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|  | NMED Seal | **New Mexico Environment Department**Drinking Water Bureau Coliform Bacteria Level 1 Assessment FormRTCR-1 |
| **PWS ID#**:**NM35** | **PWS Name**:       | **City/Town**:       |
| **Compliance Period (mm/yy)** |
| **INSTRUCTIONS**: |
| In **Section A** review and evaluate the listed elements typically found in a PWS. Check (√) all elements reviewed and check (√) “Issue(s) identified” if any potential causes of contamination were identified, check (√) “No issues” if potential causes of contamination were not identified, or check (√) “NA” if the section is not applicable to the PWS.In **Section B** **“Description of Occurrence”** provide an explanation if any issues were identified.In **Section C “Corrective Action”** provide proposed corrective action(s) if any issues were identified in Section B.**Return this form no later than 30 days after triggering an assessment**. |
| **Section A** |
| **1. GENERAL** | [ ]  No issues | [ ]  Issue(s) identified | [ ]  NA**\*\*** |
| Have any of the following occurred at sample sites prior to collecting bacteria samples? |
| [ ]  **(SD075)** low/inadequate disinfectant residual | [ ]  **(SD005)** loss of pressure (<20 psi) |
| [ ]  **(SD009)** operation/maintenance activities | [ ]  **(SD013)** visible indicators of unsanitary conditions |
| [ ]  **(SD015)** firefighting event/flushing/sheared hydrant | [ ]  **(SD076)** analyzers/equipment not calibrated  |
| [ ]  **(SD012)** signs of vandalism/forced entry | [ ]  **(SD007)** other: |  |
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| **2. OPERATIONAL CHANGES** | [ ]  No issues | [ ]  Issue(s) identified | [ ]  NA**\*\*** |
| [ ]  **(SD019)** potential source of contamination | [ ]  **(SD018)** new source added |
| [ ]  **(SD016)** other: |  |
| **3. SAMPLING SITES** | [ ]  No issues | [ ]  Issue(s) identified | [ ]  NA**\*\*** |
| [ ]  **(SD001)** unclean or unsuitable sample tap | [ ]  **(SD002)** change in conditions at sample site |
| [ ]  **(SD077)** hot water intrusion | [ ]  **(SD007)** other: |
| **4. SAMPLING PROTOCOL** | [ ]  No issues | [ ]  Issue(s) identified | [ ]  NA**\*\*** |
| [ ]  **(SD078)** improper sample container | [ ]  **(SD081)** inadequate tap flushing |
| [ ]  **(SD079)** aerator was not removed | [ ]  **(SD082)** improper hold time/storage temperature |
| [ ]  **(SD080)** sampler error[ ]  **(SD084)** other | [ ]  **(SD083)** auto sensing faucet/swivel-type faucet |
| **5. SOURCES - Well** | [ ]  No issues | [ ]  Issue(s) identified | [ ]  NA**\*\*** |
| [ ] **(SD020)** defective/damaged well cap/well seal | [ ] **(SD087)** damaged well casing |
| [ ] **(SD025)** floodwater/run-off inundation | [ ] **(SD021)** damaged/unscreened vent |
| [ ] **(SD085)** missing/damaged grout seal | [ ] **(SD088)** unprotected opening in pump/pump assembly |
| [ ] **(SD086)** damaged pitless adaptor | [ ] **(SD089)** raw water sample result TC+ or EC+ [ ] **(SD029)** other: |
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| **Surface Water Supply** [ ]  No issues [ ]  Issue(s) identified [ ]  NA**\*\*** |
| [ ] **(SD090)** potential source of contamination | [ ] **(SD071)** rapid snowmelt | [ ] **(SD070)** heavy rainfall |
| [ ] **(SD018)** change in sources | [ ] **(SD071)** flooding |
| [ ] **(SD091)** other: |  |
| [ ] **(SD036)** Turbidimeters are operated outside of the following range?

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| **Turbidimeter Setting or Activity** | **Recommendation** |
| Controller Error Hold Mode | Transfer to 0.0 NTU |
| IFE and CFE signal span (minimum and maximum turbidity data capping) | 1. 5.1 NTU
 |
| Data recorder | Required. Must be calibrated to sensor output. Instrument output must be scaled to match the SCADA or recorder scale. |
| Bubble reject | ON |
| Signal Averaging | 30 second (i.e., 30 readings taken at ~1 second intervals) |
| Sample Flow  | Measured at least monthly. |
| Sample Flow Rate | A flow rate of 500 mL/min as a starting point for year round operation. |
| Bulb replacement | At least annually or earlier as recommended by manufacturer. |
| Verification checks | Weekly comparison of the continuous turbidimeters with a calibrated bench-top turbidimeter. An acceptable difference between the values is about 10% or ± 0.05 NTU. |
| Written SOPs for turbidimeter settings | Required |
| Instrument specific maintenance log | Required |
| Calibration | At least quarterly. Set to ‘Hold Outputs’ during calibration and maintenance activities. |

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| **Spring** | [ ]  No issues | [ ]  Issue(s) identified | [ ]  NA**\*\*** |
| [ ] **(SD019)** potential source of contamination | **(SD070)** [ ] heavy rainfall |
| [ ] **(SD090)** infiltration of surface run-off | **(SD071)** [ ] rapid snowmelt |
| [ ] **(SD030)** improper development/poorly maintained spring box |
| [ ] **(SD032)** other: |
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| **6. TREATMENT PROCESS** | [ ]  No issues | [ ]  Issue(s) identified | [ ]  NA**\*\*** |
| [ ]  **(SD043)** change in flow rates | [ ]  **(SD038)** recent installation/repair |
| [ ]  **(SD093)** inadequate disinfection | [ ]  **(SD009)** O & M procedures not followed |
| [ ]  **(SD036)** turbidity measurements out of range |  |
| [ ]  **(SD039)** treatment added or changed[ ]  **(SD045)** other | [ ]  **(SD040)** interruption in treatment/power loss |

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| **7. STORAGE TANKS** | [ ]  No issues | [ ]  Issue(s) identified | [ ]  NA**\*\*** |
| [ ]  **(SD058)** improper maintenance practices | [ ]  **(SD075)** low disinfectant residual |
| [ ]  **(SD094)** presence of dead animals/insects |  | [ ]  **(SD048)** hatch not sealed |
| [ ]  **(SD095)** incorrect operation of level control valves, altitude valves, and related appurtenances |
| [ ]  **(SD054)** deterioration, rust, holes, or other breaches in vent, overflow pipe, access hatch, screens, ladders, etc.[ ]  **(SD045)** other: |
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| **8. DISTRIBUTION SYSTEM** | [ ]  No issues | [ ]  Issue(s) identified | [ ]  NA**\*\*** |
| [ ]  **(SD073)** power loss | [ ]  **(SD066)**operation of isolation valves resulting in breakage |
| [ ]  **(SD096)** standing water/debris in valve vault | [ ]  **(SD067)** flushing of fire hydrants or blow-offs |
| [ ]  **(SD075)** low disinfection residuals | [ ]  **(SD098)** improper operation of air-relief/air-vacuum valves |
| [ ]  **(SD063)** pump or valve failure | [ ]  **(SD065)** installation of new mains or construction activity |
| [ ]  **(SD061)** pressure loss/inadequate pressure (<20 psi) | [ ]  **(SD063)** improper operation of pumps/valves |
| [ ]  **(SD097)** improper surge control | [ ]  **(SD099)** illegal use of hydrants |
| [ ]  **(SD066)** main breaks | [ ]  **(SD100)** leaks |
| [ ]  **(SD062)** unprotected cross connection[ ]  **(SD069)** other: | [ ]  **(SD063)** improper operation of valves |

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| **Section B - Description of Occurrence** Use this space toprovideadditional 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. |
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| Were all identified Sanitary Defects corrected?\*\*If yes, please provide documentation of all corrected defects along with this assessment form. | Yes\* [ ]  | No\*\* [ ]  |

**\*\*For corrective actions not completed by the time of submission of this assessment form** (e.g., in the case where parts need to be ordered and may take longer than 30 days to be delivered and installed), the system must complete the corrective action(s) in compliance with a schedule determined by NMED-DWB in consultation with the water system. To facilitate the discussion during the consultation, the system may propose a schedule for the corrective action(s). The system must notify the state when each scheduled corrective action is completed. |

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| Initial Total Coliform or E.Coli Detection Date:       | Initial Laboratory Notification Date:   / /   |
| Initial NMED-DWB Consultation Date:   / /   | Total # routine and repeat samples collected:     |
| Total # coliform positive samples:     | Total # E-coli positive samples:     |
| # of coliform positive detections in past 12 months:     | # of coliform violations in past 12 months:     |
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| **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: |       |
| Operator Level |       | License # |       |
| Signature: |  |  Date: |       |
| Phone #: |       |  Email: |       |

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**Please return this completed form to the NMED-DWB RTCR Rule Administrator at** **NMENV.RTCR@state.nm.us**

**RTCR Assessments which are not fully completed will not be accepted and may result in a Notice of Violation issued to the water system.**

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| **DWB USE ONLY**: Date received:   /  /   | NMED-DWB Reviewer:       |