

PWS Name (PWS ID XXXXXXX)

Revised Total Coliform Rule (RTCR)

Level 2 Assessment (L2A) Form

Under the Revised Total Coliform Rule (RTCR), as defined in Title 30, Texas Administrative Code (30 TAC) §290.103, a **Level 2 Assessment** (L2A) 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 public water system triggered the assessment...Minimum elements include review and identification of atypical events that could affect distributed water quality or indicate that distributed water quality was impaired; changes in distribution system maintenance and operation that could affect distributed water quality (including, but not limited to, water storage); source and treatment considerations that bear on distributed water quality, where appropriate; existing water quality monitoring data; and inadequacies in sample sites, sampling protocol, and sample processing."

A **sanitary defect** is defined as:

"a defect that could provide a pathway for entry for microbial contamination into the distribution system or that is indicative of a failure or imminent failure in a barrier that is already in place."

As described in the EPA's "Revised Total Coliform Assessments and Corrective Actions Guidance Manual" (RTCR ACAGM)¹,

"The elements of a Level 2 assessment are the same as those of a Level 1 assessment, but each element is investigated in greater detail because the incidents that trigger a Level 2 assessment are of a more critical nature and are more likely to result in direct public health impact."

When the TCEQ determines that a PWS triggered a L2A, the PWS has 30 days to:

- Perform a L2A,
- 'Find and fix' any sanitary defects,
- Report to TCEQ on what they fixed, and
- Submit a schedule for corrections that could not be completed in the 30-day window.

If sanitary defects are found during the L2A, they must be described in the **Corrective Action Report and Plan (CARP)**. **Best Practices (BPs)**, which are recommended activities that the PWS could implement to reduce the risk of microbial contamination, should also be identified in the L2A Form and in the BP section.

The PWS must submit documentation to the TCEQ within 30 days of triggering the L2A. The documents that must be sent to TCEQ are:

- The completed L2A Form;
- Supporting documentation (see list on L2A Form) that describe an identified sanitary defect;
- A CARP [and Financial Assurance Statement (FAST) if capital improvements or other significant funding needs are identified to resolve a CARP item].
- Recommended BPs.

These documents should be sent to:

- Water Supply Division (WSD) RTCR L2A, MC-155 | TCEQ | PO Box 13087 | Austin TX 78711-3087

Additional instructions on completing the form as part of the L2A are provided in TCEQ Regulatory Guidance (RG) XXX "**PERFORMING A REVISED TOTAL COLIFORM RULE (RTCR) LEVEL 2 ASSESSMENT (L2A)**." (Note: the RG is currently under development.)

TCEQ WSD staff may be contacted for assistance during a L2A. Please call (512) 239-4691.

Add additional pages to the form as needed to complete the L2A.

¹ "Revised Total Coliform Rule Assessments and Corrective Actions Guidance Manual" -Interim Final, EPA 815-R-14-006, September 2014, p. 4-1.

TCEQ RTCR Level 2 Assessment Certification

PWS Representative and Lead Assessor	
PWS Representative	
Name:	Phone Number:
	E-mail:
Title/Affiliation:	License Number (if licensed):
<p><i>I certify under penalty of law that I have personally examined and am familiar with the information submitted and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.:</i></p>	
Signature:	Date:
Lead Assessor	
Name:	Phone Number:
	E-mail:
Title/Affiliation:	License Number (if licensed):
<p><i>I certify that I have performed onsite inspections of each of the PWS's sample sites, water sources, and facilities described in this assessment; I am familiar with the PWS's operations; I am qualified to identify sanitary defects and their resolution; and I am qualified to develop corrective action plans for same. I further certify that the information herein is true and correct:</i></p>	
Signature:	Date:

Supporting Documentation:

The public water system shall provide copies of all of these documents to the Lead Assessor at the start of the L2A. The Lead Assessor shall submit copies of any documents that are relevant to identified defects, CARP items, and best practices to the TCEQ. The TCEQ can ask for additional documentation to complete the review of the L2A.

Document	Attached? (or N/A)	Issues or updates in CARP or BP?
Monitoring Plan and supporting documents including: <ul style="list-style-type: none"> Coliform Sample Siting Plan (SSP) Distribution system map showing routine coliform sites and all disinfectant residual sample sites Schedules for coliform and disinfectant sample collection 		
Coliform sample collection protocol, also known as a Standard Operating Procedure (SOP)		
Daily/weekly disinfection level results disinfectant residual monitoring records for the 'triggering month' plus the twelve (12) previous months.		
Dead-end main (DEM) flushing results for the 'triggering month' plus the twelve (12) previous months.		
Tank inspection forms and associated maintenance reports.		
Operating and Maintenance (O&M) manual		
Cross Connection Control Program documentation: Customer Service Agreement and/or Plumbing Ordinance		
<i>If chloramines are used:</i>		
Nitrification Action Plan (NAP) monitoring data including monochloramine, free ammonia, nitrite, and nitrate for the 'triggering month' plus the twelve (12) previous months.		
<i>If the PWS prepares a SWMOR or GWMOR:</i>		
If the PWS operates a plant that treats surface water or groundwater under the direct influence of surface water, the Surface Water Monthly Operating Reports (SWMORs) or GWMORs for the 'triggering month' plus the twelve (12) previous months.		
<i>Additional pertinent data may be needed to complete the L2A. For example:</i>		
Regulatory correspondence, like last Comprehensive Compliance Investigation (CCI) report, approval letters or violation letters.		
Plans or schematics of PWS facilities		
Purchase Water Contracts (for purchased-seller relationships)		
Backup-data such as daily log sheets, raw turbidity data analysis, instrument calibration records, SCADA printouts, etc.		
Photos of completed corrective actions (for example, repairs)		
Financial, Managerial, Technical Capacity Assistance Survey		

A. PWS Status

Question	Yes	No	N/A?	In CARP?
A 1. Enforcement status:				
a. Is the PWS under some other Compliance Schedule for anything related to the event that triggered the Level 2 Assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If so, is that action related to EC+, TC+, or sanitary defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If so, does this Level 2 Assessment address previously cited issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If so, is documentation attached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A 2. RTCR Compliance status:				
a. Has this PWS triggered previous Level 1 or Level 2 Assessments under the RTCR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If so, are there incomplete actions identified in previous Corrective Action Report and Plans (CARPs)? If yes, attach documentation describing the incomplete CARP items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Coliform monitoring and analysis

Questions	Yes	No	N/A?	In CARP?	BP
B 1. Coliform sites:					
a. Are routine sites listed on the coliform Sample Siting Plan (SSP) representative of the entire distribution system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are repeat sites listed on the coliform SSP selected to reflect upstream/downstream water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the system need assistance creating or modifying the coliform SSP?	<input type="checkbox"/>	<input type="checkbox"/>			
B 2. Coliform sampling:					
a. Was sampling performed in accordance with Monitoring Plan and coliform SSP sites and schedules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is the PWS's coliform sample schedule compliant with 30 TAC §290.109(d)? Coliform sample schedule requirements include the following:					
i. Is the number of samples collected monthly correct for the population served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. Are samples collected at the required intervals during the month?					
iii. Are repeat samples collected within 24 hours after notification of a positive result?					
B 3. Coliform sample collection SOP (sampling protocol):					
a. Does the PWS have an adequate coliform sample collection SOP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Were all coliform samples collected in accordance with the SOP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the system need assistance creating or modifying the SOP?	<input type="checkbox"/>	<input type="checkbox"/>			

INSERT ADDITIONAL COPIES OF THIS PAGE FOR MULTIPLE SITES.

TC+/EC+ Site 1:

Document on-site assessments of **each** TC+/EC+ site and sample that occurred in the Level 2 Assessment trigger month.

TC+ / EC+ Site Name: (if applicable)	PWS Site ID:	Address:
Describe location type: (active service connection hose bibb, sample station, hydrant, etc.)		
Flush time: (before collecting sample)	Sample Line Size and Length:	

Site 1: First Site Assessed	Yes	No	N/A?	In CARP?	BP
Site 1—1. Site description:					
a. Were potentially unsanitary conditions observed? (<i>ex: standing sewage, refuse, animal fecal matter, nearby spray fields, septic fields, animals, etc.</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is this sample site actively used? How frequently _____ (<i>for example, 'daily' for an occupied home</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is point-of-use treatment present upstream of this site? (<i>for example, a water softener upstream of an outside tap</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is this site isolated from the PWS distribution system with a backflow protection device? What type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If so, has the backflow protection device been inspected after the TC+/EC+ occurred at this site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Site 1—2. Historical bacterial indicators:					
a. What was the most recent date on which satisfactory coliform samples were collected at this site? Date: _____					
b. Were special samples taken in the surrounding area? If yes, attach results.	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
c. If special samples were collected in the surrounding area, were the most recent results free of coliform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
d. Historically, has TC+ / EC+ occurred at this site previous to the current triggering event? (including 'Specials.')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Were any samples from this site rejected by the lab during the period of the triggering event? (including 'Specials.')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Site 1—3. Site disinfection residual:					
a. Did low residuals occur at this site during the period of the triggering event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. If chloramines are present, were all chloramine-effectiveness and nitrification chemicals measured at this site? (<i>total chlorine, monochloramine, free ammonia, nitrite, nitrate</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Site 1 Comments:	

C. Disinfectant Residual Monitoring

Questions	Yes	No	N/A?	In CARP?	BP
C 1. Are disinfectant residual sites and schedules in the Monitoring Plan representative of the entire system as required in 30 TAC §290.110(c)(4)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C 2. Were all required disinfectant residual samples collected following TCEQ requirements in 30 TAC §290.110? (See RG-xxx for disinfectant residual monitoring requirements.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C 3. Were all disinfectant residual levels greater than minimum required levels in 30 TAC §290.110? (Specifically: 0.2 mg/L free chlorine OR 0.5 mg/L total chlorine if chloramines are used.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C 4. Disinfection sample collection SOP:					
a. Does the PWS have an SOP for collecting and analyzing disinfectant residuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
b. Were all samples collected and analyzed following the SOP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c. Does the PWS need assistance creating or modifying the SOP?	<input type="checkbox"/>	<input type="checkbox"/>			

D. Nitrification (for PWSs that have chloramines)

If the PWS ONLY has free chlorine, check here and skip this section.

Questions	Yes	No	N/A?	In CARP?	BP
D 1. Nitrification events: Did nitrification occur during the TC+/EC+ event, or recently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D 2. Nitrification Action Plan (NAP):					
a. Has the PWS developed an adequate NAP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Was the NAP followed before and during the TC+/EC+ event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the PWS need assistance creating or modifying the NAP?	<input type="checkbox"/>	<input type="checkbox"/>			
D 3. Blending:					
a. Does chlorinated water blend with chloraminated water in the distribution system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. If so, does the PWS have an approved blending exception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INSERT ADDITIONAL COPIES OF THIS PAGE FOR MULTIPLE WELLS

E. Groundwater Sources—Wells, including GUI wells:

If the PWS does not use any well(s), check here and skip to the next section. ○

Complete an assessment for each well that may influence the area where EC+ and/or TC+ was found. All wells should be assessed, including those that are inactive. GW source assessment should include wells that have been identified as groundwater under the direct influence of surface water (GUI).
 Confirm accuracy of data on Texas Drinking Water Watch. Add pages as needed to document each operational well influencing the area.

First GW Source (GW1)

Fill in the GW source information cells.

WELL NAME: (What the system calls it)	Source ID:	Location:				
Depth:	Tested GPM:	Rated GPM:	Activity Status:			
GW1: First well assessed		Yes	No	N/A?	In CARP?	BP
GW1—1. Sample tap: Is an adequate raw-water sample tap present?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GW1—2. Sample results:						
a. Were any coliform samples collected at this well (required triggered samples, or special investigatory samples)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If so, were TC+ results found at this well?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c. If so, were EC+ results found at this well?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GW1—4. Have any changes occurred at this well? (for example: operational status, water quality, or output, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GW1—5. Are there hazards that could impact the well, including outside the minimum regulatory setbacks described in 30 TAC §290.41(c)(1)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GW1 Comments: (In addition to Lead Assessor’s observations, include relevant information about the GW source from the most recent CCI and other regulatory correspondence.)

INSERT ADDITIONAL COPIES OF THIS PAGE FOR MULTIPLE PW SOURCES.

F. Sources—Purchased water sources

If the PWS does not use a purchased-water source, check here and skip to the next section. ○
 Complete an assessment for each purchased potable water source that influences the area where EC+ or TC+ was found.
 Confirm accuracy of data on Texas Drinking Water Watch. Add pages as needed to document each purchased water source/entry point influencing area.

First Purchased Water Source (PW1)

Fill in the PW source information cells.

Source Name: (PWS Name of Seller)	Source ID:	Location of master meter:				
Is water under 'direct pressure'? y/n		Location of EP Sample Tap (if different than master meter):				

Questions	Yes	No	N/A?	In CARP?	BP
PW1—1. Sample tap:					
a. Does this source have an entry point sample tap at the master meter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
b. If no, is the entry point sample site at the first customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c. Does the entry point sample site adequately represent water quality immediately downstream of the take-point?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
d. Is the entry point sample site sanitary and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
e. Does the PWS record data on purchased water quality at the entry point? (for example, disinfectant residual, chloramine effectiveness, coliforms?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PW1—2. Has this source changed operational status or exhibited any noticeable changes in water quality or output?					
a. Has the seller had any recent water quality issues or changes? (e.g. low disinfectant residuals, TC+, EC+, chloramine effectiveness issues, nitrification, interruptions in treatment, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PW1 Comments: (In addition to Lead Assessor’s observations, include relevant information about the PW source from the PWS operators, most recent CCI, and other regulatory correspondence.)

INSERT ADDITIONAL COPIES OF THIS PAGE FOR MULTIPLE SW INTAKES.

G. Sources—Surface Water Intakes:

If no surface intakes are present, check here and skip to the next section. ○

Complete an assessment for each surface water source that may influence the area where EC+ and/or TC+ was found.

Confirm accuracy of data on Texas Drinking Water Watch. Add pages as needed to document each operational surface water intake influencing area.

First SW Intake (SW1)

Fill in the SW intake information cells.

Intake name: (What the PWS calls it)	Source ID:	Location:		
Sample tap present?	Sample tap adequate? (e.g., no overly long sample line?)			

Lab tap used?

SW1-Questions regarding the first surface water intake	Yes	No	N/A?	In CARP?	BP
SW1—1. Sanitary condition of this intake:					
a. Is the surface water intake screened, routinely inspected, well maintained, and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is the intake being operated to withdraw water from different depths depending on source water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SW1—2. Is the required restricted zone established and maintained around the intake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SW1—3. Changes:					
a. Have any changes to water quality or quantity occurred at this intake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does review of data related to raw water quality reported on the last 12 months of SWMORs indicate unexpected changes in source water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SW1 Comments: (In addition to Lead Assessor’s observations, include relevant information about the SW intake from the most recent CCI and other regulatory correspondence.)

H: Analysis, Corrosivity, and Treatment Plants

Questions	Yes	No	N/A?	In CARP?	BP
H 1. Analysis					
a. Are pH meters and other probes verified with each sample group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are benchtops calibrated and/or verified appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are on-line instruments verified and calibrated according to manufacturer recommendations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is calibration frequency adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H 2. Corrosion of Materials:					
a. When buried pipes, valves, and appurtenances are observed, do they appear degraded by corrosion? (e.g.: pinholes, weakened metallic materials, tuberculation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the PWS need assistance evaluating the corrosivity of the water?	<input type="checkbox"/>	<input type="checkbox"/>			

INSERT ADDITIONAL COPIES OF THIS PAGE FOR MULTIPLE GWTPs.

Groundwater Treatment Plants (GWTPs)

If the PWS does NOT own or operate any GWTPs, check here and skip to the next section.

Complete an assessment for treatment at each well that may influence the area where EC+ and/or TC+ was found.
 Confirm accuracy of inventory data on Texas Drinking Water Watch. Add pages as needed to document well sources that could impact the area of TC+/EC+.

GWTP1: First Groundwater Treatment Plant

Fill in the GWTP information cells.

Plant name: (What the PWS calls it.)		Address:				
Operational Status:						
Wells: (list all wells that pump water through this plant.)		Treatments: (list)				
GWTP 1. Questions		Yes	No	N/A?	In CARP?	BP
GWTP1—1. Disinfection:						
a. Is all GW chlorinated before storage, and before distribution?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Do bulk disinfectant chemical usage data and flow data fluctuate unexpectedly before and during the TC+/EC+ event?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is disinfection equipment operable and well maintained?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Have disinfectant residuals leaving the GWTP been maintained at consistent levels before and during the TC+/EC+ event?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Have there been any interruptions in treatment?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GWTP1—2. Chloramination: If chloramination is practiced at this plant, is all required monitoring performed, including pre- and post-treatment sampling and establishing raw water ammonia levels?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GWTP1 Comments: (In addition to Lead Assessor's observations, include relevant information about the GWTP from the most recent CCI and other regulatory correspondence.)						

INSERT ADDITIONAL COPIES OF THIS PAGE FOR MULTIPLE BDTPs.

Booster disinfection treatment plant(s) (BDTPs)

If the PWS does NOT own or operate any booster treatment, check here and skip this section. Complete an assessment for each booster disinfection treatment facility that may influence the area where the TC+/EC+ event occurred. Confirm accuracy of data on Texas Drinking Water Watch. Add pages as needed.

BDTP1: First Booster Disinfection Treatment Plant

Fill in the BDTP information cells.

BDTP plant name: (What the PWS calls it)	Address:				
Operational Status:					
Treatments: (list)					
BDTP1 Questions: First booster plant assessed	Yes	No	N/A?	In CARP?	BP
BDTP1—1. Operation and maintenance:					
a. Is the booster plant accessible and sanitary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are booster chlorination facilities adequately maintained and operated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Have there been any interruptions in treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BDTP1—2. Sampling:					
a. Do bulk chemical usage and flow data show continuous treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is disinfectant residual measured before disinfectant addition? How frequently _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is disinfectant residual measured after disinfection treatment and before distribution (<i>entry point or first customer</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BDTP1—3. If chloramination is used is required monitoring done at least weekly? (<i>total chlorine, monochloramine, and ammonia</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BDTP1 Comments: (In addition to Lead Assessor’s observations, include relevant information about the BDTP from the most recent CCI and other regulatory correspondence.)					

INSERT ADDITIONAL COPIES OF THIS PAGE FOR MULTIPLE SWTPs.

Surface Water Treatment Plants (SWTPs)

If the PWS does NOT have a surface water treatment plant, check here and skip this section.
 Complete an assessment for each surface water treatment plant (SWTP) influencing the area of concern. Confirm accuracy of data on Texas Drinking Water Watch. Add pages as needed.

SWTP1: First SWTP assessed

Fill in the SWTP information cells.

SWTP Name: (What the PWS calls it.)	TP ID (SDWIS):	Operational Status:			
Location:					
SWTP1: First SWTP assessed	Yes	No	N/A?	In CARP?	BP
SWTP1—1. Data reliability:					
a. Have there been any recent interruptions in data transfer at this plant? (SCADA glitch, chart failure, human error, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Has a data integrity audit been performed at this plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
SWTP1—2. Disinfection:					
a. Do the SWTPs injection and monitoring points match the approved CT-study?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Has the plant achieved minimum CT requirements before and during the TC+/EC+ event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SWTP1—3. Did this plant meet all required treatment techniques for turbidity removal for the last 12 months, including the period(s) when TC+/EC+ were detected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SWTP1—4. Have significant changes been made to this plant (including changes to any treatment processes, not including minor dosing changes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWTP1—5. Operation and maintenance:					
a. Is preventive maintenance practiced and up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are any treatment processes currently or have any been recently out-of-service because of maintenance needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWTP1 Comments: (In addition to Lead Assessor’s observations, include relevant information about the SWTP from the most recent CCI and other regulatory correspondence.)					

I. Distribution facilities, construction, and repair

Questions	Yes	No	N/A?	In CARP?	BP
I 1. Distribution design: <i>These questions are regarding the engineered plan to keep sewage and drinking water pipes apart.</i>					
a. Does the PWS know and document the physical location of distribution and sewage collection facilities? <i>(for example, with plans, maps, schematics, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Can this assessment substantiate that the sewage collection system and drinking water distribution system are installed in accordance with the standards of 30 TAC §217 and §290?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the PWS maintain documentation of distribution condition and update that information when discrepancies are noted? <i>(for example, observed pipe materials, valve locations and status, degradation of pipes due to corrosion, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I 2. Distribution construction and repair: <i>These questions ask about whether distribution system facilities are constructed to protect against contamination, whether or not plans are available.</i>					
a. Is there an ordinance or other plan to ensure new construction is designed to ultimately connect the dead ends to provide circulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the PWS follow AWWA and TCEQ sanitary precautions and disinfection standards after construction and repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Does the PWS have a construction and repair SOP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c. Are any fire hydrants/blow offs located in high water table area where they could be impacted by flood waters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
d. Are pipes and appurtenances properly stored off the ground and or under cover prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Are areas isolated from other portions of the system during repair or construction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I 3. Distribution operation: <i>Are distribution facilities operated to protect against contamination?</i>					
a. Are all valves, pumps, meters, etc. maintained and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is there a valve maintenance program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c. Does the PWS routinely evaluate the extent of water loss in order to determine whether leaks are present, and if so, implement procedures to address excess leakage which may allow intrusion of soil pathogens into distribution pipes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
d. Is the PWS able to measure distribution system pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Do distribution pressures meet TCEQ requirements to protect against pathogen intrusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Does the PWS take precautions against water hammer <i>(for example, by training operators and others to operate hydrant valves slowly)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

J. Distribution events and flushing

Pressure and usage events	Yes	No	N/A?	In CARP?	BP
J 1. Did unusual demand occur recently or during TC+/EC+ event? (For example, firefighting or main break)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J 2. Low pressure events (recent or during TC+/EC+ event):					
a. Did the pressure drop below 35 psi anywhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. If so, did the pressure drop below 20 psi anywhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. If so, did any water outage occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J 3. If a low-pressure event(s) occurred:					
a. Was any corrective action taken in response (for example, disinfection according to AWWA standards)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were special precautions taken in accordance with the Special Precautions Flowchart [30 TAC §290.47(e)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flushing	Yes	No	N/A	In CARP?	BP
J 4. Flushing program planning:					
a. Does the PWS have an accurate, up-to-date list and map of all dead-end mains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the PWS have a procedure for identifying areas that need more flushing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c. Does the PWS know the location of hydraulic dead-ends and include those in flushing programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
J 5. Flushing implementation:					
a. Does the PWS flush every dead-end main (DEM) monthly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are hydraulic dead-ends also flushed periodically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c. Did any flushing occur immediately before or during the TC+/EC+ event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J 6. Flushing documentation:					
a. Is the amount of water flushed recorded accurately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
b. Is disinfectant residual measured and recorded before and after flushing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c. Is the quality of water flushed documented? (for example, "clear," "heavy sediment," "red")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
J 7. Changes:					
a. Have water quality complaints caused more flushing recently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Do recent flushing results indicate more sediment than normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
c. Do recent flushing results indicate low disinfectant residuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSERT ADDITIONAL COPIES OF THIS PAGE FOR MULTIPLE PRESSURE TANKS.

K. Tanks

Pressure tanks:

If PWS does not own or operate any pressure tanks, skip this section. ○

Add pages as needed for multiple pressure tanks that could impact the area where microbial contamination was detected. Complete an assessment for each pressure tank that may influence the area where EC+ and/or TC+ was found.

First pressure tank details (PT1):

Fill in the pressure tank information cells.

Pressure tank name: (What the system calls it)	Tank ID:	Location:			
Describe tank: (e.g., HD)	Volume:	Activity status:			
PT1: First pressure tank assessed	Yes	No	N/A?	In CARP?	
PT1—1. Maintenance:					
a. Does this pressure tank appear clean, well maintained, and free of corrosion or deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are compressors properly installed, maintained, and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are air filters properly installed and maintained? <i>(if oil-less unit is present, check 'N/A')</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Are related appurtenances (pumps, piping, etc.) operational and maintained in a watertight condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PT1—2. Inspections:					
a. Is exterior of this tank inspected annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is interior of this tank inspected every five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Is a tank-inspection report available for this tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Have any issues found in inspections been fixed? <i>(If yes, is maintenance documentation available?)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Are any issues found in inspections uncorrected? <i>[If yes, submit inspection report that describes issue(s).]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PT1—3. Pressure management:					
a. Is pressure measurement instrumentation present on this tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is pressure gauge in good repair and working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Is the pressure tank maintaining an appropriate minimum pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PT1 Comments: (In addition to Lead Assessor’s observations, include relevant information about the PT from the most recent CCI and other regulatory correspondence.)					

INSERT ADDITIONAL COPIES OF THIS PAGE FOR MULTIPLE STORAGE TANKS.

Storage tanks:

If PWS does not own or operate any storage tanks, skip this entire section. ○

Complete an assessment for each storage tank that may influence the area where EC+ and/or TC+ was found.

Add pages as needed for multiple storage tanks.

First storage tank (ST1):

Fill in the storage tank information cells.

Storage tank name: (What the system calls it)	Tank ID:	Location:			
Describe tank: (for example, GST, EST)	Volume:	Activity status:			
ST1: First storage tank assessed	Yes	No	N/A?	In CARP?	BP
ST1—1. Does this tank contribute to excessive water age in the system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST1—2. Inlet and outlet:					
a. Does this tank "float" on the distribution system or are there separate inlet and outlet lines? Describe:					
b. Are the inlet and outlet designed and oriented in a way to prevent short circuiting and stratification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ST1—3. Does this tank appear clean, well maintained, and free of corrosion or deterioration?					
ST1—4. Are the overflow, vents, and any other gaps properly screened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ST1—5. Is the roof properly covered, with a locked hatch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ST1—6. Are there any openings vulnerable to contamination on this tank, including overflows, vents, and drains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ST1—7. Are the tank and associated appurtenances (valves, pipes, fittings, etc.) operational and maintained in a watertight condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ST1—8. Inspections:					
a. Has this storage tank been inspected in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is there accumulated sediment in the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Have all issues found during inspections been fixed? <i>[If no, attach inspection reports that describe the issue(s)]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ST1—9. Water quality:					
a. Is the disinfectant residual measured inside or exiting the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If so, is disinfectant residual adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ST1 Comments: (In addition to Lead Assessor's observations, include relevant information about the storage tank from the most recent CCI and other regulatory correspondence.)					

L. Cross-Connection Control

	Yes	No	N/A?	In CARP?	BP
L 1. Did a cross-connection, backflow, or backsiphonage event occur that could have impacted the TC+/EC+ event? (If so, describe the reason in the CARP. For example, failure or absence of a backflow prevention assembly caused the event)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L 2. Should a Customer Service Inspection be performed at specific TC+/EC+ sites? (If yes, describe in CARP. If completed, attach report.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L 3. Specific hazards [290.47(f)]:					
a. Are private wells present without backflow protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are irrigation systems identified as hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are water trucks allowed to fill up without cross-connection control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L 4. Cross-Connection Control Program (CCCP)					
a. <u>Community</u> —Does the PWS implement an adequate CCCP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. <u>Non-community</u> —Does the entity implement an adequate internal CCCP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L 5. Authority					
a. Has the PWS adopted an adequate plumbing ordinance, regulations, or service agreement in accordance with 30 TAC §290.46(i)? (If not, describe in CARP)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the PWS actively implement that authority in accordance with 30 TAC §290.46(i)? (If not, describe in CARP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L 6. Customer Service Inspections					
a. Does the PWS ensure that Customer Service Inspections are performed at all new service connections, existing service connections where the PWS has reason to believe that cross-connections or other potential contamination hazards exist (for example, when TC+/EC+ are present)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. If so, does the PWS employ a licensed Customer Service Inspector (CSI) or otherwise ensure that personnel performing Customer Service Inspections are adequately credentialed according to the TCEQ regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are CSI reports retained permanently (<i>best practice</i>) or for a minimum of ten (10) years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L 7. Does the PWS ensure that backflow prevention (BFP) assemblies are maintained and tested in accordance with the TCEQ rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

M. Security, emergency response

If a security breach occurred, describe it in the Corrective Action Report and Plan.

Questions	Yes	No	N/A?	In CARP?
M 1. Did an interruption to source availability, treatment, or electrical power impact the PWS? (If so, describe in CARP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M 2. Does the PWS ensure the security of the distribution system, for example visiting all distribution system facilities on a regular basis, keeping gates locked on pump stations, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M 3. Did a security breach impact the PWS? (for example, vandalism or intentional contamination) (If so, describe in CARP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M 4. Did an emergency impact the PWS? (for example, weather, sanitary sewer overflow, waterborne disease outbreak, or drought)? (If so, describe in CARP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M 5. Is the PWS adequately prepared for any emergencies that could cause or potentially cause pathogen contamination? (If not, describe in CARP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N. Sanitary defects

Consider all of the conditions observed during the process of completing the Level 2 Assessment. If any sanitary defects were found, they must be described in the Corrective Action Report and Plan (CARP).

Questions	Yes	No	N/A?	In CARP?
N 1. Were any sanitary defects identified? <i>Any condition that could potentially have caused pathogen intrusion—or that is indicative of a failure or imminent failure of an existing barrier—is defined as a sanitary defect.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N 2. Did any sanitary defect that you found cause the TC+/EC+ event, or could it have? <i>The sanitary defect directly responsible for triggering the assessment may or may not have been found.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N 3. Did the PWS fix any sanitary defect(s)? <i>If a sanitary defect was found, it may already have been fixed partially or completely.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N 4. Are there identified defects which have not been addressed yet? <i>If a sanitary defect was found, and has not been fixed yet, there must be a plan for fixing it.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSERT ADDITIONAL COPIES OF THIS PAGE FOR MULTIPLE CARP ITEMS.

O. Corrective Action Report and Plan

Describe all identified sanitary defects (defined as potential pathways for pathogen contamination) in the Corrective Action Report and Plan (CARP) whether or not they were specifically related to the TC+/EC+ event that triggered this L2A.

Refer to the TCEQ (RG) XXX "**PERFORMING A REVISED TOTAL COLIFORM RULE (RTCR) LEVEL 2 ASSESSMENT (L2A)**" for guidance on completing the CARP. *(Note: RG under development)*

One CARP Item table is provided. Add additional tables as needed to describe all CARP items. Use only one table for each item.

CARP Item ____

L2A Form Question Number(s):	
Issue area-of-impact:	
Issue description:	
Completed Corrective Action(s):	
Planned Corrective Action:	
Projected Completion Date for Planned Actions:	
(For TCEQ Use Only)	CARP Item ____ Approval
<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
TCEQ WSD Representative	Date
<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
TCEQ OCE Representative	Date

INSERT ADDITIONAL COPIES OF THIS PAGE FOR MULTIPLE BEST PRACTICE ITEMS.

P. Best Practices

Describe all industry best practices (BPs) that are recommended for implementation by the PWS. Refer to the TCEQ (RG) XXX **"PERFORMING A REVISED TOTAL COLIFORM RULE (RTCR) LEVEL 2 ASSESSMENT (L2A)"** for guidance on recommending best practices. *(Note: RG under development)* Two Best Practice Item tables are provided. Add additional tables as needed to describe all best practice items. Use only one table for each item.

BP Item ___

L2A Form Question Number(s):
Issue area-of-impact:
Issue description:
Recommended Action:

BP Item ___

L2A Form Question Number(s):
Issue area-of-impact:
Issue description:
Recommended Action: