



## Revised Total Coliform Rule (RTCR) Level 2 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	

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

### Level 2 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
- A Level 2 assessment
  - Provides a more detailed examination of the system (including the system's monitoring and operational practices) than a Level 1 assessment does, through the use of more comprehensive investigation and review of available information, additional internal and external resources, and other relevant practices.
  - Will likely include field investigations, additional sampling and additional inspections of facilities beyond those performed in a Level 1 assessment.

The level of effort and resources required to implement the Level 2 assessments will be commensurate with a more comprehensive investigation, a higher level review of available information, and may involve the engagement of additional parties and expertise.

**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 2 Assessment form.



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### Section A - Assessment

- a) Review and evaluate all elements contained under each sub-section (1-7).
- b) Check  any that are found to apply.
- c) 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\*\*

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

Sample station not secured to deter unauthorized access  
 Issue(s) identified during the seasonal system's most recent start-up procedures (if applicable)  
 Atypical events that could affect distributed water quality or indicate that distributed water quality was impaired  
 Other:

#### 2. Sampling Sites

No issues

Issue(s) identified

NA\*\*

Unclean or unsuitable sample tap  
 Hot water intrusion  
 MSSP has **not** been reviewed by Regulatory Agency  
 Premise Treatment Devices **not** operational (if applicable)

Change in conditions at sample site  
 There were recent plumbing changes/construction nearby  
 Other:

#### 3. Sampling Protocol

No issues

Issue(s) identified

NA\*\*

Improper sample container  
 Aerator was not removed (if present)  
 Sampler error  
 Inadequate tap flushing  
 Aseptic techniques were **NOT** used

Improper hold time/storage temperature  
 Auto sensing faucet/swivel-type faucet  
 Sample was taken at a site **not** 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  
 The system was required to perform disinfection after correcting deficiencies in the past 12 month.  
 When/Which disinfection procedure:

Turbidity measurements out of range (*surface water system*)  
 Recent installation/repair  
 Inadequate disinfection  
 Operations & maintenance (O&M) procedures not followed  
 Filters/Treatment operated beyond capacity  
 Other:



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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 Improper connection of new/repaired/renovated lines or connections		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 Improper/Unauthorized use of hydrants Improper operation of isolation valves resulting in breakage Known recent backflow incident(s) Failure to install backflow prevention device(s) Failure to test backflow prevention device(s) Other:	
6. Storage Tanks	No issues	Issue(s) identified	NA**
Improper maintenance practices Signs of vandalism/forced entry Presence of dead animals/insects Signs of animal activity Recent facility maintenance; When: 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. Improper disinfection conducted after maintenance/inspection Other:	
7. SOURCES (Address each type of source)			
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 Changes in available source water Source water spills near well head Standing water around well head Improper disinfection after maintenance (if applicable)		New source added Damaged well casing Damaged/unscreened vent Unprotected opening in pump/pump assembly Use of previously inactive well/source Well is <u>not</u> structurally sound Stream flow rates/reservoir level higher of lower than normal Signs of animal activity Other:	
Surface Water Intake (List any issues in Section B)	No issues	Issue(s) identified	NA**
Supply Spring	No issues	Issue(s) identified	NA**
Potential source of contamination Infiltration of surface run-off Improper development/poorly maintained spring box Signs of animal activity/tampering		Rapid snowmelt Heavy rainfall Source water turnover occurred Other:	
Interconnect (Consecutive Connection)	No issues	Issue(s) identified	NA**
Checked interconnection Signs of animal activity/tampering		Other:	



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**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 milestone dates is subject to enforcement and public notice provisions.

**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.**

### Section D - Compliance History

<b>1. Was the PWS required to complete a Level 1 or 2 Assessment in the last 12 months?</b>	Yes	No
If "Yes": Was the source of contamination identified?	Yes	No
Were any Sanitary Defects identified?	Yes	No
<b>2. Was the PWS required by the regulatory agency during the last survey, inspection or other communication to address any issue(s)?</b>	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 ( <b>attach additional pages if needed</b> ).		



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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**

Arizona Department of Environmental Quality  
 Drinking Water Monitoring and Protection Unit  
 1110 W. Washington St., Mail Code 5415 B-2  
 Phoenix, AZ 85007  
 Fax: 602-771-4634  
[RTCR@azdeq.gov](mailto:RTCR@azdeq.gov)

Maricopa County Environmental Services Department  
 Safe Drinking Water Program  
 1001 N Central Avenue, Suite 250  
 Phoenix, AZ 85004  
 Desk: 602.506.6935 | Fax: 602.372.0866  
[sdwquestions@mail.maricopa.gov](mailto:sdwquestions@mail.maricopa.gov)

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 Southern Regional Office  
 400 W. Congress, Suite 433  
 Tucson, AZ 85701  
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 Drinking Water Program  
 33 N. Stone Ave., Suite 700  
 Tucson, AZ 85701  
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