

SOUTH DAKOTA
Revised Total Coliform Rule (RTCR) Level 2 Assessment Form

System Name:		
System Type: CWS NC NTNC		
EPA ID#:		
Operator in Direct Responsible Charge:	Phone:	
Sample Collector (if different from above):	Phone:	
Assessment Completed By (Print):	Signature:	
Date Assessment Completed:		

Questions	Reviewed and checked? (Type "✓" if completed or "N/A")	Issue(s) found? (Y/N)	Issue Description	Corrective Action Taken (Including Date)
1. Have any of the following occurred at relevant facilities prior to the collection of TC samples?				
a. Were there any operation and maintenance activities that could have introduced total coliforms?				
b. Have there been any interruptions in the treatment process?				
c. Has the system lost pressure to less than 5 psi?				
d. Has there been any vandalism and/or unauthorized access to facilities?				
e. Are there any visible indicators of unsanitary conditions observed?				
f. Have there been any analytical results or any additional samples collected, including source samples which were positive (not for compliance)?				
g. Have there been any sites with low or inadequate disinfectant residual? Are there sites where it is difficult to maintain a residual without flushing?				
h. Were any other water quality parameters measured and were any results out of the ordinary?				
i. Have there been any community illness suspected of being waterborne (e.g., Does the community public health official indicate that an outbreak has occurred.)				
j. Did the water system receive any TCR monitoring violations in the past 12 months? If yes, when.				
k. What was the most recent date on which safe total coliform samples were taken?	Date: _____			
l. Has there been a fire fighting event, flushing operation, sheared hydrant, etc.				
m. Other comments on records and maintenance?				

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2. Have there been any recent treatment or operational changes?				
a. Have any inactive or backup sources recently been introduced into the system?				
b. Have there been any new sources introduced into the system?				
c. Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, etc.)?				
3. Evaluate sample sites				
a. What is the condition of the tap? (Provide comments)				
b. What is the location of the tap? (Provide comments)				
c. What is the regular use of the connection? (Provide comments)				
d. Have there been any plumbing changes or construction? If yes, when and what was the repair or change?				
e. Have there been any plumbing breaks or failure? If yes, when?				
f. List any identified cross connections after the service connection or in premise plumbing. (Provide comments)				
g. Were all of the backflow prevention devices present, operational and maintained?				
h. Were there any low pressure events or changes in water pressure after the service connection or in the premise plumbing? If yes, when?				
i. Are there any treatment devices after the service connection or in premise? (Circle response, if applicable)			Point of Entry (POE) Point of Use (POU)	
j. Other comments on sample site?				
4. Sample protocol followed and reviewed				
a. Flush tap, remove aerator, no swivel, fresh sample bottles, sample storage acceptable				
5. Distribution System				
a. System pressure: Is there evidence that the system experienced low or negative pressure? If yes, when?				
b. List any identified cross connections.				
c. Pump station: Are there any sanitary defects in the pump station? Are pump(s) operable?				

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d. Last pump maintenance/service date. (Respond if applicable)	Date: _____		Maintenance Performed?	
e. Air relief valves: Is the valve vault subject to flooding or does the vent terminate below grade?				
f. Fire hydrant/blow off: Are any located in an area with a high water table or pits?				
g. Is the distribution system secured to prevent unauthorized access?				
h. Are the backflow prevention devices at high risk sites present, operational and maintained?				
i. Have there been any water main repairs or additions? If yes when, and what was the repair or addition?				
j. Have there been any water main breaks? If yes, when?				
k. Was there any scheduled flushing of the distribution system? If yes, when?				
l. Is there any evidence of intentional contamination in the distribution system?				
m. Other comments on the distribution information.				
6. Storage Facilities				
a. Are the overflow and vents properly screened?				
b. Is the facility secured to prevent unauthorized access?				
c. Does the access opening have the proper gasket and seal tightly?				
d. Could the physical condition of tank be a source of contamination?				
e. Is the vent turned down and maintaining an approved air gap at the termination point?				
f. Does the drain/overflow line terminate at a minimum of 12" air gap?				
g. If present, is the pressure tank maintaining an appropriate minimum pressure?				
h. Has proper O&M been performed?				
i. Was there any observed physical deterioration of the tank?				
j. Were there any observed leaks?				
k. Is there any evidence of intentional contamination at the storage tank?				
l. Has there been any facility maintenance (i.e. painting/coating)? If yes, when?				

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m.	Is facility maintenance occurring per appropriate schedule?				
n.	Does the tank "float" on the distribution system or are there separate inlet and outlet lines?				
o.	What is the measured chlorine residual (total/free) of the water exiting the storage tank today?	Residual _____			
p.	Are there any unsealed openings in the storage facility such as access doors, vents or joints?				
q.	Other comments on the storage system				
7. Treatment Process. (If applicable)					
a.	Treatment devices operational and maintained?				
b.	Is there any recent installation or repair of treatment equipment?				
c.	Were there any recent changes in the treatment process (e.g., addition of a process, change in chemical or dosage)? If yes, when, what was the change?				
d.	Were there any interruptions of treatment (lapses in chemical feed, turbidity excursions, disinfection)? If yes which part, when and for how long?				
e.	What is the free chlorine residual measured immediately downstream from the point of application?	Residual: _____			
f.	Did a review of the filter turbidity profiles reveal any anomalies?				
g.	Were there any failures to meet the C x T calculations?				
h.	Were the flow rates above the rated capacity?				
i.	Were there any anomalies on the settled water turbidities?				
j.	Other comments on the treatment system.				
8. Source – Well					
a.	Is the sanitary seal intact?				
b.	Is the vent screened?				
c.	Does the vent and pump to waste terminate in an approved air gap?				
d.	Are there any unprotected cross connections at the wellhead?				
e.	How is the well used? (Circle if applicable)	Primary	Backup	Emergency	Not a PWS Not Drinking Water
f.	How far does the casing extend above grade?	Height _____		Comments:	

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g.	Is the well cap vented?				
h.	Is there evidence of standing water near the wellhead?				
i.	Is the wellhead secured to prevent unauthorized access?				
j.	Have there been any sewer spills, source water spills or other disturbances?				
k.	Other comments on the well system. (Are there aspects of well construction and operation that would bear on observed positives?)				
9. Source – Purchased Water Supply such as Rural Water System - Name of Source-					
a.	Are there water quality issues with the supplier?				
b.	Pressure loss or low pressure from supplier?				
c.	Low residual from supplier (<0.2 mg/l)?				
d.	Other comments on supplier.				
10. Source - Surface Water Supply					
a.	Have there been any sewer spills, source water spills or other disturbances?				
b.	Have there been any algal blooms?				
c.	Has source water turnover occurred?				
d.	Other source water comments				
Environmental Events					
a.	Has there been heavy rainfall?				
b.	Has there been any rapid snow melt or flooding?				
c.	Have there been changes in available source water (e.g., significant drop in water table, well levels, reservoir capacity, etc.)				
d.	Have there been any interruptions to electrical power?				
e.	Have there been any extremes in heat or cold?				

Note : Form to be completed based on data and documents available to the PWS operator in charge, maintained on file, and returned to SD Drinking Water Program.

Additional Comments:

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Reserved for SD DWP

1. Date Assessment Received:
2. Is Assessment Complete and Accepted?

Name of State Reviewer: _____
