

US EPA REGION 8 DRINKING WATER PROGRAM (WY and Tribal-CO, UT, WY, ND, SD, MT)

Revised Total Coliform Rule (RTCR) Level 2 Assessment Form

PWS ID#: _____ PWS Name: [_____]

Primary Operator (print name): _____ Phone: _____
 Assessment trigger date: _____ Date Assessment Completed: _____
 SEASONAL: YES NO Reason for Assessment: _____

Assessment Elements	Issues?			Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A		
1. Review of the sample sites				Indicate Element number being described.	
1.1 Was the sample taken at the routine coliform site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.2 Was the tap area unsanitary at the time of sampling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3 Was this sample taken from an outside faucet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4 Was the sample taken from a swivel tap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.5 Did the tap have a point of use treatment device on it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.6 Does the building where the sample was taken have a point of entry device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.7 Has this location undergone any plumbing replacements or repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.8 Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.9 Is this location near a storage tank or dead end?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.10. Any other sample site issues not previously mentioned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Review of sample protocol					
2.1 Is the sampler a regular, trained sampler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.2 Was a laboratory-provided TC sample bottle used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3 Was the aerator removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4 Was the water tap flushed for at least 5 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.5 Was the tap disinfected or flamed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.6 Did the sample get too warm prior to being placed on ice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.7 Was there other sampler error? Describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.8 If it is a seasonal system, were there any problems during the most recent start-up procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.9 Any other sample protocol issues not previously mentioned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Review of the distribution system.					
3.1 Have any mains been recently replaced or service lines recently added?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.2 Have fire hydrants or blow offs been recently flushed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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3.3 Have valves been recently exercised to direct flow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Any leaks or main breaks noted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.5 Are all of the backflow prevention devices operational and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.6 Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.7 Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.8 Any recent pump station failures or repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.9 Air relief valve leaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.10 Standing water or debris in valve vault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.11 Any recent power loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Any unprotected cross connections (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13 Any other distribution issue not previously mentioned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Review of storage tank(s) (Note the specific facility if any issues are found)					
4.1 Is there a presence of animals or insects in the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.2 Are there breaches or holes of any sort into tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Is there any presence of animal droppings around openings, vents or overflows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Is there sediment buildup and floating debris in tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Is there a #24 mesh screen installed on vents and overflows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Is the #24 mesh screen damaged or not properly installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.10 Was the hatch locked or secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.11 Has the tank been accidentally drained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.12 Have there been high flows through the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.13 Was there high water age in the tank (infrequent water use)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.14 Was the sample taken when the tank was at the low level mark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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4.15 Failure or improper operation on tank telemetry/altitude valves/controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.16 Any recent repairs on the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.17 Was there any power loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.18 Was the tank vandalized or subject to tampering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.19 Any other storage tank issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Review of treatment process (if applicable)					
5.1 Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.2 Have there been any new treatment processes added or new equipment installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.3 Have there been any recent repairs of major unit processes or treatment equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4 Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.5 Has a coagulant been added at all times the plant has been filtering water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.6 Have there been changes in raw water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.7 Was the finished water turbidity increasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.8 Have filter clogging algae caused more frequent backwashing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.9 Has a disinfectant been added at all times or have there been any failures in adding disinfectant for any length of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.10 Has there been any vandalism or tampering at the plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.11 Any other treatment plant issues not previously mentioned above?					
Sources – Well(s)					
6. (Note the specific facility if any issues are found)					
6.1 Is the sanitary seal intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.2 Is the well cap defective or damaged or not water tight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.3 Does the vent have a #24 mesh screen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.4 Is the vent screen damaged or not installed properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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6.5 Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.6 How is the well used? (Circle if applicable)	<input type="checkbox"/>	<input type="checkbox"/>		Primary Backup Emergency	
6.7 Are there any unprotected cross connections at the wellhead? Are there any unprotected openings in the pump or pump assembly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.8 Is the pitless adapter damaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.9 Is there a missing or damaged grout seal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.10 Has there been any recent work performed on the pump?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.11 Is the wellhead secured to prevent unauthorized access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.12 Have there been any sewer spills, source water spills or other disturbances near the well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.13 Is the well pit in standing water or evidence of flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.14 Any other well issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sources- Spring(s) (Note the specific facility if any issues are found)					
6.15 Is there evidence of flooding or infiltration of surface water runoff around the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.16 Is the spring box improperly developed or poorly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.17 Are there dead animals near the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.18 Any other issues about springs not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sources-purchased water					
6.19 Water quality issues with supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.20 Low disinfectant residual from supplier (typically ≤ 0.02 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.21 Any other purchased water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Applicable to all sources					
6.22 Has an unapproved source been used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.23 Has there been a change in sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.24 Has there been recent rapid snowmelt, heavy rainfall or flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.25 Any evidence of animals near the source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.26 Have there been algae blooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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6.27 Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.28 Any other source issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Significant Deficiencies					
7.1 Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments:

Name of Assessor completing the form (PRINTED):

Signature: _____ Date: _____

Water system responsible party (PRINTED):

Signature: _____ Date: _____

Reserved for EPA R8 Review

	Yes	No	Comments
1. Has assessment been successfully completed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Likely reason for EC+ occurrence has been found.	<input type="checkbox"/>	<input type="checkbox"/>	
3. System has corrected the problem.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Corrective Action Approved?	<input type="checkbox"/>	<input type="checkbox"/>	