REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT

For Transient, Non-Community Water Systems

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. **To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the coliform treatment trigger date.**

SYSTEM NAME:	**Trigger Date:**
SYSTEM #:	**Investigation Date:**

#	Issues	Yes/No	N/A	Potentially	If Yes or Potentially, Identify
1	**Unusual occurrences with the water system since the last negative routine bacteriological sample:**				
	Loss of pressure <5 psi	Y☐ N☐		☐	
	Heavy precipitation and/or flooding	Y☐ N☐			
	Customer complaints of water quality or pressure	Y☐ N☐			
	Evidence of unauthorized access/vandalism	Y☐ N☐			
	Interruption in disinfection treatment	Y☐ N☐	☐	☐	
2	**Changes to water system since last negative routine bacteriological sample:**				
	Piping modified or repaired	Y☐ N☐			
	System components replaced or repaired	Y☐ N☐			
	Changes in operational procedures or personnel	Y☐ N☐		☐	
3	**Groundwater source contamination:**		☐		Proceed to section 4 if groundwater is not used.
	Repeat bacteriological sample(s) from raw source water is positive for total coliform	Y☐ N☐			
	Wells:		☐		
	Cracks or holes in the well casing above grade	Y☐ N☐		☐	
	Water can leak through well top seal	Y☐ N☐		☐	
	The well is not equipped with a downturned screened vent.	Y☐ N☐			
	Water can leak through well head penetrations for electrical or sounding equipment	Y☐ N☐			
	Leaking pipes or standing water around the well(s)	Y☐ N☐			
	Springs and/or Horizontal Wells:		☐		
	The collection site is overgrown with vegetation.	Y☐ N☐			
	Flowing/standing water around the collection site	Y☐ N☐			
	Evidence of animal activity around the collection site (grazing/burrowing)	Y☐ N☐		☐	
	Rodents, insects or roots in the spring box	Y☐ N☐	☐		

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4	**Surface water or GWUDI treatment issues**		☐		
	CT not met at all times	Y☐ N☐		☐	
	Spikes in raw or filtered water turbidity	Y☐ N☐		☐	
	Alarms and auto shutdowns are not properly set or functioning.	Y☐ N☐			
5	**Tank(s) storage, clearwell, backwash return:**		☐		Proceed to section 6 if there are no tanks.
	Openings in tank roof that rain water can enter	Y☐ N☐		☐	
	Rodents, birds, insects or other unexpected materials inside tank	Y☐ N☐			
	Tank air vents are not properly screened to prevent insects from entering.	Y☐ N☐			
	Hatches or access ladders left unlocked	Y☐ N☐			
	For redwood tanks, signs of birds/animals burrowing or nesting into the tank	Y☐ N☐	☐	☐	
	root intrusion, for underground tanks	Y☐ N☐	☐		
6	**Distribution system**				
	Low pressure transmission lines	Y☐ N☐			
	Dead end lines	Y☐ N☐			
	Interties with non-potable water systems or sources (even if valved off)	Y☐ N☐		☐	
	Any certified backflow prevention devices not tested in the previous calendar year.	Y☐ N☐	☐		
7	**Sample site and sampling procedures**				
	Is there a written sampling procedure and was it followed?	Y☐ N☐		☐	
	Sample sites are not the ones identified in the approved bacteriological sample siting plan.	Y☐ N☐			
	Sample taps are wet, leaking or dirty	Y☐ N☐			
	The sample collector was not properly trained	Y☐ N☐		☐	
	Were sample bottles delivered to the lab in a cooler and within allowable holding time?	Y☐ N☐			
	Is there a seasonal pattern in positive samples when reviewing historical monitoring?	Y☐ N☐			
8	**Other**	Y☐ N☐		☐	

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SUMMARY: Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? *(DO NOT LEAVE BLANK*)

Deficiency #	Deficiency Description
1.	
2.	
3.	
4.	
5.	

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. *(DO NOT LEAVE BLANK*)

Deficiency #	Corrective Action	Date Completed
1.		
2.		
3.		
4.		
5.		

CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME:_____ **TITLE:**_____ **DATE:** _____

Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.