



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?

- | | |
|--|--|
| <input type="checkbox"/> (SD075) low/inadequate disinfectant residual | <input type="checkbox"/> (SD005) loss of pressure (<20 psi) |
| <input type="checkbox"/> (SD009) operation/maintenance activities | <input type="checkbox"/> (SD013) visible indicators of unsanitary conditions |
| <input type="checkbox"/> (SD015) firefighting event/flushing/sheared hydrant | <input type="checkbox"/> (SD076) analyzers/equipment not calibrated |
| <input type="checkbox"/> (SD012) signs of vandalism/forced entry | <input type="checkbox"/> (SD007) other: |

2. OPERATIONAL CHANGES

☐ No issues ☐ Issue(s) identified ☐ NA**

- | | |
|--|---|
| <input type="checkbox"/> (SD019) potential source of contamination | <input type="checkbox"/> (SD018) new source added |
| <input type="checkbox"/> (SD016) other: | |

3. SAMPLING SITES

☐ No issues ☐ Issue(s) identified ☐ NA**

- | | |
|---|--|
| <input type="checkbox"/> (SD001) unclean or unsuitable sample tap | <input type="checkbox"/> (SD002) change in conditions at sample site |
| <input type="checkbox"/> (SD077) hot water intrusion | <input type="checkbox"/> (SD007) other: |

4. SAMPLING PROTOCOL

☐ No issues ☐ Issue(s) identified ☐ NA**

- | | |
|--|---|
| <input type="checkbox"/> (SD078) improper sample container | <input type="checkbox"/> (SD081) inadequate tap flushing |
| <input type="checkbox"/> (SD079) aerator was not removed | <input type="checkbox"/> (SD082) improper hold time/storage temperature |
| <input type="checkbox"/> (SD080) sampler error | <input type="checkbox"/> (SD083) auto sensing faucet/swivel-type faucet |
| <input type="checkbox"/> (SD084) other | |

5. SOURCES - Well

☐ No issues ☐ Issue(s) identified ☐ NA**

- | | |
|---|--|
| <input type="checkbox"/> (SD020) defective/damaged well cap/well seal | <input type="checkbox"/> (SD087) damaged well casing |
| <input type="checkbox"/> (SD025) floodwater/run-off inundation | <input type="checkbox"/> (SD021) damaged/unscreened vent |
| <input type="checkbox"/> (SD085) missing/damaged grout seal | <input type="checkbox"/> (SD088) unprotected opening in pump/pump assembly |
| <input type="checkbox"/> (SD086) damaged pitless adaptor | <input type="checkbox"/> (SD089) raw water sample result TC+ or EC+ |
| | <input type="checkbox"/> (SD029) other: |

Surface Water Supply <input type="checkbox"/> No issues <input type="checkbox"/> Issue(s) identified <input type="checkbox"/> NA**	
<input type="checkbox"/> (SD090) potential source of contamination <input type="checkbox"/> (SD018) change in sources <input type="checkbox"/> (SD091) other:	<input type="checkbox"/> (SD071) rapid snowmelt <input type="checkbox"/> (SD071) flooding
<input type="checkbox"/> (SD070) heavy rainfall	
<input type="checkbox"/> (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)	0.0- 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 <input type="checkbox"/> No issues <input type="checkbox"/> Issue(s) identified <input type="checkbox"/> NA**	
<input type="checkbox"/> (SD019) potential source of contamination <input type="checkbox"/> (SD090) infiltration of surface run-off <input type="checkbox"/> (SD030) improper development/poorly maintained spring box <input type="checkbox"/> (SD032) other:	<input type="checkbox"/> (SD070) heavy rainfall <input type="checkbox"/> (SD071) rapid snowmelt
6. TREATMENT PROCESS <input type="checkbox"/> No issues <input type="checkbox"/> Issue(s) identified <input type="checkbox"/> NA**	
<input type="checkbox"/> (SD043) change in flow rates <input type="checkbox"/> (SD093) inadequate disinfection <input type="checkbox"/> (SD036) turbidity measurements out of range <input type="checkbox"/> (SD039) treatment added or changed <input type="checkbox"/> (SD045) other	<input type="checkbox"/> (SD038) recent installation/repair <input type="checkbox"/> (SD009) O & M procedures not followed <input type="checkbox"/> (SD040) interruption in treatment/power loss

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

Section B - Description of Occurrence Use this space to provide additional 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.

Were all identified Sanitary Defects corrected?*		Yes* <input type="checkbox"/> No** <input type="checkbox"/>	
*If yes, please provide documentation of all corrected defects along with this assessment form.			
**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.			
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:	

NMED-DWB will not accept forms that have not been signed by the Certified water operator. Signature must be either a physical or electronic signature.

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.

DWB USE ONLY: Date received: / /

NMED-DWB Reviewer: