

IOWA DEPARTMENT OF NATURAL RESOURCES
WATER SUPPLY OPERATION PERMIT
WYOMING WATER SYSTEM

Public Water Supply ID: 5396039

WYOMING, CITY OF
ATTN STEVE AGNITSCH MAYOR
PO BOX 76
WYOMING IA 52362

Effective Date: May 19, 2026
Expiration Date: August 31, 2029

The permittee is authorized to operate the public water system identified as WYOMING WATER SYSTEM, subject to the applicable sections of Iowa Code including Chapter 455B and part 567 of the Iowa Administrative Code (IAC). This system is further subject to the monitoring requirements and general conditions of this permit and appendices when attached.

Appeal: Conditions of this permit may be appealed as provided in 561 IAC chapter 7, adopted by reference by 567 IAC chapter 7. The notice of appeal is required to be in writing and must be postmarked within 30 days of receipt of this permit. The written notice of appeal is required to be mailed to the Director with a copy to the Bureau Chief, Legal Services Bureau, Department of Natural Resources, 6200 Park Ave STE 200, Des Moines, Iowa 50321.

Renewal: The permittee must file for renewal of this permit by July 2, 2029. The Iowa Department of Natural Resources (DNR) will issue an application for renewal prior to this date. It is the permittee's responsibility to ensure that the application is completed and returned to the DNR. Failure to make proper application or maintain compliance with the requirements of this operation permit may result in legal action pursuant to Iowa Code sections 455B.175 and 455B.191, and 567 IAC Chapter 10 (455B), including the possible assessment of monetary penalties.

FOR THE DIRECTOR,

Anne Lynam Digitally signed by Anne Lynam
Date: 2026.05.20 10:56:32 -05'00'

By: _____ Date: May 19, 2026

cc: Field Office 1
File: PWSID:5396039, WYOMING WATER SYSTEM
WYOMING WATER SYSTEM
ATTN ROD GRAVEL WATER SUPERINTENDENT
PO BOX 76
WYOMING IA 52362

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Wyoming Water System is classified as a community public water supply with a groundwater source serving a population of 523. The supply must have a certified operator in direct responsible charge of its treatment and distribution systems holding the appropriate classification(s). This supply is classified as a Grade 1 water treatment system and Grade 1 water distribution system. The current operating period is defined as January 01 to December 31. In case your operating period is different than these dates, you must notify the DNR immediately.

The water supply must sample at the locations and frequencies specified in this permit during periods of normal operation and representative of all water sources and treatment.

Distribution System Monitoring Requirements

The following samples must be taken throughout the distribution system, according to written sampling plans, and analyzed by a laboratory certified by the DNR.

Facility ID: 950

Distribution System Name: **DISTRIBUTION SYSTEM**

ANALYTE

MONITORING FREQUENCY

SAMPLE PERIOD

Coliform Bacteria

1 sample every month

Lead and Copper

10 samples every 3 years

June 1 to September 30, 2028

Nitrite (as N)

1 sample every quarter

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Monthly Operation Report (MOR) Self-Monitoring Requirements

Monthly records of operation must be signed by the certified operator in direct responsible charge or their designee, maintained at the system for a period of five years, and available for DNR review. Analysis of analytical parameters by a laboratory certified by DNR is not required; however, a reliable field test kit or laboratory method must be used. Monthly Operation Report Forms may be obtained by contacting Field Office 1 at 563-927-2640 . When DNR notification is required, use this same field office number. During evenings, weekends, and holidays, notify the DNR through the 24-Hr Emergency Response Unit at 515-725-8694.

When indicated in the section(s) below, the permittee must report the signed results of the self-monitoring in an approved format to Field Office 1 in Manchester within 10 days after the end of each month.

Routine Monitoring

Any parameter with an "X" in the report column below, must be submitted to the DNR field office monthly as prescribed above. All parameters, whether reported to the field office or not, must be maintained at the system.

PARAMETER	FREQUENCY	LOCATION	REPORT	COMMENTS/RANGES
Disinfectant Residual	At Sampling	Distribution System	X	The system must measure and record chlorine residuals on the sample data sheet when sampling in the distribution system for routine and repeat coliform bacteria samples.
Disinfectant Residual	1/Day	Distribution System	X	• Rotate residual locations among bacteria sample sites. Due to ammonia in the sourcewater, Total Chlorine must be at least 1.5 mg/L. Record Free and Total
Disinfectant Residual	1/Day	Source Entry Point	X	Record Free and Total
Disinfectant, Quantity Used	1/Day	Day Tank / Scale	X	
Nitrite	1/Month	Source Entry Point	X	
Nitrite	1/Month	Distribution System	X	
Phosphate, Quantity Used	1/Week	Day Tank / Scale	X	
Phosphate, as PO4	1/Week	Source Entry Point	X	
Pumpage or Flow	1/Day	Source Entry Point	X	
Pumpage or Flow	1/Day	Raw Water	X	
Static Water and Pumping Levels	1/Month	Each Active Well	X	

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Mandatory Treatment Objectives and Operational Restrictions

You are required to adhere to the following treatment or restriction provisions. All parameters listed below must be monitored and reported to the DNR Field Office. The permittee must report the signed results of the self-monitoring in an approved format to Field Office 1 in Manchester within 10 days after the end of each month. You are required to achieve operational ranges when specified. You must notify the DNR field office before any planned deviations and within 24 hours of any emergency deviations. Such circumstances are also to be reflected in the monthly operational reports.

Restricted Use Well (GW)

WL03

You may use this water source only in emergencies. You must notify the IDNR field office before any planned use, within 24 hours of any emergency use, or when use of the source exceeds 30 days per year. Upon notification by the PWS, the field office will assign appropriate monitoring and other requirements. When the source is placed into service, if the water quality is unknown, or there is a known risk from nitrate or nitrite, the public must be advised of the potential risk and bottled water use implemented. If there is a known risk from coliform bacteria alone, the public must be advised of the potential risk and a boil water order issued.

PARAMETER	FREQUENCY	LOCATION	COMMENTS/RANGES
Pumpage or Flow, each Source	1/Day	Raw Water	

Disinfection By-Product Requirements (DBPR)

Community and nontransient noncommunity public water supplies that add a chemical disinfectant or which provide water that contains a chemical disinfectant must monitor for the following to determine compliance with disinfection byproducts requirements. Total chlorine residuals must be used in the Maximum Residual Disinfectant Level (MRDL) calculations.

PARAMETER	FREQUENCY	LOCATION	COMMENTS/RANGES
Calculated MRDL (Monthly Average)	1/Month	Distribution System	Calculated each calendar month from the total chlorine residuals measured with the routine and repeat coliform bacteria samples.
Calculated MRDL (Running Annual Average)	1/Quarter	Distribution System	Calculated each calendar quarter from the previous 12 monthly MRDL total chlorine residual averages.
Disinfectant Residual	At Sampling	Distribution System	The system must measure and record chlorine residuals on the sample data sheet when sampling in the distribution system for routine and repeat coliform bacteria samples.

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GENERAL PERMIT CONDITIONS

1. **ADMINISTRATIVE RULES**
Rules of the DNR which govern your facility operation, in connection with this permit, are published in 567 Iowa Administrative Code (IAC) Chapters 40, 41, 43, and 81.
2. **NOTICE OF CHANGED CONDITIONS**
You are required to report any changes in existing conditions or information on which this permit is based. If any modification of, addition to, or construction of this water system is made, you must first obtain a written construction permit from the DNR, in accordance with 567 Chapters 40, 41, and 43.
3. **PERMIT MODIFICATION, SUSPENSION, OR REVOCATION**
 - a. This permit may be modified at any time as a result of changes to the Iowa Administrative Code.
 - b. This permit may be modified due to changes in the conditions or information on which this permit is issued.
 - c. This permit may be modified to include a compliance schedule.
 - d. This permit may be modified, suspended, or revoked for causes specified in 567 IAC 43.2(8).
4. **INSPECTION OF PREMISES, RECORDS, EQUIPMENT, AND METHODS**
You are required to permit authorized DNR personnel to survey and inspect any construction, operation, and records of your water supply system in accordance with Iowa Code, section 455B. 174, and 567 IAC 40.8(3)"a" and 40.9(7) and 567 Chapter 44.
5. **CORRECTIVE ACTIONS REQUIRED**
You are required to serve water that continuously meets all safe drinking water standards. If monitoring results required under this permit for 3 monitoring periods or events do not meet safe drinking water standards, corrective actions will be required by the Iowa DNR via a revised permit and a Bilateral Compliance Schedule. An event that is determined to be an actual or imminent hazard by the director, as specified in 567 IAC 43.1, will require immediate corrective action.
6. **OPERATION AND MAINTENANCE**
All facilities and control systems must be operated as efficiently as possible and maintained in good working order in accordance with 567 IAC Chapter 43. A sufficient number of staff, adequately trained and knowledgeable in the operation of your facility, must be retained to achieve compliance with the terms of this permit.
7. **REPORTING, PUBLIC NOTIFICATION, AND RECORDKEEPING REQUIREMENTS**
 - a. You are required to report all test, measurement, or analytical results to the DNR in accordance with 567 IAC 40.8(1)"a". This must include the reporting of all positive detects within the same analytical series.
 - b. You are required to report to the DNR within 48 hours any violation of the drinking water regulations or monitoring requirements in accordance with 567 IAC 40.8(1)"b".
 - c. You are required to notify the public of any violation of the drinking water regulations or monitoring requirements in accordance with 567 IAC 40.5(455B).
 - d. Within 10 days of notifying the public, you are required to provide proof of such action to the DNR in accordance with 567 IAC 40.8(1)"c".
 - e. You are required to maintain records of analyses, of actions to correct violations of any of the drinking water regulations, of correspondence, and of permits for periods of 5 to 12 years depending on the nature of the records, in accordance with 567 IAC 40.9(455B).
8. **TRANSFER OF TITLE, CHANGE IN OPERATION**
If title to your facility or any part of it is transferred, the new owner shall be subject to this permit. You are required to notify the new owner of the requirements of this permit in writing within 30 days to such transfer of title. The Director of the DNR must be notified in writing within 30 days of such transfer or of any other change in conditions identified in the permit application (567 IAC 43.2(455B)).
9. **SEVERABILITY**
If any provision or application of any provision to any circumstances is found to be invalid by the DNR or by a court of law, all other provisions and conditions shall remain effective.
10. **APPLICATION OF OTHER AUTHORITY**
This permit does not relieve you of the responsibilities to comply with all local, state, and federal laws, ordinances, regulations, or other legal requirements applying to the operation of your facility.

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FACILITY ID SUMMARY

WYOMING WATER SYSTEM

PWSID 5396039

Facility Type: Distribution System	Type Code: DS
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Facility ID	Facility Name	Status
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950	DISTRIBUTION SYSTEM	Active
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Stage 2 DBPR Sample ID	Description	Status
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DB01	603 EAST JONES (HTL)	Active
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DB02	141 WEST MAIN (HHL)	Inactive
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Facility Type: Source/Entry Point	Type Code: SS
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Facility ID	Facility Name	Status
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01	TAP AFTER TREATMENT, #2	Active
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02	TAP AFTER TREATMENT #3	Inactive
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Facility Type: Well	Type Code: WL
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Facility ID	Facility Name	Status
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WL01	WELL # 2 (1926) Well Tag ID: 1010992	Active
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WL02	PLUG # 1 (1924) Well Tag ID: 1010991	Inactive
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WL03	WELL # 3 (2009) Well Tag ID:	Inactive
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Facility Type: Treatment Plant	Type Code: TP
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Facility ID	Facility Name	Status
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TP01	PLANT #1	Inactive
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TP02	PLANT #2	Active
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TP03	PLANT #3	Inactive
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Facility Type: Storage	Type Code: ST
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Facility ID	Facility Name	Status
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ST01	TOTAL ELEVATED STORAGE	Active
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