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.4

PWS ID#:	PWS Name:

Seasonal System? Y ☐ or N ☐ **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.

1.0 SAMPLING SITES

	Y / N		Y / N	
1.1	☐ / ☐	Routine total coliform site?	1.4 ☐ / ☐	Was the tap area unsanitary?
1.2	☐ / ☐	Does the tap have a point of use treatment device?	1.5 ☐ / ☐	Does the tap have a swivel-type faucet?
1.3	☐ / ☐	Any plumbing additions or repairs?	1.6 ☐ / ☐	Is sample tap on a dead-end main?

1.7 **Describe these or any other sampling site related issues that may have resulted in the TC+ result**:

2.0 SAMPLING PROTOCOL

	Y / N		Y / N	
2.1	☐ / ☐	Sampler properly trained for sampling?	2.4 ☐ / ☐	Other sampler error (specify in comments)?
2.2	☐ / ☐	Aerator and/or gasket removed?	2.5 ☐ / ☐	Was tap flushed and disinfected?
2.3	☐ / ☐	Was a laboratory-provided TC sample bottle used?	2.6 ☐ / ☐	Sample too warm prior to shipping?

2.7 **Describe these or any other sampling protocol related issues that may have resulted in the TC+ result**:

3.0 DISTRIBUTION SYSTEM

	Y / N / NA		Y / N / NA	
3.1	☐ / ☐	Main breaks noted?	3.7 ☐ / ☐	Loss of pressure (<20 psi)?
3.2	☐ / ☐ / ☐	Pump station failures/repairs?	3.8 ☐ / ☐ / ☐	Valves recently exercised?
3.3	☐ / ☐	Power loss?	3.9 ☐ / ☐	Leaks noted?
3.4	☐ / ☐ / ☐	Low disinfection residuals (<0.2 mg/L)?	3.10 ☐ / ☐ / ☐	Mains or service lines repaired?
3.5	☐ / ☐ / ☐	Recent flushing of fire hydrants or blow-offs?	3.11 ☐ / ☐ / ☐	Air relief valve leaking?
3.6	☐ / ☐ / ☐	Standing water/debris in valve vault?	3.12 ☐ / ☐ / ☐	Unprotected distribution cross connections (including stock tanks & yard hydrants)?

3.13 **Describe these or any other related distribution system issues that may have resulted in the TC+ result**:

4.0 STORAGE TANK(S) ☐ No storage tank(s)

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

	Y / N / NA		Y / N
4.1	☐ / ☐ Presence of holes in tank?	4.9	☐ / ☐ High flows through tank or overfilled tank?
4.2	☐ / ☐ Debris in tank?	4.10	☐ / ☐ Evidence of animals/insects in tank?
4.3	☐ / ☐ Vandalism/tampering noted?	4.11	☐ / ☐ Power loss?
4.4	☐ / ☐ Tank cleaned within last 5 years?	4.12	☐ / ☐ Recent repairs on tank(s)?
4.5	☐ / ☐ Is #24 mesh screen used on vents and overflows?	4.13	☐ / ☐ #24 mesh screen damaged or missing?
4.6	☐ / ☐ Tank levels were low when sample was taken?	4.14	☐ / ☐ Infrequent water use from tank?
4.7	☐ / ☐ Does hatch have a water tight seal?	4.15	☐ / ☐ Is hatch kept locked or secured?

4.8 ☐ / ☐ / ☐ Failure or improper operation on tank telemetry/altitude valves/controls?

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

5.0 TREATMENT (i.e., sediment filter, disinfection, etc) ☐ No treatment

	Y / N / NA		Y / N / NA
5.1	☐ / ☐ Changes in water quality?	5.7	☐ / ☐ Treatment bypassed?
5.2	☐ / ☐ Interruption in treatment/power?	5.8	☐ / ☐ Recent repairs or maintenance performed?
5.3	☐ / ☐ Vandalism/tampering noted?	5.9	☐ / ☐ / ☐ Disinfectant added at all times?
5.4	☐ / ☐ / ☐ Changes in chemical dosages?	5.10	☐ / ☐ / ☐ Filter media upset or contamination?
5.5	☐ / ☐ / ☐ Coagulation chemicals added at all times?	5.11	☐ / ☐ / ☐ Finished water turbidity increased?
5.6	☐ / ☐ Changes in treatment plant operations?		

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

6.0 SOURCES – Well(s) **(physically connected to potable water system)** ☐ No wells

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

	Y / N / NA		Y / N / NA
6.1	☐ / ☐ Wellhead recently opened?	6.4	☐ / ☐ / ☐ Damaged pitless adaptor?
6.2	☐ / ☐ Recent work on pump?	6.5	☐ / ☐ Damaged or unscreened well vent?
6.3	☐ / ☐ / ☐ Unprotected opening in pump/pump assembly?	6.6	☐ / ☐ Defective/damaged well cap/sanitary well seal (bolts missing)?

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

6.0 SOURCES – Spring(s) ☐ No spring(s)

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

	Y / N		Y / N
6.8	☐ / ☐ Damaged or poorly maintained spring box?	6.9	☐ / ☐ Sources of contamination near spring?

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

6.0 SOURCES – Purchased Water ☐ No Purchased Water

Y / N		Y / N	
6.11 ☐ / ☐	Water quality issues with supplier?	6.13 ☐ / ☐	Low disinfectant residual from supplier (typically ≤ 0.02 mg/L)?

6.12 ☐ / ☐ Were samples collected at the Master Meter with the wholesale system? If yes, list result(s) in 6.14?

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

7.0 APPLICABLE TO ALL SOURCES

Y / N		Y / N	
7.1 ☐ / ☐	Change in source water quality?	7.4 ☐ / ☐	Changes in source(s)?
7.2 ☐ / ☐	Rapid snowmelt or rainfall?	7.5 ☐ / ☐	Flooding/run-off inundation at source?
7.3 ☐ / ☐	Evidence of animals near source?		

7.6 **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.