



Revised Total Coliform Rule (RTCR) Level 1 Assessment Form

Public Water System (PWS) Information	
PWS Name:	PWS ID:
Assessment Trigger Date:	Completion Date:

Level 1 Assessment Information
<ul style="list-style-type: none"> Both the Level 1 assessment and the TCEQ-approved Level 1 assessment form shall be completed and the form submitted to the TCEQ as soon as practical, but no later than 30 days after the PWS learns that it has exceeded a trigger, or 30 days after all routine and repeat monitoring was required to be completed for the calendar month in which the PWS exceeded the trigger, whichever is earlier. If the PWS would like no cost Financial, Managerial, and Technical (FMT) assistance in completing the Level 1 assessment, the PWS may request free assistance through the TCEQ's FMT Assistance Contract. To request the free onsite training, you may email FMT@tceq.texas.gov or call (512) 239-4691 and ask to speak to an FMT Assistance staff member. The Level 1 assessment 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 PWS triggered the assessment. The RTCR defines a Sanitary Defect as: "A defect that could provide a pathway of 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." If during this assessment you note a sanitary defect, fill in the sanitary defect/corrective action in Section 9 of this form.

Section 1 - Coliform Sample Sites (the location of the sample sites that were total coliform-positive)	Yes	No	N/A
1. Does the sample tap(s) have a Point of Use (POU) treatment device installed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Were any plumbing repairs and/or additions made at this sampling site?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is the sampling tap or site unsanitary?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the height of the sample tap above grade and not positioned close to the ground?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is the sample tap subject to flooding and/or excessive surface runoff?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the sampling tap have a swivel-type faucet or similar "Y" type attachment/connection, or equipped with an aerator?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the sample tap located on or near a dead end main?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is the sample tap (faucet) located on an interior location that is used for other activities?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is the sample tap in good condition, free of leaks around the stem or packing?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Can the sample tap be adjusted to obtain an even low-flow of water without excessive splash during sample collection?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 2 - Coliform Sampling Protocol and Sample Collection	Yes	No	N/A
1. Were all samples collected according to a sample collection Standard Operating Procedure (SOP)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Were all samples collected according to the Sample Siting Plan (SSP)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Were any attachments on the faucet removed?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Was the sample tap flushed for approximately 5 minutes and until a residual disinfectant concentration of at least 0.2 mg/L free chlorine residual or 0.5 mg/L chloramine residual (measured as total chlorine) was present in the water prior to sample collection?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Was the sample tap treated in preparation for sample collection?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Did the collector ensure that the sample was collected from a cold water tap instead of a hot water tap?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Was a sterile laboratory-provided total coliform (TC) sample bottle used and was the sample bottle handled appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Did the collector ensure that the sample bottle was not rinsed prior to sample collection or overfilled during sample collection?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Were the samples delivered in a cooler not subject to contamination from other sources and delivered to the laboratory within the allowable holding time?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Were any laboratory analytical issues found?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3 - Distribution System	Yes	No	N/A
1. Are all pumps, valves, and meters maintained and operational?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Was there construction near the positive sample site either upstream or downstream?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Were any line leaks repaired and disinfected in accordance with American Water Works Association (AWWA) standards?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Were there any live leaks in the distribution system during sample collection?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Was there an unusual water demand around the time of the positive samples?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Were there any residual disinfectant concentrations below 0.2 mg/L free chlorine residual or 0.5 mg/L chloramine residual (measured as total chlorine) present in the affected area(s) or in any part of the distribution system?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Did the pressure drop below 20 psi anywhere in the distribution system?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Were required "Special Precautions" (Figure: 30 TAC §290.47(e)) procedures followed if the pressure dropped below 20 psi anywhere in the distribution system? (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are any air release devices in the affected area(s) installed in such a manner as to preclude the possibility of submergence or possible entrance of contaminants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the distribution system designed to afford effective circulation of water in the affected area(s) with a minimum of dead ends?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are water distribution lines constructed and located to protect against contamination from wastewater mains and/or laterals?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Are all dead-end mains flushed at monthly intervals and dead-end lines and other mains in the affected area(s) flushed as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If it was determined that nitrification occurred recently in the affected area(s) of the distribution system, did the PWS implement provisions of its Nitrification Action Plan (NAP) in the affected area(s) of the distribution system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Was the PWS performing a temporary conversion to free chlorine in the affected area(s) of the distribution system during the time the total coliform-positive sample(s) was/were collected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Were all backflow prevention assemblies tested and determined to be functioning at the positive sample site, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Was it determined that the distribution water was impacted by any other backflow-event?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Are appropriate backflow prevention assemblies and/or air gap installed at every connection with a potential health hazard, and tested and determined to be functioning, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4 - Storage Tanks	Yes	No	N/A
1. Are all pressure and storage tanks maintained and operational?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have all storage tanks been inspected in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have all pressure tank exteriors been inspected in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have all pressure tank interiors been inspected in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have all issues found during tank inspections been addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all tank openings and roof vents screened with 16-mesh or finer screen and overflows fitted with cover that closes automatically and has no gap over 1/16 inch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the PWS managing water turnover in finished water storage tanks to account for low water use to minimize and/or prevent excessive water age, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does any tank have excessive sediment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are clearwells, standpipes, ground storage, elevated tanks, and below ground storage tanks properly located away from hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all potable water storage tanks (including pressure tanks) thoroughly tight against leakage and were any applicable hatches locked?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Were there any residual disinfectant concentrations below 0.2 mg/L free chlorine residual or 0.5 mg/L chloramine residual (measured as total chlorine) present in any finished water storage tank, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5 - Sources			
Wells (Including Groundwater under the direct influence of surface water (GUI))			<input type="checkbox"/>
<i>If the PWS does not have wells, check here and skip this section:</i>			
	Yes	No	N/A
1. Does the PWS control and protect land within 150 feet of each well?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does every well have a sanitary control easement (SCE) or SCE exception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there known hazards within 50 - 500 feet of any well, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the wellhead and pump base constructed and sealed properly to minimize contamination?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are all well pressure blow-off lines and vents covered with 16-mesh or finer screen?	<input type="checkbox"/>	<input type="checkbox"/>	

6. Has an unusual raw water contamination incident or flooding incident occurred at the well site?	<input type="checkbox"/>	<input type="checkbox"/>	
Purchased Water - If the PWS does not purchase water, check here and skip this section:			<input type="checkbox"/>
	Yes	No	N/A
1. Are all the take-point meters, vaults, and sample taps sanitary?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the water supplier experiencing issues with coliform bacteria?	<input type="checkbox"/>	<input type="checkbox"/>	
Surface Water - If the PWS does not use surface water, check here and skip this section:			<input type="checkbox"/>
	Yes	No	N/A
1. Is every surface water intake functional and operated correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has an unusual raw water contamination incident occurred at the intake site?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 6 - Treatment	Yes	No	N/A
1. Have there been any interruptions and/or changes in treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are all treatment processes correctly maintained and operational?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have all surface water treatment plants (SWTP) and GUI wells met all approved concentration time (CT) and turbidity requirements, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all groundwater disinfected prior to distribution, and disinfection provided ahead of the water storage tank(s) if storage is provided prior to distribution?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have all wells met all 4-log inactivation requirements, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7 - Security and Extreme Weather Event	Yes	No	N/A
1. Were all water treatment plants and all appurtenances, raw water pump stations, water storage tanks, and wells enclosed by an intruder-resistant fence or enclosed in a lockable building, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Did any security breaches or vandalism occur in the PWS near the time of the total coliform-positive (TC+) sample?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Did any extreme weather occur around the time of the positive samples?	<input type="checkbox"/>	<input type="checkbox"/>	

Required Additional Information and Attachments

Section 8 - Outstanding Notice of Violations (NOV) and/or Enforcement Actions	Yes	No
1. Is the PWS under some other Compliance Schedule for anything related to the event that triggered the assessment?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe:		
Please note that No. 1 and 2 below are required attachments.		Attached
1. Coliform sample collection standard operating procedure (SOP)	<input type="checkbox"/>	
2. One month of disinfection residual data prior to the assessment trigger date	<input type="checkbox"/>	
3. (Optional) Attach any additional documentation pertinent to the assessment event.	<input type="checkbox"/>	
Describe:		

**Sanitary Defects (SD) and Corrective Actions (CA)
Corrective Action Report and Plan (CARP)**

Section 9 - Sanitary Defects (SD) and Corrective Actions (CA)		
Did the PWS identify any Sanitary Defect in Section 1 - 7 of the assessment form?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If No , move to Section 10 and complete the Signature and Contact Information page.		
If Yes , describe any SD(s) and associated CA(s) in the below spaces.		
Describe any SD identified in Section 1 - 7 and list the associated CA		
<ul style="list-style-type: none"> <i>The PWS is responsible for submitting compliance documentation or proof (supporting documents, photographs, etc.) that any CA was completed within the required 30 day compliance deadline for completing the Level 1 assessment and submitting the completed Level 1 assessment form to the TCEQ. At any time during the Level 1 assessment or corrective action phase, either the PWS or the TCEQ may request a consultation with the other party to determine the appropriate actions. The PWS shall consult with the TCEQ on all relevant information that may impact its ability to comply with the Level 1 assessment and CA requirements.</i> <i>If the PWS has not completed any CA by the time of submission of the assessment form, the PWS must complete any CA in compliance with a timetable (compliance deadline) approved by the TCEQ after consultation with the TCEQ.</i> <i>Please specify the Section number (Section 1 - 7) that the SD is associated with in the Level 1 assessment checklist.</i> <i>Please indicate the completion status for any required CA.</i> <i>If any CA has not been completed within the 30 day compliance deadline, please specify a Proposed Compliance Deadline. The TCEQ must approve any Proposed Compliance Deadline.</i> 		

Section No.	Sanitary Defect (SD) and associated Corrective Action (CA)			
SD				
CA				
	CA Completed?	Yes	No	If "No", please indicate Proposed Compliance Deadline
		<input type="checkbox"/>	<input type="checkbox"/>	

Section No.				
Sanitary Defect (SD) and associated Corrective Action (CA)				
SD				
CA				
CA Completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No", please indicate Proposed Compliance Deadline	

Section No.				
Sanitary Defect (SD) and associated Corrective Action (CA)				
SD				
CA				
CA Completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No", please indicate Proposed Compliance Deadline	

Section No.				
Sanitary Defect (SD) and associated Corrective Action (CA)				
SD				
CA				
CA Completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No", please indicate Proposed Compliance Deadline	

Signature and Contact Information

Section 10 - Signature. <i>Please provide the Assessor and PWS Representative's contact information.</i>		
Level 1 Assessor	Name <i>(please print)</i>	
	Title	
	Phone Number	()
	Email	
PWS Representative	Name <i>(please print)</i>	
	Title	
	Phone Number	()
	Email	
<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>		
PWS Representative Signature: _____ Date: ____/____/____		

WSD Review			TCEQ Office Use Only	OCE Review		
Yes	No	N/A		Yes	No	N/A
			WSD Reviewer:			
			OCE Reviewer:			
<input type="checkbox"/>	<input type="checkbox"/>		Assessment sufficient and CARP approved?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultation? If yes, date of consultation =	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Revisions to assessment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved with revisions to assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WSD Comments:						
OCE Comments:						
WSD Supervisor Approval: Date:				OCE Supervisor Approval: Date:		

Additional Sanitary Defect (SD) and Corrective Action (CA) Form

Section No.				
Sanitary Defect (SD) and associated Corrective Action (CA)				
SD				
CA				
CA Completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No", please indicate Proposed Compliance Deadline	

Section No.				
Sanitary Defect (SD) and associated Corrective Action (CA)				
SD				
CA				
CA Completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No", please indicate Proposed Compliance Deadline	

Section No.				
Sanitary Defect (SD) and associated Corrective Action (CA)				
SD				
CA				
CA Completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No", please indicate Proposed Compliance Deadline	

Additional Sanitary Defect (SD) and Corrective Action (CA) Form

Section No.				
Sanitary Defect (SD) and associated Corrective Action (CA)				
SD				
CA				
CA Completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No", please indicate Proposed Compliance Deadline	

Section No.				
Sanitary Defect (SD) and associated Corrective Action (CA)				
SD				
CA				
CA Completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No", please indicate Proposed Compliance Deadline	

Section No.				
Sanitary Defect (SD) and associated Corrective Action (CA)				
SD				
CA				
CA Completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No", please indicate Proposed Compliance Deadline	

Additional Sanitary Defect (SD) and Corrective Action (CA) Form

Section No.				
Sanitary Defect (SD) and associated Corrective Action (CA)				
SD				
CA				
CA Completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No", please indicate Proposed Compliance Deadline	

Section No.				
Sanitary Defect (SD) and associated Corrective Action (CA)				
SD				
CA				
CA Completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No", please indicate Proposed Compliance Deadline	

Section No.				
Sanitary Defect (SD) and associated Corrective Action (CA)				
SD				
CA				
CA Completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No", please indicate Proposed Compliance Deadline	