are opened.

c. If an award is not made within the time frame indicated by the authority when requesting bids, all bids may be deemed rejected.

15.2(3) *Request for proposals.* The authority may issue a request for proposals when cost is not the sole criterion for selection.

a. The authority will prepare a written request for proposals and submit the request to the department of administrative services for submission on the state website for bid opportunities. The authority may publicize a request through other means, including the authority's website or sending the request for proposals to selected vendors.

b. Requests for proposals will generally include the purpose of the request, the scope of work to be performed, submission requirements and due date, terms and conditions of an award, review criteria and the anticipated time frame for awarding a contract.

c. The authority will evaluate and rank proposals according to review criteria identified in the request for proposals. If an award is not made within the applicable time frame indicated by the authority when requesting proposals, all proposals may be deemed rejected.

265—15.3(16) Contract purchases. The authority may enter into contract purchase agreements for items, groups of items, or services. Contract purchase agreements are subject to the competitive bidding requirements previously outlined, where applicable.

265—15.4(16) Blanket purchase agreements. The authority may establish blanket purchase agreements. Blanket purchase agreements are subject to the competitive bidding requirements previously outlined, where applicable.

265—15.5(16) Bids and proposals to conform to specifications. All bids and proposals must conform to the specifications provided by the authority, including deadlines for submission of bids or proposals. Bids and proposals that do not conform to the specifications stated may be rejected. The authority reserves the right to waive deficiencies in the bids or proposals if the authority's best interests would be served by the waiver.

265—15.6(16) Modification or withdrawal of bids. Bids or proposals may be modified or withdrawn prior to the time and date set for the bid or proposal opening. Modifications or withdrawals must be submitted to the authority in writing. A bid or proposal may be withdrawn after opening with the approval of the authority.

265—15.7(16) Financial security. The authority may require bid security, litigation security, and performance security on formal bids or proposals if specified in the request for bids or request for proposals.

265—15.8(16) Rejection of bids and proposals. The authority reserves the right to reject any or all bids or proposals. Bids and proposals may be rejected because of faulty specifications, abandonment of the project, insufficient funds, evidence of unfair or flawed bidding procedures, failure of a vendor to meet the authority's requirements or follow submission instructions, or for any other reason if the authority determines that its best interests will be served by rejecting any or all bids. New bids may be requested by the authority at any time.

265—15.9(16) Vendor appeals. Any vendor whose bid or proposal has been timely filed may appeal the decision by filing a written notice of appeal before the authority board within three business days of the date of the award. The notice of appeal shall state the grounds upon which the vendor challenges the authority's award. Following receipt of a notice of appeal, the authority board will notify the appealing vendor and the vendor who received the contract award of the procedures to be followed in the appeal. The authority board may appoint a designee to proceed with the appeal on its behalf.

These rules are intended to implement Iowa Code section 16.5(1)*"f."*

[Filed 6/18/25, effective 8/13/25]
[Published 7/9/25]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9407C

IOWA FINANCE AUTHORITY[265]

Adopted and Filed

Rulemaking related to shelter assistance fund

The Iowa Finance Authority hereby rescinds Chapter 41, "Shelter Assistance Fund," Iowa Administrative Code, and adopts a new chapter with the same title.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code section 16.41.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code section 16.41.

Purpose and Summary

Pursuant to Executive Order 10, the Authority is rescinding Chapter 41 and adopting a new chapter in lieu thereof. The chapter describes the policies and procedures applicable to the Shelter Assistance Fund program established pursuant to Iowa Code section 16.41. The program is intended to support the costs of operations of homeless and domestic violence shelters, essential services for the homeless, and evaluation and reporting of services for the homeless.

The new chapter omits language that repeats statute or is otherwise unnecessary and contains updated language for clarity and to reduce the number of restrictive terms. Additional updates to the chapter include:

- The definition of "homeless shelter" or "shelter" in rule 265—41.2(16) has been revised to include that the shelter must be properly zoned and lawfully operating in compliance with all applicable laws and regulations. Also, the definition of "private nonprofit organization" has been updated to reference applicable United States Code and registration with the State of Iowa as a nonprofit corporation.
- The description of eligible applicants in rule 265—41.3(16) has been revised to conform with the program's focus on shelter operations, limiting eligible applicants to entities that operate a homeless shelter.
- Rule 265—41.4(16) has been updated to include coordinated entry or centralized intake as an essential service for purposes of the program.
- To comply with Iowa Code section 17A.6(5), new rule 265—41.12(16) clarifies that references to the Code of Federal Regulations and United States Code in the chapter are to the laws as in effect on the effective date of the rulemaking adopting the new chapter.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on April 30, 2025, as **ARC 9190C**. A public hearing was held on the following date(s):

- May 20, 2025
- May 22, 2025

Several public comments were received during the hearings and in writing.

Mazahir Salih, on behalf of the Immigrant Welcome Network of Johnson County (IWNJC), commented that the updated definition of "homeless shelter" that requires proper zoning will exclude some community-based programs like IWNJC.

Brandy Wallar, on behalf of New Vision Homeless Services, commented that the funding provided is important to the operation of emergency shelters, that approving funding for a two-year period is helpful, and that the application process for the program is straightforward.

Zebulon Beilke-McCallum, on behalf of the Iowa Coalition Against Domestic Violence, commented that it should be clear that domestic violence shelters are eligible for the program. Additionally, he requested clarification to the language in subrule 41.9(1) regarding involvement of homeless individuals in funded facilities and services.

Tanya Petersen, on behalf of Upper Des Moines Opportunity, commented that she appreciates the ease of the application process for the program.

Tammy Weir, on behalf of Central Iowa Shelter and Services, requested clarification that funding for two-year periods will continue.

Michelle Plasschaert, on behalf of YWCA Clinton, commented that noncongregate sheltering, especially motel voucher programs, are critical in rural areas and smaller cities where traditional shelters are not available and urged continued support of these activities.

One change from the Notice has been made in subrule 41.9(1) regarding involvement of homeless individuals in funded facilities and services to clarify that this is encouraged but not necessarily required.

Adoption of Rulemaking

This rulemaking was adopted by the Authority Board on June 4, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Authority for a waiver of the discretionary provisions, if any, pursuant to 265—Chapter 18.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Rescind 265—Chapter 41 and adopt the following **new** chapter in lieu thereof:

CHAPTER 41
SHELTER ASSISTANCE FUND

265—41.1(16) Purpose. The shelter assistance fund (SAF) is created pursuant to and for the purposes stated under Iowa Code section 16.41.

265—41.2(16) Definitions.

"Applicant" means an eligible provider of homeless services that is applying for SAF funds.

"Authority" means the Iowa finance authority.

"Domestic violence shelter" means a homeless shelter primarily or exclusively serving clients who are homeless due to domestic violence.

"DVIMS" means the Domestic Violence Information Management System, which is Iowa's designated database for domestic violence shelters.

"ESG" means the Emergency Solutions Grant Program created pursuant to Title 42 of the U.S. Code (42 U.S.C. Section 11375) as well as parts of Title 24 of the Code of Federal Regulations (24 CFR Part 576).

"HMIS" means the Homeless Management Information System as defined in 24 CFR Part 91.

"Homeless" means the same as set forth in 24 CFR Part 91.

"Homeless shelter" or *"shelter"* means a facility properly zoned and lawfully operating in compliance with all state, county and municipal laws and regulations, including possessing all permits, licenses, certifications and other authorizations required for the facility's location, which provides temporary shelter with overnight sleeping accommodations for homeless persons and which does not require occupants to sign leases or occupancy agreements.

"HUD" means the U.S. Department of Housing and Urban Development.

"Participant" means any person or family who is homeless or at risk of becoming homeless and is provided assistance from a recipient utilizing SAF funds.

"Private nonprofit organization" means an organization as set forth in 42 U.S.C. Section 11371, which has registered with the state of Iowa as a nonprofit corporation.

"Recipient" means any organization to which the authority distributes SAF funds.

265—41.3(16) Eligible applicants. To be eligible for the SAF, an applicant must:

1. Be a city government, county government, instrumentality of government, or private nonprofit organization; and
2. Operate a homeless shelter.

265—41.4(16) Eligible activities. Eligible activities may include the following, where necessary to assist participants:

41.4(1) Operating expenses for homeless and domestic violence shelters necessary for the operation of the shelter, including staff salaries, maintenance (including minor or routine repairs), rent, security, fuel, equipment, insurance, utilities, food, furnishings, and supplies. Where or when no appropriate shelter is available for a homeless family or individual, eligible costs may include a hotel or motel voucher for that family or individual. Costs of third-party agencies in providing food to one or more shelters or directly to participants may also be included as eligible costs.

41.4(2) Essential services for individuals and families in homeless and domestic violence shelters, including case management, coordinated entry or centralized intake, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, and transportation necessary to provide services.

41.4(3) Evaluation and reporting of services for the homeless, including the implementation of the HMIS.

265—41.5(16) Application procedures. The authority shall issue requests for applications periodically, specifying requirements, priorities, period of funding, and maximum and minimum award amounts, subject to available funding. Requests for applications may be issued jointly with the ESG program. Only applications submitted as prescribed by the authority will be considered.

265—41.6(16) Application review process.

41.6(1) Applications will be reviewed by the authority for funding approval or denial based on priorities established during each competition round. Review criteria include but are not limited to the following:

a. Project design,
b. Applicant experience and capacity,
c. Community partnerships and need,
d. Past performance, and
e. Budget and grant management.

41.6(2) If an application contains an activity determined to be ineligible, at the authority's discretion, the ineligible activity may be deleted from the application or the application may be disqualified in its entirety.

41.6(3) Before making final funding recommendations, the authority may review applications with other state agencies or any other party deemed appropriate in the authority's sole discretion.

41.6(4) Based on the review process and subject to available funding, the authority may revise the applicant's overall funding request by activity or funding level and recommend a final funding figure to the authority's board of directors for approval.

265—41.7(16) Matching contributions. The authority reserves the right to designate a portion or all of SAF funds to be used toward the matching contributions requirement imposed by HUD for ESG funds

received by the state of Iowa. SAF funds designated as ESG matching contributions cannot be used to meet matching requirements of other grant moneys received by recipients. Recipients will be informed if SAF funds have been used toward the ESG matching requirement and will be responsible for ensuring compliance with the matching requirements of other grant programs.

265—41.8(16) Funding awards.

41.8(1) *Authorization.* The authority's board of directors approves funding awards during each application cycle.

41.8(2) *Right to negotiate.* The authority reserves the right to negotiate with the recipient the amount of the funding award, the scale or scope of the recipient's project, and alternative methods for completing the project.

41.8(3) *Special purpose awards.* The authority may, at its discretion, make funding awards for evaluation, reporting, or implementation of services for the homeless, including but not limited to the HMIS or coordinated entry, apart from the application procedures and application review process set forth in rules 265—41.5(16) and 265—41.6(16).

265—41.9(16) Requirements placed on recipients.

41.9(1) *Participation by homeless individuals and families.* To the extent possible, recipients should involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted with SAF funds and providing services assisted with SAF funds.

41.9(2) *Termination of assistance and grievance procedure.* Recipients shall establish and implement a formal process to terminate assistance to participants who violate SAF program requirements. This process shall include a hearing that provides participants a full opportunity to address issues of noncompliance.

41.9(3) *Data reporting system.* Recipients shall participate in the HUD-approved HMIS adopted by the authority unless the recipient qualifies as a domestic violence shelter, in which case the recipient shall use the DVIMS.

41.9(4) *Ensuring confidentiality.* Recipients shall develop and implement procedures to guarantee the confidentiality of records pertaining to any participant, including any individual to whom family violence prevention or treatment services are provided. In addition, the address or location of any domestic violence shelter shall not be disclosed to any person except with written authorization of the shelter director.

41.9(5) *Requirements for religious organizations.* Recipients shall not engage in religious proselytizing or counseling using SAF funds, require attendance at religious services as a requirement or condition to receive assistance with SAF funds, nor limit services or give preference to persons seeking assistance with SAF funds on the basis of religion.

41.9(6) *Prohibition against involuntary family separation.* If a shelter provides services to families with children under the age of 18, the age of a child under the age of 18 shall not be used as a basis for denying any family's admission to shelter.

41.9(7) *Lead-based paint.* Recipients shall follow the federal rules for lead-based paint, including the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and implementing regulations in 24 CFR Part 35, Subparts A, B, H, J, K, M, and R, which apply to all shelters occupied by participants.

41.9(8) *Habitability standards.* Recipients shall follow the federal rules for habitability, ensuring that shelters receiving SAF funds adhere to minimum habitability standards for being safe, sanitary, and adequately maintained, according to the regulations at CFR Part 576.403, and comply with all applicable local building codes.

41.9(9) *Other requirements.* The authority may impose additional requirements on recipients, which will be described in the request for applications, the grant contract, or other guidance materials issued from time to time.

265—41.10(16) Compliance with applicable federal and state laws and regulations. Recipients shall comply with all applicable federal, state, and local laws with respect to activities performed under this SAF program, including the Iowa Civil Rights Act as set forth in Iowa Code chapter 216. Recipients shall also comply with the following additional requirements.

41.10(1) *Review of financial statements.* Recipients shall obtain from an independent certified public accountant an annual audit report or an annual independent review of recipients' financial statements.

41.10(2) *Conflict of interest.* No person, including any employee, agent, consultant, officer, or elected or appointed official of a recipient, exercising any functions or responsibilities with respect to activities assisted under the SAF program or in a position to participate in a decision-making process or gain inside information with regard to activities assisted under the SAF program shall:

a. Obtain a financial interest or benefit from an assisted activity;

b. Have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity; or

c. Have a financial interest in the proceeds derived from an assisted activity, either for the person or for those with whom the person has immediate family or business ties.

This subrule shall apply during a person's tenure and for a one-year period thereafter.

265—41.11(16) Administration.

41.11(1) *Contracts.* Upon selection of an application for funding, the authority will initiate a contract. These rules and applicable federal and state laws and regulations will become part of the contract. Certain activities may necessitate that permits or clearances be obtained from other state agencies before the start of the project. Funding awards may be conditioned upon the timely completion of these requirements or any other conditions stipulated in the contract at the authority's sole discretion.

41.11(2) *Recordkeeping and retention.* Financial records, supporting documents, statistical records, and all other records pertinent to the funded project shall be retained by the recipient and made available to the authority upon request. Proper record retention shall be in accordance with the following:

a. Retention of records for any assisted activity for five years after the end of the grant period and, if applicable, until audit and compliance monitoring procedures are completed and accepted by the authority.

b. Access to all books, accounts, documents, records, and other property belonging to or in use by a recipient pertaining to the receipt of assistance under these rules by the office of auditor of state, the authority or the authority's designee.

41.11(3) *Reporting requirements.* Recipients shall submit reports to the authority as prescribed in the contract. Reports include:

a. HMIS data reports. All recipients are required to submit regular reports on participants served using the current HMIS reporting process as prescribed by the authority unless a recipient qualifies as a domestic violence shelter, in which case the recipient shall submit reports using the DVIMS.

b. Requests for funds. Recipients shall submit requests for funds during the contract period at intervals and using forms as prescribed by the authority. The authority may perform any review or field inspections it deems necessary to ensure SAF program compliance, including review of recipient records and reports. When problems of compliance are noted, the authority may require remedial actions to be taken. Failure to respond to notifications of need for remedial action may result in the remedies for noncompliance set forth in subrule 41.11(4).

41.11(4) *Remedies for noncompliance.* Should the authority find that a recipient is not in compliance with the requirements under this SAF program, the authority may employ any remedies it deems appropriate, including but not limited to the following:

a. Issue a warning letter stating that continued failure to comply with SAF program requirements within a stated period of time will result in a more serious action.

b. Condition a future award on correcting compliance issues.

c. Direct the recipient to stop incurring costs with grant funds.

d. Require that some or all of the awarded funds be remitted to the authority.

e. Reduce the level of funds the recipient would otherwise be entitled to receive.

f. Elect not to provide future award funds to the recipient until appropriate actions are taken to ensure compliance.

g. Prohibit a future award of funds.

265—41.12(16) References. All references to the Code of Federal Regulations and United States Code in this chapter are to the laws as in effect August 13, 2025.

These rules are intended to implement Iowa Code section 16.41.

[Filed 6/18/25, effective 8/13/25]
[Published 7/9/25]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9408C

IOWA FINANCE AUTHORITY[265]

Adopted and Filed

Rulemaking related to emergency solutions grant program

The Iowa Finance Authority hereby rescinds Chapter 42, "Emergency Solutions Grant Program," Iowa Administrative Code, and adopts a new chapter with the same title.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code sections 16.5(1)"r" and 16.5(1)"m."

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code section 16.5(1)"m" and 42 U.S.C. Sections 11371 through 11378.

Purpose and Summary

Pursuant to Executive Order 10, the Authority is rescinding Chapter 42 and adopting a new chapter in lieu thereof. The chapter describes the policies and procedures applicable to the Emergency Solutions Grant Program. The program is intended to assist homeless individuals and families to regain stability in permanent housing by supporting the costs of operations of homeless and domestic violence shelters, essential services for the homeless, and evaluation and reporting of services for the homeless.

The new chapter omits language that repeats statute or is otherwise unnecessary and updates language for clarity and to reduce the number of restrictive terms. A definition of "homeless shelter" or "shelter" has been included in rule 265—42.2(16) to maintain consistency with 261—Chapter 41 regarding the Shelter Assistance Fund. To comply with Iowa Code section 17A.6(5), new rule 265—42.12(16) clarifies that references to the Code of Federal Regulations and United States Code in the chapter are to the laws as in effect on the effective date of this rulemaking.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on April 30, 2025, as **ARC 9191C**. A public hearing was held on the following date(s):

- May 20, 2025
- May 22, 2025

Several public comments were received during the hearings and in writing.

Mazahir Salih, on behalf of the Immigrant Welcome Network of Johnson County (IWNJC), commented that the updated definition of "homeless shelter" that requires proper zoning will exclude some community-based programs like IWNJC.

Zebulon Beilke-McCallum, on behalf of the Iowa Coalition Against Domestic Violence, commented that it should be clear that domestic violence shelters are eligible for the program and that the federal Violence Against Women Act and nondiscrimination provisions are applicable to the program. Zebulon Beilke-McCallum further commented that the acknowledgement that domestic violence shelters are unable to report data through the homeless management information system is helpful.

Hope Methany, on behalf of YSS, requested clarification that funding will continue to be provided on both a regional and per-organization basis.

Two changes from the Notice have been made to clarify that the Violence Against Women Act imposes certain requirements on participants in the program and that references to that Act are as in effect on the effective date of this rulemaking.

Adoption of Rulemaking

This rulemaking was adopted by the Authority Board on June 4, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Authority for a waiver of the discretionary provisions, if any, pursuant to 265—Chapter 18.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Rescind 265—Chapter 42 and adopt the following **new** chapter in lieu thereof:

CHAPTER 42
EMERGENCY SOLUTIONS GRANT PROGRAM

265—42.1(16) Purpose. The Emergency Solutions Grant Program (ESG program) is a federal program of the U.S. Department of Housing and Urban Development (HUD) as set forth in Title 42 of the U.S. Code (42 U.S.C. Sections 11371-11378) as well as parts of Title 24 of the Code of Federal Regulations (24 CFR Part 576).

265—42.2(16) Definitions.

"Applicant" means an eligible provider of eligible homeless services that is applying for funds through the ESG program.

"Authority" means the Iowa finance authority.

"Domestic violence shelter" means a homeless shelter primarily or exclusively serving clients who are homeless due to domestic violence.

"DVIMS" means the Domestic Violence Information Management System, which is Iowa's designated database for domestic violence shelters.

"HMIS" means the Homeless Management Information System as defined in 24 CFR Part 576.

"Homeless" means the same as set forth in 24 CFR Part 576.

"Homeless shelter" or *"shelter"* means a facility properly zoned and lawfully operating in compliance with all state, county and municipal laws and regulations, including possessing all permits, licenses, certifications and other authorizations required for the facility's location, that provides temporary shelter with overnight sleeping accommodations for homeless persons and that does not require occupants to sign leases or occupancy agreements.

"Private nonprofit organization" means an organization as set forth in 42 U.S.C. Section 11371 that has registered with the state of Iowa as a nonprofit corporation.

"SAF" means the shelter assistance fund as set forth in Iowa Code section 16.41.

"Subrecipient" means any private nonprofit organization or city or county government to which the authority distributes ESG program funds.

265—42.3(16) Eligible applicants. City governments, county governments, and private nonprofit organizations are eligible applicants under the ESG program. City or county governments may apply on behalf of a nonprofit service provider within their jurisdictions when the nonprofit service provider would otherwise qualify as an eligible applicant under the ESG program.

265—42.4(16) Eligible activities. Eligible activities may include only the following.

42.4(1) *Street outreach.* The provision of essential services necessary to reach out to unsheltered homeless people; to connect them with shelter, housing, or critical services; and to provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access shelter, housing, or an appropriate health facility.

42.4(2) *Shelter.* The provision of essential services to homeless families and individuals in shelters, the renovation of buildings to be used as emergency shelters for homeless families and individuals, and the operation of emergency shelters.

42.4(3) *Prevention of homelessness.* The provision of housing relocation and stabilization services, short- or medium-term rental assistance, or other financial assistance as necessary to prevent an individual or family from experiencing homelessness.

42.4(4) *Rapid rehousing.* The provision of housing relocation and stabilization services, short- or medium-term rental assistance, or other financial assistance as necessary to help an individual or family experiencing homelessness to move as quickly as possible into permanent housing and achieve stability in that housing.

42.4(5) *Administrative costs.* A subrecipient may use a portion of a grant received for administrative purposes as determined by the authority.

42.4(6) *HMIS projects.* The authority may award grants for HMIS implementation to support data collection, reporting, and analysis as long as the total amount of such grants does not exceed 10 percent of the total ESG program allocation. Eligible costs may include equipment, software, services, personnel, space, and operations for HMIS activities. The authority may in its discretion award such a grant, subject to the terms of this subrule, without regard to the application and review provisions of rules 265—42.6(16) and 265—42.7(16). Subrecipients of grants in support of other eligible activities listed in subrules 42.4(1) through 42.4(4) may also use a portion of such grants to support data collection and reporting using the HMIS or the DVIMS.

265—42.5(16) Ineligible activities. Any activity that is not authorized under the provisions of the McKinney-Vento Homeless Assistance Act as amended by the Homeless Emergency Assistance and

Rapid Transition to Housing Act of 2009 (HEARTH Act), and implemented by 24 CFR Part 576, is ineligible to be carried out with ESG program funds.

265—42.6(16) Application procedures. The authority will issue requests for applications periodically, specifying requirements, priorities, period of funding, and maximum and minimum award amounts, subject to available funds. Requests for applications may be issued jointly with the SAF program. Only applications submitted as prescribed by the authority will be considered.

265—42.7(16) Application review process. Applications will be reviewed based on priorities established during each funding round in accordance with the state of Iowa consolidated plan for housing and community development. Review criteria include but are not limited to applicant's project design, applicant experience and capacity, community partnerships and need, past performance, budget and grant management, project accessibility, project partnerships, the number of persons or households served, and how well the project leverages other resources.

42.7(1) If an application contains an activity determined to be ineligible, at the authority's discretion, the ineligible activity may be deleted from the application, the applicant may be referred to another funding source or the application may be disqualified.

42.7(2) Authority staff may review applications with other state agencies or any other party deemed appropriate in the authority's sole discretion.

42.7(3) Based on the review process and subject to available funding, the authority may revise the applicant's overall funding request by activity or funding level and recommend a final funding figure to the authority's board of directors for approval.

265—42.8(16) Matching requirement. Each subrecipient of ESG program funds must provide matching contributions according to the requirements for each round of funding. In calculating the amount of matching funds, the following may be included: cash contributions expended for allowable costs of the subrecipient for the ESG program or noncash contributions, including the value of any real property, equipment, goods, or services contributed to the subrecipient's ESG program-supported project, provided that, if the subrecipient had to pay for them with grant funds, the costs would have been allowable. The authority may allow an exemption of matching funds up to a maximum of $100,000 of the state allocation received from HUD for the subrecipients least capable of providing such matching amounts. Subrecipients seeking this exemption from matching requirements must document their need for the exemption and receive prior approval from the authority before the exemption becomes effective.

265—42.9(16) Funding awards.

42.9(1) *Awards on behalf of multiple applicants.* A city or county government or private nonprofit organization may be designated, at the discretion of the authority, to administer a contract for multiple applicants within a prescribed geographic area.

42.9(2) *Right to negotiate.* The authority reserves the right to negotiate with the subrecipient the amount of the funding award, the scale or scope of the subrecipient's project, and alternative methods for completing the project.

42.9(3) *Special purpose awards.* The authority may, at its discretion, award any remaining funds as it sees fit within the ESG program regulations.

265—42.10(16) Compliance with applicable federal and state laws and regulations. Subrecipients shall comply with the following:

1. Iowa Code governing activities performed under this program;
2. McKinney Homeless Assistance Act and its implementing regulations;
3. HEARTH Act;
4. Uniform Administrative Requirements, Cost Principles, and Audit Requirements in 2 CFR Part 200; and
5. Violence Against Women Act.

265—42.11(16) Administration.

42.11(1) *Contracts.* Upon selection of an application for funding, the authority will initiate a contract. These rules and applicable federal and state laws and regulations will become part of the contract. Certain activities may necessitate that permits or clearances be obtained from other state or federal agencies before the start of the project. Funding awards may be conditioned upon the timely completion of these requirements or any other conditions stipulated in the contract at the authority's sole discretion.

42.11(2) *Recordkeeping and retention.* Financial records, supporting documents, statistical records, and all other records pertinent to the funded project shall be retained by the subrecipient and made available to the authority upon request. Private nonprofit subrecipients covered through an ESG program contract from a city or county government or another nonprofit organization are responsible for ensuring that pertinent records of their ESG program funds be made available to the administering city or county government or other nonprofit organization and to the authority upon request. Proper record retention must be in accordance with the following:

a. Retention of records for any assisted activity for five years after the end of the grant period and, if applicable, until audit procedures are completed and accepted by the authority.

b. Access to all books, accounts, documents, records, and other property belonging to or in use by a subrecipient pertaining to the receipt of assistance under these rules by representatives of the Secretary of HUD, the Inspector General, the General Accounting Office, the Office of Auditor of State, the authority or the authority's designee.

42.11(3) *Reporting requirements.* Subrecipients shall submit reports to the authority as prescribed in the contract. Reports include:

a. HMIS data reports. All subrecipients are required to submit regular reports on clients served using the current HMIS reporting process as prescribed by the authority unless a subrecipient qualifies as a domestic violence shelter, in which case the subrecipient must submit reports using the DVIMS.

b. Requests for funds. Subrecipients must submit requests for funds during the contract period at intervals and using forms as prescribed by the authority. The authority may perform any review or field inspections it deems necessary to ensure program compliance, including review of subrecipient records and reports. When problems of compliance are noted, the authority may require remedial actions to be taken. Failure to respond to notifications of need for remedial action may result in the remedies for noncompliance set forth in subrule 42.11(4).

42.11(4) *Remedies for noncompliance.* Should the authority find that a subrecipient is not in compliance with the requirements under this program, the authority may employ any remedies it deems appropriate, including but not limited to the following:

a. Issue a warning letter stating that continued failure to comply with program requirements within a stated period of time will result in a more serious action.

b. Condition a future award on correcting compliance issues.

c. Direct the subrecipient to stop incurring costs with grant funds.

d. Require that some or all of the awarded funds be remitted to the authority.

e. Reduce the level of funds the subrecipient would otherwise be entitled to receive.

f. Elect not to provide future award funds to the subrecipient until appropriate actions are taken to ensure compliance.

265—42.12(16) References. All references to the Code of Federal Regulations; United States Code; and federal acts, including the McKinney-Vento Homeless Assistance Act, the HEARTH Act, and the Violence Against Women Act, in this chapter are as in effect August 13, 2025.

These rules are intended to implement Iowa Code section 16.5(1)*"m"* and 42 U.S.C. Sections 11371 through 11378.

[Filed 6/18/25, effective 8/13/25]
[Published 7/9/25]
EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.

ARC 9409C

NATURAL RESOURCE COMMISSION[571]

Adopted and Filed

Rulemaking related to resource enhancement and protection program: county, city, private open spaces and conservation education grant programs

The Natural Resource Commission (Commission) hereby amends Chapter 33, "Resource Enhancement and Protection Program: County, City, Private Open Spaces and Conservation Education Grant Programs," Iowa Administrative Code.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Iowa Code section 455A.19.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code chapter 455A and 2024 Iowa Acts, Senate File 2385.

Purpose and Summary

During the 90th General Assembly, 2024 Iowa Acts, Senate File 2385, was enacted. This legislation eliminated the Conservation Education Program Board. As of July 1, 2024, the Resource Enhancement and Protection's (REAP's) conservation education funds are now administered by the Department of Natural Resources (Department) and the REAP Coordinator instead of by the Board. Due to this change, the Department is promulgating rules to award the conservation education program grant funds, which includes creating a review and selection committee.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on April 2, 2025, as **ARC 9061C**. A public hearing was held on the following date(s):

- April 23, 2025
- May 7, 2025

One member of the public attended a hearing, but no formal comment was received. No other public comments were received. No changes from the Notice have been made.

Adoption of Rulemaking

This rulemaking was adopted by the Commission on June 12, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Commission for a waiver of the discretionary provisions, if any, pursuant to 571—Chapter 11.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rulemaking will become effective on August 13, 2025.

The following rulemaking action is adopted:

ITEM 1. Amend subrule 33.4(3) as follows:

33.4(3) Application deadlines are the same for county, city, and private open space grant programs. Conservation education program application deadlines are offered annually but not on the same schedule as the county, city, and private open space grant programs. Applications for all REAP grant programs will be reviewed and projects selected for funding at least once per year. The department shall publish on its website the date and time for submitting a funding proposal, providing at least 90 days' notice. Applications must be submitted to the department as described on the website.

ITEM 2. Amend rule 571—33.19(455A) as follows:

571—33.19(455A) Conservation education program policy.

33.19(1) *Grants and agreements.* The conservation education program ~~board~~ shall constitute a long-term integrated effort to support conservation education ~~for Iowa educators and students~~ through formal and nonformal education projects and programs by means of competitively awarded grants and cooperative agreements. ~~To support this policy, the board may establish guidelines from time to time to direct applicants to priority areas for funding and shall give preference to grants that meet these guidelines. The board may provide funding for activities that expand the impact of the project and provide accessibility for widespread adoption of programs for implementation by others. The board may provide funding for tracking of project implementation and evaluation.~~

~~**33.19(1)** *Conservation education program board.* The board will review and amend, as needed, the review and selection criteria for competitive grants and policies of conduct.~~

33.19(2) *Definitions.* The following definitions shall apply to this division:

~~*"Board"* means REAP conservation education program board.~~

"Conservation education programs" means programs developed for formal (K-12 students), nonformal (preschool, adult and continuing education) and higher education (postsecondary and adult) programs, within the subject areas of natural resource conservation and environmental protection.

"Dissemination grant" means funds deployed for the purposes of executing projects previously funded by REAP conservation education program funds that were successful in execution and have transferability to other educators and conservation programs.

"Dissemination plan" means the required documentation for projects greater than $10,000 funded by the REAP conservation education program funds. A dissemination plan contains specific details of the project, including expected outcomes essential for the uptake and use by educators and conservation programs.

"Educator" means any person who teaches environmental/conservation education. This may apply to certified teachers, governmental or private naturalists, education specialists, or others so determined by the ~~board~~ department.

"Environmental/conservation education materials" means materials that are developed or produced that provide knowledge, skills, processes and strategies that enhance Iowa citizens' understanding of natural resources conservation and environmental issues.

"Stipends for Iowa educators who participate in innovative conservation education programs" may include tuition costs; acceptable food and lodging costs; substitute teacher costs; mileage expenses or separate allowances when applicable for educators to attend ~~board-approved~~ approved environmental/conservation education workshops, in-service programs and conferences; and other costs as approved by the ~~board~~ department.

ITEM 3. Amend rule 571—33.20(455A) as follows:

571—33.20(455A) Eligibility for funds. In years in which funds are made available, grant applications may be submitted by institutions of higher learning; government agencies, including local school districts; ~~nonpublic~~ private schools and home schools; area education agencies; day cares; and organizations~~; and individuals with an Iowa residence~~. Preference shall be given to Iowa ~~participants~~ residents.

33.20(1) *Fund distribution.* The total available funds will be distributed as follows:

a. The first $50,000 will be awarded to public/private pre-K through grade 12 education disseminated as small grant awards not to exceed $10,000 per request and no less than $1,000 per request.

b. The next $50,000 will be awarded to dissemination grants, if a dissemination project is provided by the department for the year.

c. The remaining $250,000 will be awarded for large grant awards not to exceed $80,000 per request. Large grant awards require a minimum of 33 percent matching funds either as an in-kind or a cash match.

d. If all funds are not allocated through paragraphs 33.20(1)*"a"* and *"b,"* the remaining funds will be allocated to qualifying projects in paragraph 33.20(1)*"c."*

33.20(2) *Expenditure guidelines.*

a. Eligible program types. Applicants can apply for funding that supports hands-on interactive types of educational experiences, such as workshops, trainings, field trips, or classroom activities, or passive education experiences, such as interpretive or wayside signs, brochures or video programming, or education center exhibits.

b. Personnel expenses. Requests for personnel expenditures shall not exceed 40 percent of the total grant request and can only be used for staff directly engaged with the educational offering. Administrative support personnel are not eligible grant fund expenses. An awardee will provide documentation on actual hours worked in order to receive the 40 percent reimbursement costs for personnel. This does not include educator stipends or funding provided to individuals in order to attend a workshop, conference or training, all of which are allowable expenses under this grant program.

c. Travel expenses. Reimbursement is for in-state travel only; mileage, lodging, and food expenses will be reimbursed at the current state rate as found on the department of administrative services website.

d. Noneligible expenses. Grant funds cannot be used for technology or infrastructure development or construction whose singular function is not primarily and consistently dedicated to the program or exhibit for which grant funds are requested. Additionally, grant funds cannot be used for food and beverage costs or reimbursements.

ITEM 4. Rescind rule 571—33.21(455A) and adopt the following **new** rule in lieu thereof:

571—33.21(455A) Competitive grant project planning and review committee.

33.21(1) *Review committee.*

a. The director shall appoint a five-person review and selection committee to evaluate project applications. This committee shall include one representative of the department appointed by the director, one representative of the department of education science consultant or designee, one representative of the Iowa conservation education council, one representative of the Iowa association of naturalists, and one representative of the Iowa association of county conservation boards. Additionally, there shall be at least one alternate identified and designated by the director from each represented organization. Terms of appointment to the committee shall be on a three-year staggered term basis.

b. An individual who is a member, volunteer, or employee of an entity that has submitted a project shall not serve on the scoring committee during that award cycle. Instead, one of the alternates shall review and score in the individual's place.

33.21(2) *Competitive grant project selection criteria.*

a. Under the competitive grant program, a project planning and review committee shall establish criteria and scoring systems to be utilized in project evaluation. The criteria and scoring systems shall be submitted to the natural resource commission for approval.

b. The department shall publish on its website the date and time for submitting a funding proposal and the criteria and scoring system, providing at least 90 days' notice. Applications must be submitted to the department as described on the website.

c. Upon recommendation of the planning and review committee, the natural resource commission shall award the grants.

33.21(3) *Dissemination plan.*

a. After completion of the project awarded through the large grants, and prior to final request for reimbursement, the awardee shall complete a dissemination plan as provided on the department's website. Projects funded with conservation education program funds are intended to be replicable by other educators or conservation programs in Iowa.

b. Annually, the review and selection committee will review dissemination plans; select successful projects per criteria developed and approved by the natural resource commission; and offer additional award opportunities, not to exceed $10,000 per awardee, of up to $50,000 of conservation education program funds for other educators or conservation education programs to implement.

33.21(4) *Nonapplication of copyright.* Program materials developed from REAP funds for conservation education materials shall bear the REAP logo. However, materials developed under this grant shall not be copyrighted by the grantee unless the department gives permission. A digital copy of all program materials developed shall be supplied to the department as part of the dissemination plan.

ITEM 5. Rescind and reserve rule **571—33.22(455A)**.

ITEM 6. Rescind and reserve rule **571—33.23(455A)**.

ITEM 7. Rescind and reserve rule **571—33.24(455A)**.

ITEM 8. Rescind and reserve rule **571—33.25(455A)**.

ITEM 9. Rescind and reserve rule **571—33.26(455A)**.

ITEM 10. Rescind and reserve rule **571—33.27(455A)**.

ITEM 11. Rescind and reserve rule **571—33.28(455A)**.

ITEM 12. Rescind and reserve rule **571—33.29(455A)**.

ITEM 13. Rescind and reserve rule **571—33.30(455A)**.

[Filed 6/13/25, effective 8/13/25]
[Published 7/9/25]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/9/25.