



South Dakota Drinking Water Program (SD DWP)

Revised Total Coliform Rule (RTCR) Level 1 Assessment Form

EPA ID#: _____ Water System Name: _____ City/Town: _____

Compliance Period (mm/yy) _____

INSTRUCTIONS:

A Level 1 Assessment should be done any time a water system has more than one unsafe coliform sample in a month or if all repeat samples were not collected as required. The assessment is meant to be done by the water system's own personnel in order to evaluate the possible cause(s) of the unsafe samples.

In **Section A, "General Observations"** review and evaluate the listed elements typically found at a water system. Check (✓) all elements reviewed and check (✓) "Issue(s) identified" if any potential causes of contamination were identified. Check (✓) "No issues" if no potential causes of contamination were identified, or check (✓) "NA" if the section is not applicable to your water system.

In **Section B, "Description of Occurrence"** provide an explanation if any issues were identified as possible causes of unsafe samples.

In **Section C, "Corrective Action"** provide proposed corrective action(s) if any issues were identified in Section B.

Return this form within 30 days after determination that a Level 1 Assessment must be done.

Section A

1. GENERAL OBSERVATIONS No issues Issue(s) identified NA**

Have any of the following occurred at sample sites prior to collecting bacteria samples?

- | | |
|--|--|
| <input type="checkbox"/> low/inadequate disinfectant residual (< 0.2 mg/l) | <input type="checkbox"/> loss of pressure (<20 psi) |
| <input type="checkbox"/> operation/maintenance activities | <input type="checkbox"/> visible indicators of unsanitary conditions |
| <input type="checkbox"/> firefighting event/flushing | |
| <input type="checkbox"/> signs of vandalism/forced entry | <input type="checkbox"/> other: _____ |

Comments:

2. OPERATIONAL CHANGES No issues Issue(s) identified NA**

- | | |
|---|---|
| <input type="checkbox"/> source of contamination identified | <input type="checkbox"/> new source added or change in source(s) used |
| <input type="checkbox"/> other: | |

Comments:

3. SAMPLING SITES No issues Issue(s) identified NA**

- | | |
|---|--|
| <input type="checkbox"/> unclean or unsuitable sample tap | <input type="checkbox"/> change in conditions at sample site |
| <input type="checkbox"/> other: | |

Comments:

4. SAMPLING PROTOCOL No issues Issue(s) identified NA**

- | | |
|---|--|
| <input type="checkbox"/> improper sample container used | <input type="checkbox"/> inadequate tap flushing |
| <input type="checkbox"/> aerator was not removed | <input type="checkbox"/> swivel-type faucet |

- unsanitary sample collection procedures or conditions
- other:
- Comments:

frost-free hydrant used

5. TREATMENT PROCESS

No issues Issue(s) identified NA**

- change in flow rates
- inadequate disinfection (< 0.2 mg/l)
- turbidity measurements out of range
- treatment added or changed
- other
- recent installation/repair
- O & M procedures not followed
- new source added
- interruption in treatment/power loss
- water quality parameters out of range

Comments:

6. DISTRIBUTION SYSTEM

No issues Issue(s) identified NA**

- power loss
- standing water/debris in valve vault
- low disinfection residuals (< 0.2 mg/l)
- pump or valve failure
- pressure loss/inadequate pressure (<20 psi)
- improper surge control
- main breaks
- unprotected cross connection
- other:
- operation of isolation valves resulting in breakage
- flushing of fire hydrants or blow-offs
- improper operation of valves
- installation of new mains or construction activity
- improper operation of pumps
- illegal use of hydrants
- leaks

Comments:

7. STORAGE TANKS

No issues Issue(s) identified NA**

- improper maintenance practices
- presence of dead animals/insects
- incorrect operation of level control valves, altitude valves, and related appurtenances
- vents/overflows not screened properly
- deterioration, rust, holes, or other breaches in vent, overflow pipe, access hatch, screens, ladders, etc.
- other:
- low disinfectant residual (< 0.2 mg/l)
- hatch not sealed

Comments:

8. SOURCES - Well

No issues Issue(s) identified NA**

- defective/damaged well cap/well seal
- well flooded
- damaged pitless adaptor
- damaged well casing
- damaged/unscreened vent
- other:

Comments:

Surface Water Supply

No issues Issue(s) identified NA**

<input type="checkbox"/> potential source of contamination identified	<input type="checkbox"/> rapid snowmelt	<input type="checkbox"/> heavy rainfall
<input type="checkbox"/> increase in turbidity	<input type="checkbox"/> flooding	
Comments:		

Spring No issues Issue(s) identified NA**

<input type="checkbox"/> potential source of contamination	<input type="checkbox"/> rapid snowmelt	<input type="checkbox"/> heavy rainfall
<input type="checkbox"/> infiltration of surface run-off	<input type="checkbox"/> improper development/poorly maintained spring box	<input type="checkbox"/> other:
Comments:		

Purchased Water Supply (such as a rural water system) No issues Issue(s) identified NA**

<input type="checkbox"/> water quality issues w/ supplier	<input type="checkbox"/> low disinfectant residual from supplier (< 0.2 mg/l)
<input type="checkbox"/> pressure loss/low pressure	<input type="checkbox"/> other:
Comments:	

** NA (not applicable) should be checked if there are no issues related to individual sections or if PWS does not have that component (i.e. no spring, no storage tank, etc.)

Section B - Description of Occurrence Use this space to provide additional information that supports your findings (i.e. water quality and pressure monitoring data). Include corresponding dates with your findings.

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

Section C - Corrective Action Use this space to describe corrective action taken or proposed corrective action with corresponding dates.

Certified Operator (print):	Signature of Certified Operator:
Sample Collector(s) (<input type="checkbox"/> same as Certified Operator):	
Sample Collector(s):	Sample Collector(s):

Certification: I certify that the information contained herein is true, accurate and complete to the best of my knowledge and belief.

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

Please return this form to the **South Dakota Drinking Water Program, 523 E Capitol, Pierre SD 57501 or fax 605-773-5286** within 30 days.

SD DWP USE ONLY: Date received: / /		Reviewer:
Initial Detection Date:	Initial Laboratory Notification Date: / /	Initial Consultation Date: / /
Total# routine and repeat samples:	Total# coliform positive samples:	Total# E-coli positive samples:
# of coliform detections in past 12 months:	# of coliform violations in past 12 months:	