

RTCR Level 1 Assessment Form

PWSID Name: _____ PWS #: MT00_____ Date Assessment Completed: _____

INSTRUCTIONS

In **Sections 1-8** review and evaluate the listed elements typically found in a PWS. Check (✓) all elements reviewed and describe any issues identified and if any potential causes of contamination were identified. If potential causes were identified, describe the corrective actions taken and the date of work completed. Check (✓) "No issues" if potential causes of contamination were not identified, or check (✓) "NA" if the section is not applicable to the PWS.

Return this form within 30 days from the Notification letter date.

1. GENERAL	Issue Description	Corrective Action taken and date
Sanitary Survey Info: Date of last Sanitary Survey ____/____/____	_____	_____
Any significant deficiencies, sanitary defects, or recommendations made in last Sanitary Survey? <input type="checkbox"/> No issues <input type="checkbox"/> Issue(s) identified Have these been corrected? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____
Have any of the following occurred at sample sites prior to collection bacteria samples? <input type="checkbox"/> low/inadequate disinfectant residual <input type="checkbox"/> firefighting event/flushing/sheared hydrant <input type="checkbox"/> operation/maintenance activities <input type="checkbox"/> visible indicators of unsanitary conditions <input type="checkbox"/> loss of pressure (<20 psi) <input type="checkbox"/> water quality parameters out of range <input type="checkbox"/> signs of vandalism/forced entry <input type="checkbox"/> Other _____	_____	_____
2. OPERATIONAL CHANGES <input type="checkbox"/> No issues <input type="checkbox"/> N/A		
<input type="checkbox"/> potential source of contamination <input type="checkbox"/> new source <input type="checkbox"/> change in operator <input type="checkbox"/> other: _____	_____	_____
3. SAMPLING SITES <input type="checkbox"/> No issues <input type="checkbox"/> N/A		
<input type="checkbox"/> unclean or unsuitable sample tap <input type="checkbox"/> change in conditions at sample site <input type="checkbox"/> hot water intrusion <input type="checkbox"/> other: _____	_____	_____
4. SAMPLING PROTOCOL <input type="checkbox"/> No issues <input type="checkbox"/> N/A		
<input type="checkbox"/> improper sample container <input type="checkbox"/> inadequate tap flushing <input type="checkbox"/> aerator was not removed <input type="checkbox"/> sample cooler unsanitary <input type="checkbox"/> autosensing faucet/swivel-type faucet <input type="checkbox"/> other: _____	_____	_____
5. TREATMENT PROCESS <input type="checkbox"/> No issues <input type="checkbox"/> N/A		
<input type="checkbox"/> treatment added or changed <input type="checkbox"/> recent installation/repair <input type="checkbox"/> inadequate disinfection <input type="checkbox"/> O&M procedures not followed <input type="checkbox"/> turbidity measurements out of range <input type="checkbox"/> change in flow rates <input type="checkbox"/> interruption in treatment/power loss <input type="checkbox"/> other: _____	_____	_____

RTCR Level 1 Assessment Form

6. DISTRIBUTION SYSTEM	<input type="checkbox"/> No issues <input type="checkbox"/> N/A	Issue Description	Corrective Action taken and date
<input type="checkbox"/> power loss <input type="checkbox"/> standing water/debris in valve vault <input type="checkbox"/> improper surge control <input type="checkbox"/> main breaks/leaks <input type="checkbox"/> illegal use of hydrants <input type="checkbox"/> captive air tank issues	<input type="checkbox"/> pump station issues <input type="checkbox"/> pump or valve failure <input type="checkbox"/> improper operation of air-relief/air-vacuum valves <input type="checkbox"/> new mains or construction activity <input type="checkbox"/> unprotected cross connection <input type="checkbox"/> other: _____	_____	_____
7. STORAGE TANKS	<input type="checkbox"/> No issues <input type="checkbox"/> N/A		
<input type="checkbox"/> improper maintenance practices <input type="checkbox"/> presence of dead animals/insects <input type="checkbox"/> incorrect operation of level control/altitude valves <input type="checkbox"/> deterioration or breaches in vent, screen, hatch, overflow <input type="checkbox"/> low disinfection residual	<input type="checkbox"/> security issues <input type="checkbox"/> hatch not sealed <input type="checkbox"/> other: _____	_____	_____
8. SOURCE(S)	<input type="checkbox"/> No issues <input type="checkbox"/> N/A		
<u>For Ground water, Surface Water, or Spring Supply</u>		_____	_____
<input type="checkbox"/> defective or damaged well cap/well seal <input type="checkbox"/> poorly maintained spring box <input type="checkbox"/> floodwater, rapid snowmelt or run-off inundation <input type="checkbox"/> unprotected opening in pump/pump assembly <input type="checkbox"/> damaged or unscreened vent <input type="checkbox"/> potential source of contamination		<input type="checkbox"/> damaged well casing <input type="checkbox"/> missing or damaged grout seal <input type="checkbox"/> inadequate air gap <input type="checkbox"/> changes in sources <input type="checkbox"/> power outage <input type="checkbox"/> other: _____	
<u>For Consecutive Connection or Water Hauler</u>		_____	_____
Wholesale PWSID #: _____ Name: _____ <input type="checkbox"/> issues identified with water transport/delivery <input type="checkbox"/> other: _____			

Name: _____

Title: _____

DATE: _____

Phone #: _____

EMAIL: _____

Please return this form to:

**DEQ Public Water Supply Program
ATTN: RTCR Rule Manager
PO Box 200901
Helena, MT 59620-09901**

Phone: 406-444-4400

Fax: 406-444-4386

email: DEQRTCRLEVEL12@mt.gov

Reserved for the State	Action	Response
	1. Assessment has been completed. (Y/N and Date)	_____
	2. Likely reason for total coliform positives occurrence is established	_____
	3. System has corrected the problem (Y/N and Date)	_____
	4. Was an Extension requested and/or granted? Rationale	_____
	5. Name of State Reviewer:	_____