



New Mexico Environment Department
Drinking Water Bureau
Coliform Bacteria Level 2 Assessment Form
RTCR-2

PWS ID#:

PWS Name:

City/Town:

Compliance Period (mm/yyyy)

INSTRUCTIONS:

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.

Please provide additional comments in the sections provided if Sanitary Defect(s) are discovered. Please also provide corrective action(s) for Sanitary Defects that are identified as well as the date of corrective action.

Return this form within 30 days after triggering the Level 2 Assessment.

Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially harmful, waterborne pathogens may be present or that a potential pathway exists through which contamination may enter the drinking water distribution system. We found coliforms indicating the need to look for potential problems in water treatment or distribution. When this occurs, we are required to conduct assessment(s) to identify problems and to correct any problems that were found during these assessments.

Section A

1. SAMPLE SITE EVALUATION

☐ No issues

☐ Issue(s) identified

☐ NA**

Have any of the following occurred at relevant facilities prior to the collection of TC samples?

(Check all that apply)

SD001

Was the sampling tap in acceptable condition?

If no, please describe below as well as the corrective action(s) that will be completed to correct any Sanitary Defects that were discovered:

Yes ☐

No ☐

Comments:

Was this sanitary defect corrected?*

*If yes, please provide documentation of corrected defect.

Yes ☐ No ☐ NA** ☐

Date Sanitary Defect corrected:

SD002	Were there any recent plumbing changes to the sampling location? If yes, please describe below as well as the corrective action(s) that will be completed to correct any Sanitary Defects that were discovered:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Date Sanitary Defect corrected:	
*If yes, please provide documentation of corrected defect.		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	
SD003	Have there been any plumbing breaks or failure? If yes, when? Also, please describe the corrective action(s) that will be completed to correct any Sanitary Defects that were discovered:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Date Sanitary Defect corrected:	
*If yes, please provide documentation of corrected defect.		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	
SD004	Have any cross connections been identified? If yes, where? Provide additional comments and describe the corrective action(s) that will be completed to correct any Sanitary Defects that were discovered:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Date Sanitary Defect corrected:	
*If yes, please provide documentation of corrected defect.		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	

SD005	Were there any low pressure occurrences or significant changes in water pressure? If yes, provide additional comments as well as the corrective action(s) that will be completed to correct any Sanitary Defects that were discovered:	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Comments:							
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:				
*If yes, please provide documentation of corrected defect.							
Is there any known treatment (water softeners, reverse osmosis, etc.) devices within the sampling location premise?		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If yes, please describe below:							
<table border="1"> <tr> <td data-bbox="66 951 224 1100">SD006</td> <td data-bbox="224 951 1169 1100">Could the treatment have contributed to the positive result? If yes, please describe your reasoning for suspecting this. Also, please describe the corrective action(s) that will be completed to correct any Sanitary Defects that were discovered:</td> <td data-bbox="1169 951 1349 1100">Yes <input type="checkbox"/></td> <td data-bbox="1349 951 1565 1100">No <input type="checkbox"/></td> </tr> </table>				SD006	Could the treatment have contributed to the positive result? If yes, please describe your reasoning for suspecting this. Also, please describe the corrective action(s) that will be completed to correct any Sanitary Defects that were discovered:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SD006	Could the treatment have contributed to the positive result? If yes, please describe your reasoning for suspecting this. Also, please describe the corrective action(s) that will be completed to correct any Sanitary Defects that were discovered:	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Comments:							
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:				
*If yes, please provide documentation of corrected defect.							
Does the PWS have a DWB-Approved RTCR Sampling Plan?		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If yes, please submit the signed DWB Approval form along with this completed assessment							
SD007	Please provide any additional comments regarding the sample site that you feel may have contributed to the Total Coliform Positive Sample result. Also, please describe the corrective action(s) that will be completed to correct any Sanitary Defects that were discovered:						
Comments:							
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:				
*If yes, please provide documentation of corrected defect.							

2. SAMPLING PROTOCOL☐ No issues ☐ Issue(s) identified ☐ NA**

Have any of the following sampling issues occurred that may have contributed to the positive result?
(**Check all that apply**)

SD008

Was the correct sampling protocol followed? (i.e. Flush tap, remove aerator, no swivel, fresh sample bottles, sample storage acceptable...etc.) Provide additional comments below

Yes ☐No ☐

Comments:

Was this sanitary defect corrected?*

*If yes, please provide documentation of corrected defect.

Yes ☐ No ☐ NA** ☐

Date Sanitary Defect corrected:

If your water system disinfects with chlorine, what was the most recent date of calibration check for the disinfectant residual analyzer? Provide additional comments below

Date:

3. OPERATIONAL ISSUES☐ No issues ☐ Issue(s) identified ☐ NA**

SD009	Were there any operation and maintenance activities that could have introduced total coliforms? If yes, please provide comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments:

Was this sanitary defect corrected?*

Yes ☐ No ☐ NA** ☐

*If yes, please provide documentation of corrected defect.

Date Sanitary Defect corrected:

SD010	Have there been any interruptions in the treatment process? If yes, please provide comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments:

Was this sanitary defect corrected?*

Yes ☐ No ☐ NA** ☐

*If yes, please provide documentation of corrected defect.

Date Sanitary Defect corrected:

SD011	Has the system lost pressure to less than 20 psi? If yes, please provide comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments:

Was this sanitary defect corrected?*

Yes ☐ No ☐ NA** ☐

*If yes, please provide documentation of corrected defect.

Date Sanitary Defect corrected:

SD012	Have there been any vandalism and/or unauthorized access to facilities? If yes, please provide comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments:

Was this sanitary defect corrected?*

Yes ☐ No ☐ NA** ☐

*If yes, please provide documentation of corrected defect.

Date Sanitary Defect corrected:

SD013	Are there any visible indicators of unsanitary conditions observed? If yes, please provide comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments:

Was this sanitary defect corrected?*

Yes ☐ No ☐ NA** ☐

*If yes, please provide documentation of corrected defect.

Date Sanitary Defect corrected:

SD014	Has there been any community illnesses suspected of being waterborne? If yes, please provide comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/>	No <input type="checkbox"/> NA** <input type="checkbox"/>
*If yes, please provide documentation of corrected defect.		Date Sanitary Defect corrected:	
Did the water system receive any TCR monitoring violations in the past 12 months? If yes, when?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
What was the most recent date on which clean total coliform samples were taken?			Date:
SD015	Have there been a fire fighting event, flushing operation, etc.? If yes, please provide comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/>	No <input type="checkbox"/> NA** <input type="checkbox"/>
*If yes, please provide documentation of corrected defect.		Date Sanitary Defect corrected:	
SD016	Other comments on operations and maintenance that may have caused the issues? If yes, please provide comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/>	No <input type="checkbox"/> NA** <input type="checkbox"/>
*If yes, please provide documentation of corrected defect.		Date Sanitary Defect corrected:	

4. TREATMENT OR OPERATIONAL CHANGES☐ No issues☐ Issue(s) identified☐ NA****SD017**

Have any inactive sources recently been introduced into the system (e.g., emergency wells, other old sources, etc.)?
If yes, please provide comment below:

Yes ☐No ☐

Comments:

Was this sanitary defect corrected?*

*If yes, please provide documentation of corrected defect.

Yes ☐ No ☐ NA** ☐

Date Sanitary Defect corrected:

SD018

Have there been any new wells or other sources introduced into the system? If yes, please provide comment below:

Yes ☐No ☐

Comments:

Was this sanitary defect corrected?*

*If yes, please provide documentation of corrected defect.

Yes ☐ No ☐ NA** ☐

Date Sanitary Defect corrected:

SD019

Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, etc.)?
If yes, please provide comment below:

Yes ☐No ☐

Comments:

Was this sanitary defect corrected?*

*If yes, please provide documentation of corrected defect.

Yes ☐ No ☐ NA** ☐

Date Sanitary Defect corrected:

5. Source – Well*	Well Name:	<input type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
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**If your water system has multiple wells, please specify which well you are assessing above.
If assessments are required at multiple wells, please fill out Section 5 checklist for each well that is being assessed.*

SD020	Is the sanitary seal intact? If no, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments:

Was this sanitary defect corrected?*	Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.		

SD021	Is the vent screened? If no, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments:

Was this sanitary defect corrected?*	Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.		

SD022	Are there any unprotected cross connections at the wellhead? If yes, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments:

Was this sanitary defect corrected?*	Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.		

How is the well used? Please provide additional comment below:	Primary <input type="checkbox"/>	Backup <input type="checkbox"/>	Emergency <input type="checkbox"/>
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How many inches does the casing extend above ground?		Inches
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SD023	Is the well cap vented? If no, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments:

Was this sanitary defect corrected?*	Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.		

SD024	Is there evidence of standing water near the wellhead? If yes, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD025	After heavy rain events, there is standing water near the well for a day or two? If yes, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD026	Is the wellhead secured to prevent unauthorized access? If no, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD027	Have there been any sewer spills, source water spills or other disturbances? If yes, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD028	Was the most recent raw water sample results at the well TC+ or EC+? If yes, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			

SD029	Other comments on the well system. (Are there aspects of well construction and operation that would bear on observed positives?)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect.		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:

6. Source – Spring*	Spring Name:	<input type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
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**If your water system has multiple springs, please specify which spring you are assessing above.
If assessments are required at multiple springs, please fill out Section 6 checklist for each spring that is being assessed.*

SD030	Was the condition of the spring development adequate? If no, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Was this sanitary defect corrected?*	Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
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What is the condition of the spring box? Please provide comment below:

SD031	Is the spring secured to prevent unauthorized access? If no, please provide comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Was this sanitary defect corrected?*	Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
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SD032 Please provide other comments on the spring system below:

Was this sanitary defect corrected?*	Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
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7. Source – Surface Source*				
Source Name:		<input type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
<i>*If your water system has multiple surface sources, please specify which source you are assessing above.</i> <i>If assessments are required at multiple surface sources, please fill out Section 7 checklist for each source that is being assessed.</i>				
SD033	Have there been any sewer spills, source water spills or other disturbances? If yes, please provide comment below:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:				
Was this sanitary defect corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/> Date Sanitary Defect corrected: <i>*If yes, please provide documentation of corrected defect.</i>				
SD034	Have there been any Algal blooms? If yes, please provide comment below:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:				
Was this sanitary defect corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/> Date Sanitary Defect corrected: <i>*If yes, please provide documentation of corrected defect.</i>				
SD035	Has source water turnover occurred? If yes, please provide comment below:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:				
Was this sanitary defect corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/> Date Sanitary Defect corrected: <i>*If yes, please provide documentation of corrected defect.</i>				

Did the operator follow the turbidimeter setting recommendations listed below? If no, please describe in the comment section below:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Turbidimeter Setting or Activity		Recommendation	
SD036	Controller Error Hold Mode	Transfer to 0.0 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.	
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
Other source water comments:			

8. Treatment (if applicable)				<input type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
SD037	Treatment devices operational and maintained? If no, please provide additional comment below:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						
SD038	Is there any recent installation or repair of treatment or equipment? If yes, please provide additional comment below:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						
SD039	Were there any recent changes in the treatment process? If yes, when, what was the change?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						
SD040	Were there any interruptions of treatment (lapses in chemical feed, turbidity excursions, disinfection)? If yes which part, when and for how long?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						
What is the free chlorine residual measured immediately downstream from the point of application?						mg/L

SD041	Did a review of the filter turbidity profiles reveal any anomalies? If yes, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD042	Were there any failures to meet the CT calculations? If yes, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD043	Were the flow rates above the rated capacity? If yes, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD044	Were there any anomalies on the settled water turbidities? If yes, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD045	Other comments on the treatment system.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			

9. STORAGE FACILITIES				<input type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
SD046	Are the overflow and vents properly screened? If no, please provide additional comment below:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						
SD047	Is the facility secured to prevent unauthorized access? If no, please provide additional comment below:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						
SD048	Does the access opening have the proper gasket and seal tightly? If no, please provide additional comment below:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						
SD049	Could the physical condition of tank be a source contamination? If yes, please provide additional comment below:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						

SD050	Is the vent properly sized? If no, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD051	Does the drain/overflow line terminate at a minimum of 12" above ground level? If no, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD052	If present, is the pressure tank maintaining an appropriate minimum pressure? If no, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD053	Has proper O&M been performed? If no, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD054	Was there any observed physical deterioration of the tank? If yes, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			

SD055	Were there any observed leaks? If yes, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD056	Is there any evidence of intentional contamination at the storage tank? If yes, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD057	Has there been any facility maintenance (i.e. painting/coating)? If yes, when?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD058	Is tank maintenance occurring on a regular basis? Please, provide detailed information below of the tank maintenance that is occurring regularly:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
Does the tank "float" on the distribution system or are there separate inlet and outlet lines? Provide additional comments below if needed:		Floating <input type="checkbox"/>	Direct <input type="checkbox"/>

If your water system disinfects with chlorine, what is the measured chlorine residual of the water exiting the storage tank today? Provide additional comments below if needed:			mg/L
SD059	Are there any unsealed openings in the storage facility such as access doors, vents or joints? If yes, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD060	Other comments on the storage system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			

10. DISTRIBUTION SYSTEM				<input type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
SD061	System pressure: Is there evidence that the system experienced low or negative pressure? If yes, when? If yes, please also provide comment below:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						
SD062	Any identified cross connections? If yes, please list them below and provide comment:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						
SD063	Pump station: Are there any sanitary defects in the pump station? Are pump(s) operable? Please provide additional comments below:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						
SD064	Are the backflow prevention devices at high risk sites present, operational and maintained? If no, please provide additional comment below:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						

SD065	Have there been any water main repairs or additions? If yes when, and what was the repair or addition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD066	Have there been any water main breaks? If yes, when?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD067	Was there any scheduled flushing of the distribution system? If yes, when?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD068	Is there any evidence of intentional contamination in the distribution system? If yes, please provide additional comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			
SD069	Other comments on the distribution information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?*		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.			

11. Environmental Effects				<input type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
SD070	Has there been heavy rainfall? If yes, please provide comment below:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						
SD071	Has there been any rapid snow melt or flooding? If yes, please provide comment below:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						
SD072	Have there been changes in available source water? (e.g., significant drop in water table, well levels, reservoir capacity, etc.) If yes, please provide comment below:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						
SD073	Have there been any Interruptions to electrical power? If yes, please provide comment below:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:						
Was this sanitary defect corrected?*					Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
*If yes, please provide documentation of corrected defect.						

SD074	Have there been any extremes in heat or cold? If yes, please provide comment below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect.		Yes <input type="checkbox"/> No <input type="checkbox"/> NA** <input type="checkbox"/>	Date Sanitary Defect corrected:
During the past year we were required to conduct <u>Level 1 assessment(s)</u> . <u>Level 1</u> <u>assessment(s)</u> were completed. In addition, we were required to take corrective actions and we completed of these actions.			
During the past year we were required to conduct <u>Level 2 assessment(s)</u> . <u>Level 2</u> <u>assessment(s)</u> were completed. In addition, we were required to take corrective actions and we completed of these actions.			
**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 Sample Collection Date:		Date Laboratory Notified PWS of Positive Result(s): / /	
Date PWS Consulted with NMED-DWB / /		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:	

Please return this completed form to the NMED-DWB RTRC Rule Administrator at NMENV.RTRC@state.nm.us
RTRC 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: RTRC Level 2 Assessment