

U.S. EPA REGION 8 Drinking Water Program (WY and Tribal-CO, UT, WY, ND, SD, MT)

Revised Total Coliform Rule (RTCR) Level 1 Assessment Form v.2



PWS ID#:	PWS Name:
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Seasonal System? Y or N (circle one) **Open Date:** _____ **Close Date:** _____ (current season)

Assessment Trigger Date: _____ **Date assessment completed:** _____

Cause of Assessment: _____

NOTE: Form to be completed based on data and documents available to the PWS and returned as soon as practical but no later than **30 days** after the collection date of the sample that triggered the assessment.

Section A: Review and evaluate all of the elements below, noting their current or prior condition that could have contributed to the TC+ sample result. Check "NA" if the section is not applicable to the PWS.

1. SAMPLING SITES No issues Issue(s) identified

<p>Y / N</p> <p><input type="checkbox"/> / <input type="checkbox"/> Routine total coliform site?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Does the tap have a point of use treatment device?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Any plumbing additions or repairs?</p>	<p>Y / N</p> <p><input type="checkbox"/> / <input type="checkbox"/> Was the tap area unsanitary?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Does the tap have a swivel-type faucet?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Is sample tap on a dead-end main?</p>
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Describe these or any other sampling site related issues that may have resulted in the TC+ result:

2. SAMPLING PROTOCOL No issues Issue(s) identified

<p>Y / N</p> <p><input type="checkbox"/> / <input type="checkbox"/> Sampler properly trained for sampling?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Aerator and/or gasket removed?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Was a laboratory-provided TC sample bottle used?</p>	<p>Y / N</p> <p><input type="checkbox"/> / <input type="checkbox"/> Other sampler error (note specifics in comments)?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Was tap flushed and disinfected?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Sample too warm prior to icing and shipping?</p>
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Describe these or any other sampling protocol related issues that may have resulted in the TC+ result :

3. DISTRIBUTION SYSTEM No issues Issue(s) identified

<p>Y / N / NA</p> <p><input type="checkbox"/> / <input type="checkbox"/> Main breaks noted?</p> <p><input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Pump station failures/repairs?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Power loss?</p> <p><input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Low disinfection residuals (<0.2 mg/L)?</p> <p><input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Recent flushing of fire hydrants or blow-offs?</p> <p><input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Standing water/debris in valve vault?</p>	<p>Y / N / NA</p> <p><input type="checkbox"/> / <input type="checkbox"/> Loss of pressure (<20 psi)?</p> <p><input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Valves recently exercised?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Leaks noted?</p> <p><input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Mains or service lines repaired?</p> <p><input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Air relief valve leaking?</p> <p><input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Unprotected cross connections (including stock tanks and yard hydrants)?</p>
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Describe these or any other related distribution system issues that may have resulted in the TC+ result :

4. STORAGE TANK(S) No issues Issue(s) identified NA

Review ALL storage tanks and note any problems found at each tank. Attach additional pages if necessary.

<p>Y / N / NA</p> <p><input type="checkbox"/> / <input type="checkbox"/> Presence of holes in tank?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Debris in tank?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Vandalism/tampering noted?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Tank not cleaned within 10 years?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Is #24 mesh screen used on vents and overflows?</p>	<p>Y / N</p> <p><input type="checkbox"/> / <input type="checkbox"/> High flows through tank or overfilled tank?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Evidence of animals/insects in tank?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Power loss?</p> <p><input type="checkbox"/> / <input type="checkbox"/> Recent repairs on tank(s)?</p> <p><input type="checkbox"/> / <input type="checkbox"/> #24 mesh screen damaged or not properly secured?</p>
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- / Tank levels were low when sample was taken? / Infrequent water use from tank?
 / Does hatch have a water tight seal? / Is hatch kept locked or secured?
 / / Failure or improper operation on tank telemetry/altitude valves/controls?

Describe these or any other storage tank related issues that may have resulted in the TC+ result :

5. TREATMENT

- No issues Issue(s) identified NA

Y / N / NA

Y / N / NA

- | | |
|--|---|
| <input type="checkbox"/> / <input type="checkbox"/> Changes in water quality? | <input type="checkbox"/> / <input type="checkbox"/> Treatment bypassed? |
| <input type="checkbox"/> / <input type="checkbox"/> Interruption in treatment/power? | <input type="checkbox"/> / <input type="checkbox"/> Recent repairs or maintenance performed? |
| <input type="checkbox"/> / <input type="checkbox"/> Vandalism/tampering noted? | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Disinfectant added at all times? |
| <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Changes in chemical dosages? | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Filter media upset or contamination? |
| <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Coagulation chemicals added at all times? | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Finished water turbidity increased? |
| <input type="checkbox"/> / <input type="checkbox"/> Changes in treatment plant operations? | |

Describe these or any other treatment related issues that may have resulted in the TC+ result :

6. SOURCES –

Well(s) (physically connected to potable water system)

- No issues Issue(s) identified NA

*Review ALL wells and note any problems found at each well.
Attach additional pages if necessary.*

Y / N / NA

Y / N / NA

- | | |
|---|--|
| <input type="checkbox"/> / <input type="checkbox"/> Wellhead recently opened? | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Damaged pitless adaptor? |
| <input type="checkbox"/> / <input type="checkbox"/> Recent work on pump? | <input type="checkbox"/> / <input type="checkbox"/> Damaged or unscreened vent? |
| <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Unprotected opening in pump/pump assembly? | <input type="checkbox"/> / <input type="checkbox"/> Defective/damaged well cap/sanitary well seal (bolts missing)? |

Describe these or any other well related issues that may have resulted in the TC+ result:

Spring(s)

*Review ALL springs and note any problems found at each spring.
Attach additional pages if necessary.*

- No issues Issue(s) identified NA

Y / N

Y / N

- | | |
|--|---|
| <input type="checkbox"/> / <input type="checkbox"/> Damaged or poorly maintained spring box? | <input type="checkbox"/> / <input type="checkbox"/> Sources of contamination near spring? |
|--|---|

Describe these or any other spring related issues that may have resulted in the TC+ result :

Purchased Water

- No issues Issue(s) identified NA

Y / N

- / Water quality issues with supplier?
 / Low disinfectant residual from supplier (typically ≤ 0.02 mg/L)?

Describe these or any other purchased water issues that may have resulted in the TC+ result :

Applicable to all sources

- No issues Issue(s) identified NA

Y / N

Y / N

- | | |
|--|--|
| <input type="checkbox"/> / <input type="checkbox"/> Change in source water quality? | <input type="checkbox"/> / <input type="checkbox"/> Changes in source(s)? |
| <input type="checkbox"/> / <input type="checkbox"/> Rapid snowmelt or rainfall? | <input type="checkbox"/> / <input type="checkbox"/> Flooding/run-off inundation at source? |
| <input type="checkbox"/> / <input type="checkbox"/> Evidence of animals near source? | |

Describe these or any other source water related issues that may have resulted in the TC+ result :

Section B: Issue Description Use this space to provide additional information on potential causes of contamination identified during your assessment. Include corresponding dates with your findings such as dates of sample collection, low pressure events, extreme weather, etc.

Check if PWS did not find any causes for the contamination.

Section C: Uncorrected Significant Deficiencies Identified in Past Sanitary Surveys: List any possible causes of TC+ samples that were identified as significant deficiencies in a prior sanitary survey and are not yet corrected. Provide the approved corrective action date for those uncorrected significant deficiencies and the status of those corrections.

Check if PWS does not have any outstanding significant deficiencies.

Section D: Corrective Action Taken or to be Taken: For any possible issues not already being addressed as a significant deficiency, use this space to describe corrective actions completed at the time of this assessment, a proposed timetable for any corrective actions not already completed, and any interim measures the PWS plans to implement prior to the completion of any corrective actions, including specific milestone dates. **Failure to meet milestone dates is subject to enforcement and public notice provisions.**

Certification: I, the owner or responsible party for the water facility named above, hereby certify that all statements provided above are true and accurate to the best of my knowledge.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Phone #: _____

Email: _____

Please return this form to the EPA Region 8 office as soon as possible. Forms can be emailed to R8DWU@epa.gov or faxed to 1-877-876-9101.

Office Use Only: EPA Reviewer:	Level 1 Assessment Sufficient:_____
PWS corrected problem?	Corrective Action Plan Approved:_____
Approved with changes (attached)?	Consultation Date:_____
Revisions Required:	Comments:_____