

# DRAFT - TCEQ RTCR Level 1 Assessment Form

**Instructions:** Gather and attach copies of required documents. Answer all the questions on this form.

Check the correct box. Write a description of what you found and fixed. Submit to TCEQ. Keep a copy.

**Note:** When the assessment is performed on the limited area surrounding the total coliform positive (TC+), A description of that area must be included in the Corrective Action Report and Plan (CARP).

General Information	
PWS Name:	PWS ID Number:
Responsible Party (RP) Name:	Phone Number:
	E-mail:
I certify that the information herein is true and correct: RP Signature:	Trigger Date
	Assessment Date
Assessor Name:	License Number (if licensed):
Title:	Phone Number:

Attachments		
Attach the following: (Mark 'N/A' if not applicable.)	Attached:	N/A
1. <b>Monitoring Plan</b> including coliform sample siting plan and distribution system map of sites, showing the area positive (TC+).	<input type="checkbox"/>	
2. <b>Coliform sample collection</b> standard operating procedure (SOP).	<input type="checkbox"/>	
3. Daily/weekly <b>disinfection residual results</b> for the two months prior to the event that triggered the assessment and for the 'triggering month.'	<input type="checkbox"/>	
4. <b>Dead-end main (DEM) flushing results</b> for the two months before the event that triggered the assessment, and or the triggering month.	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Nitrification Action Plan</b> and recent results, if chloramines are present.	<input type="checkbox"/>	<input type="checkbox"/>
6. Surface Water Monthly Operating Reports ( <b>SWMORS</b> ) if the PWS is required to submit SWMORS, submit them for the two months before the triggering month, and all data collected for the triggering month.	<input type="checkbox"/>	<input type="checkbox"/>

## Level 1 Assessment Questions

A. Operators				
Question	Answers to Questions			
	Yes	No	N/A	Unknown
1. Does the PWS meet TCEQ requirements for operators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Coliform Sampling				
Questions	Answers to Questions			
	Yes	No	N/A	Unknown
1. Were all samples collected according to a sample collection SOP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the SOP include tap sterilization, flushing, aerator removal, sterile bottles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were all samples collected according to the Monitoring Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were all repeats collected, including raws at operational wells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were all sites where TC+ happened sanitary? Consider the condition, location, frequency of usage, and historical data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was point-of-use treatment present upstream of a TC+ site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were any laboratory analytical issues found?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Disinfectant Residual Monitoring				
Questions	Answers to Questions			
	Yes	No	N/A	Unknown
1. Were all required disinfectant samples collected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the results reported on the DLQOR or SWMOR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were all distribution residual levels at or above the minimum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was there any time when distribution residual dropped to zero?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all analyzers calibrated and verified as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. Nitrification (for PWSs that have chloramines)**

*If PWS ONLY has free chlorine, mark here and skip to the next section. N/A*  
*If nitrification occurred, describe it below on the Corrective Action Report and Plan.*

Questions	Answers to Questions			
	Yes	No	N/A	Unknown
1. Did nitrification occur or has it recently occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the PWS implement an adequate Nitrification Action Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the PWS performing a temporary conversion to free chlorine during the time the TC+ was/were collected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E. Source—Wells (Including GUI Wells)**

*If PWS does not have any well source, check here and skip to the next section. N/A*

Questions	Answers to Questions			
	Yes	No	N/A	Unknown
1a. Does the PWS control and protect land around wells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Does the PWS own all the land within 150 feet of wells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. If not, does every well have a sanitary control easement (SCE)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. If not, does every well have an approved SCE exception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2a. Are there known hazards close to a well? (For example, septic system, cattle, sewage treatment, and/or wastewater storage, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Are any hazards present within 50' of a well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Are any hazards present within 150' of a well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d. Are any hazards present within 300' of a well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2e. Are any hazards present within 500' of a well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2f. Are any hazards present within a quarter mile of a well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3a. Is the exposed portion of each well sanitary and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Are well heads protected from flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Are wells secured properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d. Are openings (e.g. vents) built to minimize contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have there been any extreme weather events impacting any well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have there been any security breaches impacting any well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the PWS implement a Source Water Protection Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the PWS implement a Triggered Source Monitoring Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F. Source—Purchased Potable Water**

*If PWS does not have a purchased-water source, mark here and skip to the next section N/A*

Questions	Answers to Questions			
	Yes	No	N/A	Unknown
1. Do all purchased water sources have entry point sample taps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all the take-point meters, vaults, and sample taps sanitary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has extreme weather impacted any purchased source recently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have there been security breaches impacting a purchased source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G. Source—Surface Water (SW)**

*If PWS does not operate any surface intake or plant, skip to the next section. N/A*

*NOTE: Answer these questions if you have any sources that are deemed GUI (groundwater under the direct influence of surface water).*

Questions	Answers to Questions			
	Yes	No	N/A	Unknown
1. Is every SW intake designed and operated correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did potential sources of contamination impact an intake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has extreme weather impacted any intake recently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a security breach or vandalism occurred at any intake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>H. Treatment</b>				
<i>If PWS does not own or operate any treatment, skip to the next section.</i>				N/A/O
Questions	Answers to Questions			
	Yes	No	N/A	Unknown
1. Have there been any interruptions in treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is redundant equipment available as required? (eg: disinfectant)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3a. Have changes been made to any treatment processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. If so, did the change impact the corrosivity of the water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all treatment processes correctly maintained and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is all water quality data within the system's normal ranges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the water corrosive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have all SWTPs and GUIs met all Contact Time (CT) and turbidity requirements recently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If a well is required to have 4-log viral inactivation, is it reliable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is well water disinfected before a ground storage tank? (not pressure tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>I. Distribution Facilities</b>				
<i>If construction or repair occurred, describe it below on the Corrective Action Report and Plan.</i>				
Questions	Answers to Questions			
	Yes	No	N/A	Unknown
1. Are distribution facilities built to protect from sewage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all pumps, valves, and meters maintained and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was there any <u>planned</u> work in the area of the TC+?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was there any <u>unplanned</u> repair work (or emergency construction)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If there was repair or construction, was the area properly disinfected before being placed back into service (see instructions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>J. Distribution Pressure and Usage</b>				
<i>If a low-pressure event occurred, describe it below on the Corrective Action Report and Plan.</i>				
Questions	Answers to Questions			
	Yes	No	N/A	Unknown
1a. Did unusual demand occur around the time of the TC+?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. For example, fire fighting or main break?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Are there any persistent leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2a. Did the pressure drop below 35 psi anywhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Did the pressure drop below 20 psi anywhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Was there an outage or did pressure drop to 0 psi anywhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were special precautions instituted immediately following the loss of pressure in accordance with the flowchart (see instructions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If the procedures in the Special Precautions Flowchart could not be followed, was a boil water notice issued to customers immediately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>K. Storage and Water Age</b>				
Questions	Answers to Questions			
	Yes	No	N/A	Unknown
1a. Are all storage tanks well maintained and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Have all storage tanks been inspected in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2a. Are all pressure tanks maintained and operated correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Have pressure tank's exterior been inspected in the past 1 year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Have pressure tank's interior been inspected in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have all issues found during tank inspections been fixed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all openings at most 1/16" or screened with 16-mesh or finer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all storage tanks (plant and distribution) designed and operated to prevent short circuiting and excessive water age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did low water use cause excessive water age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do flushing results indicate excessive water age? (e.g. heavy sediment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>L. Cross-Connection, Backflow, Backsiphonage</b>				
<i>If cross-connection, backflow or backsiphonage occurred, describe it below on the Corrective Action Report and Plan.</i>				
Questions	Answers to Questions			
	Yes	No	N/A	Unknown
1a. Is there adequate backflow prevention at PWS interconnections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. If so, has it been inspected in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do any cross-connections exist in the chemical feed facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3a. Does the PWS have a service agreement with all customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Or, does the PWS have a plumbing ordinance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4a. Are appropriate backflow prevention assemblies installed at all connections with potential hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Do any customers have private wells or rainwater collection systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Do any customers have both a septic system and lawn irrigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was distribution water impacted by a backflow-event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did a failure of a backflow prevention assembly or air gap cause backflow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was a Customer Service Inspection performed at any active service connections where a TC+ occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>M. Security</b>				
<i>If a security breach occurred, describe it in the Corrective Action Report and Plan.</i>				
Questions	Answers to Questions			
	Yes	No	N/A	Unknown
1. Did any security breaches or vandalism occur recently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the system have an emergency response plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>N. Sanitary Defects</b>				
<i>A 'sanitary defect' is defined as a condition that could allow pathogens to enter the water.</i>				
Questions	Answers to Questions			
	Yes	No	N/A	Unknown
1. Did you <u>find</u> any sanitary defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did a sanitary defect that you found <u>cause</u> the TC+(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you <u>fix or correct</u> any sanitary defect(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you <u>need more time</u> to fix a sanitary defect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Corrective Action Report and Plan</b>	
<i>Report on any issues that you found and fixed. If the issue is not yet fixed, attach your plan to correct it. If you need to request more time to fix a problem, describe that here, consult with TCEQ, and attach a Financial Assurance Statement and Timeline. Attach additional sheets if needed.</i>	
<b>Issue description</b> Section Letter & Question Number: _____ <i>Describe what happened, where, when, how.</i>	
<b>Corrective Action(s)</b>	<b>Status of corrective action(s):</b>
	<input type="checkbox"/> Complete <input type="checkbox"/> Extension requested, & FAST attached

Submit the form and attachments to:

Attn: **WSD RTCR L1A, MC-155 | TCEQ | PO Box 13087 | Austin TX 78711-3087**

**RTCR Level 1 Assessment Form—Additional page**

**Corrective Action Report and Plan**

*Report on any issues that you found and fixed. If the issue is not yet fixed, attach your plan to correct it. If you need to request more time to fix a problem, describe that here, consult with TCEQ, and attach a Financial Assurance Statement and Timeline (FAST). Attach additional sheets if needed.*

**Issue description** Section Letter & Question Number: \_\_\_\_\_

*Describe what happened, where, when, how.*

**Corrective Action(s)**

**Status of corrective action(s):**

(If you are requesting additional time, describe the details of how and when the corrective actions will be done on the Financial Assurance Statement and Timeline, attached.)

Complete  
 Extension requested, & FAST attached

Submit the form and attachments to:

Attn: **WSD RTCR L1A, MC-155 | TCEQ | PO Box 13087 | Austin TX 78711-3087**

TCEQ Form # \_\_\_\_\_

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RTCR L1A CARP-Extra Page

**RTCR Level 1 Assessment Form—Attachment**

**Financial Assurance Statement and Timeline (FAST)**

*If you need extra time to fix a sanitary defect, you must request TCEQ approval for an extension to the 30-days allowed by rule and submit information on how you plan to accomplish the work, in addition to the CARP. (Attach additional pages if needed.)*

**Issue description** Section Letter & Question Number: \_\_\_\_\_  
*(This issue should be described in the CARP)*

**FINANCIAL ASSURANCE STATEMENT**

*(Describe the expected cost, the assumptions that is based on, potential cost overruns. Describe how the PWS will be able to pay for the work. If seeking funds will take time, describe that below in the Timeline.)*

**TIMELINE**

**For Corrective Action Steps**

**Time needed  
and projected  
completion date**

**Person/  
company  
performing work**



Submit the form and attachments to:

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