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|  | NMED Seal | **New Mexico Environment Department**  Drinking Water Bureau  Coliform Bacteria Level 1 Assessment Form  RTCR-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: | | | | | |  | | | |
|  | | | | | | | | | | | | | |
| **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?   |  |  | | --- | --- | | **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. | | | | | | | | | | |
| **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: | | | | | | | | |
|  | | | | | | | | |
| **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: | |  | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **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**](mailto: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: |