



Revised Total Coliform Rule (RTCR) Level 1 Assessment Form

Complete the assessment, correct all sanitary defects and return all pages of this form (including any additional/supporting documentation), **WITHIN 30 DAYS** of triggering an assessment.

PWS ID#:		PWS Name:		Date of Assessment:	
Compliance Period:	Month/Quarter		Year	Regulating Agency: ADEQ MCESD PDEQ	

Indicate the Grade of Certified Operator(s) Required by the PWS:	Treatment:	1	2	3	4
	Distribution:	1	2	3	4

Level 1 Assessment

- An assessment is an evaluation to identify the possible presence of **sanitary defects**, defects in distribution system coliform monitoring practices, and (when possible) the likely reason that the system triggered the assessment.
- The minimum elements of any assessment include the review and identification of:
 - *Events that happened that could create impaired water quality*
 - *Changes in distribution system Operation & Maintenance that may affect distributed water quality, including water storage*
 - *Source and treatment considerations that bear on distributed water quality*
 - *Existing water quality monitoring data (e.g., coliforms, disinfectant residuals, water quality parameters, etc.)*
 - *Inadequacies in sample sites, sampling protocol, and sample processing*

INSTRUCTIONS: Complete each Section on the form. Then check the associated box, below, when completed.

- Section A: Assessment** (evaluate and identify any issues that could be an issue or sanitary defect)
- Section B: Description of Occurrence** (provide an explanation if any issues were identified)
- Section C: Corrective Action** (provide proposed corrective action(s) if any issues were identified in Section B)
- Section D: Compliance History** (provide the information requested)
- Microbiological Sample Siting Plan (MSSP):** Attach a copy of the current MSSP to the Level 1 Assessment form.

Section A - Assessment

- 1) Review and evaluate all elements contained under each sub-section (1-7).
- 2) Check any that are found to apply.
- 3) For each sub-section indicate the overall findings by checking **only one box** for either:
 - **Issue(s) identified**, if any potential causes of contamination were identified (any boxes were checked)
 - **No issues**, if no potential causes of contamination were identified
 - **NA****, if the section is not applicable to the PWS

1. General/Overall System	No issues	Issue(s) identified	NA**
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Have any of the following occurred in general, or at sample sites prior to collecting bacteria samples?

Low/inadequate disinfectant residual Firefighting event/flushing/sheared hydrant Pressure loss/inadequate pressure (<20 psi) Signs of vandalism/forced entry	Visible indicators of unsanitary conditions Water quality parameters/indicators out of range Other:
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2. Sampling Sites	No issues	Issue(s) identified	NA**
Unclean or unsuitable sample tap Hot water intrusion MSSP has <u>not</u> been reviewed by Regulatory Agency	Change in conditions at sample site Other:		
3. Sampling Protocol	No issues	Issue(s) identified	NA**
Improper sample container Aerator was not removed (if present) Sampler error Inadequate tap flushing	Improper hold time/storage temperature Auto sensing faucet/swivel-type faucet Sample was taken at a site <u>not</u> specified in MSSP Other:		
4. Treatment Process	No issues	Issue(s) identified	NA**
Interruption in treatment and/or power loss Treatment added and/or changed Change in flow rates Inadequate disinfection	Turbidity measurements out of range (<i>surface water system</i>) Recent installation/repair Operations & maintenance (O&M) procedures not followed Other:		
5. Distribution System	No issues	Issue(s) identified	NA**
Power loss Standing water/debris in valve vault/box Low disinfection residuals Pump or valve failure Pressure loss/inadequate pressure (<20 psi) Improper control of surges Main breaks and/or leaks Unprotected cross connection	Flushing of fire hydrants or blow-offs Improper maintenance of air-relief/air-vacuum valves Installation of new mains or construction activity Improper operation of pumps Illegal use of hydrants Improper operation of isolation valves resulting in breakage Other:		
6. Storage Tanks	No issues	Issue(s) identified	NA**
Improper maintenance practices Signs of vandalism/forced entry Presence of dead animals/insects Incorrect operation of level control valves, altitude valves, and related appurtenances	Hatch not sealed Low disinfectant residuals Deterioration, rust, holes, or other breaches in vent, overflow pipe, access hatch, screens, ladders, etc. Other:		
7. SOURCES			
Well	No issues	Issue(s) identified	NA**
Defective/damaged well cap/well seal Crack in well slab Missing/damaged grout seal Damaged pitless adaptor Floodwater/run-off inundation	New source added Damaged well casing Damaged/unscreened vent Unprotected opening in pump/pump assembly Other:		
Interconnect (Consecutive Connection to the seller)	No issues	Issue(s) identified	NA**
Checked interconnection	Other:		
Surface Water Intake/Supply	No issues	Issue(s) identified	NA**



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Spring	No issues	Issue(s) identified	NA**
Potential source of contamination	Rapid snowmelt		
Infiltration of surface run-off	Heavy rainfall		
Improper development/poorly maintained spring box	Other:		

Section B - Issue Description Use this space to describe the event and provide additional information on potential causes of contamination identified during the assessment. Include corresponding dates with your findings (**attach additional pages if needed**). Include dates of sample collection, disinfection, flushing, photographs showing system components, etc. with your findings.

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

Section C - Corrective Action Taken or to be Taken Use this space to describe corrective actions completed, 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 for doing so (**attach additional pages if needed**). Include photographs showing system components.

**Failure to meet any milestone date(s) is/are subject to enforcement and public notice provisions.
The PWS must notify the regulatory agency as each milestone is met.**



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Section D - Compliance History

- 1. Was the PWS required to complete a Level 1 or 2 Assessment in the last 12 months?** Yes No
 If "Yes": Was the source of contamination identified? Yes No
 Were any Sanitary Defects identified? Yes No
- 2. Was the PWS required by the regulatory agency during the last survey, inspection or other communication to address any issue(s)?** Yes No
 If "Yes": Date issue was identified: _____
 Were all corrective actions completed? Yes No
 If "No": Describe the issue and indicate your plan and a proposed timetable for any corrective actions (**attach additional pages if needed**).

Certified Operator (print name):	Signature:
Certification Number:	Certification Expiration Date:
Sample Collector(s) (Check if same as Certified Operator):	
Sample Collector(s):	Sample Collector(s):

Certification: I certify under penalty of law that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Print

Name: _____	Title: _____
Signature: _____	Date: _____
Phone #: _____	Email: _____

Submit the completed form to the system's regulatory agency and copy ADEQ

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