

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 ($\sqrt{}$) all elements reviewed and check $(\sqrt{})$ "Issue(s) identified" if any potential causes of contamination were identified, check $(\sqrt{})$ "No issues" if potential causes of contamination were not identified, or check ($\sqrt{}$) "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 **NA**** No issues Issue(s) identified Have any of the following occurred at relevant facilities prior to the collection of TC samples? (Check all that apply) Was the sampling tap in acceptable condition? If no, please describe below as well as the corrective action(s) that SD001 Yes I No \square will be completed to correct any Sanitary Defects that were discovered: Comments: Date Sanitary Defect Was this sanitary defect corrected?* Yes No NA** *If yes, please provide documentation of corrected defect. corrected:

	Were there any recent plumbing changes to the sampling location? If yes,		
SD002	please describe below as well as the corrective action(s) that will be	Yes 🗌	No 🗌
	completed to correct any Sanitary Defects that were discovered:		
Comme	nts:		
Mac thic c	anitary defect corrected?* Vas CNs CNA** Date Sanita	ary Dofoct	
vvas uus s *If ves nle	anitary defect corrected?* ase provide documentation of corrected defect. Yes No NA** Date Sanita	ary Derect	
11 you, pic	Have there been any plumbing breaks or failure?		
SD003	, ,	Yes 🗌	No □
30003		163	
<u>Carrera a</u>	completed to correct any Sanitary Defects that were discovered:		
Comme	NS:		
	anitary defect corrected?* Yes No NA** Date Sanitary defect or rectain defect.	ary Defect	
*If yes, ple	ase provide documentation of corrected defect.		
	Have any cross connections been identified?		
CDOO	If yes, where? Provide additional comments, and describe the	V □	NI- C
SD004	If yes, where? Provide additional comments and describe the	Yes 🗌	No 🗌
SD004	If yes, where? Provide additional comments, and describe the	Yes 🗌	No 🗌
	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 🗌	No 🗌
SD004	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 🗌	No 🗌
	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 🗌	No 🗌
	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 🗌	No 🗌
	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 🗌	No 🗌
	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 🗌	No 🗌
	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 🗌	No 🗌
	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 🗌	No 🗆
	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 🗌	No 🗌
	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 🗌	No 🗌
	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 🗌	No 🗆
	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 🗌	No 🗆
	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 🗌	No 🗆
Comme	If yes, where? Provide additional comments and describe the corrective action(s) that will be completed to correct any Sanitary Defects that were discovered:		No 🗆

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 🗌	No 🗌
Comments			
	itary defect corrected?* e provide documentation of corrected defect. Yes No NA** Date Sanit	tary Defect	
Is there any within the s	w known treatment (water softeners, reverse osmosis, etc.) devices ampling location premise? Yes se describe below:	□ No) [
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:	□ No) [
Comments	S:		
	tary defect corrected?* e provide documentation of corrected defect. Yes No NA** Date Sanit	tary Defect	
Does the F	PWS have a DWB-Approved RTCR Sampling Plan? ase submit the signed DWB Approval form along with this assessment	□ No) [
SD007	Please provide any additional comments regarding the sample site that contributed to the Total Coliform Positive Sample result. Also, please action(s) that will be completed to correct any Sanitary Defects that were	describe th	e corrective
	itary defect corrected?* Ves □No □NΔ** □ Date Sani	tary Defect	
*If yes, please	e provide documentation of corrected defect.		

2. SAMP	LING PROTOCOL		No issues	Issue(s) i	dentified	■ 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 acceptableetc.) Provide additional comments below						No 🗌	
Commer	nts:						
	nitary defect corrected?* ase provide documentation of corrected defect.	Yes	□No □NA*	* Date San	itary Defect :		
•	iter system disinfects with chlorine, what wan check for the disinfectant residual analyze s below				Date:	·	

3. OPERA	ATIONAL ISSUES	☐ No issues ☐ Issue(s) ide	entified] NA**
SD009	Were there any operation and maintenanc introduced total coliforms? If yes, please provide comment below:	e activities that could have	Yes	No 🗌
Commen				
Was this sa	nitary defect corrected?*	Yes ☐ No ☐ NA** ☐ Date San	itary Defect	
*If yes, plea	se provide documentation of corrected defect.	corrected	: 	
SD010	Have there been any interruptions in the tr please provide comment below:	reatment process? If yes,	Yes	No 🗌
Commen				1
Was this sa	nitary defect corrected?*	Date San	itary Defect	7
	se provide documentation of corrected defect.	corrected		
SD011	Has the system lost pressure to less than a comment below:	20 psi? If yes, please provide	Yes 🗌	No 🗌
Commen				
NA/ (1-1		D. () O. ()	'tan Datast	7
	nitary defect corrected?* se provide documentation of corrected defect.	Yes ☐ No ☐ NA** ☐ Date San	itary Defect :	
SD012	Have there been any vandalism and/or una	authorized access to facilities?	? Yes 🗆	No 🗆
Commen	If yes, please provide comment below:			
				-
	nitary defect corrected?* se provide documentation of corrected defect.	Yes No NA** Date San	itary Defect :	
SD013	Are there any visible indicators of unsanita		Yes 🗆	No 🗆
	If yes, please provide comment below:		163	
Commen	IS:			
	nitary defect corrected?*		itary Defect	
*If yes, plea	se provide documentation of corrected defect.	corrected	:	

	Has there been any community illnesses suspected of being		
CD04.4	Has there been any community illnesses suspected of being	V □	Na 🗆
SD014	waterborne?	Yes 📙	No 📙
	If yes, please provide comment below:		
Commen	ts:		
Was this sa	nitary defect corrected?*	ary Defect	
	se provide documentation of corrected defect. Yes No NA** corrected:	,	
	ater system receive any TCR monitoring violations in the past 12 months?		1
If yes, wh		Yes 📙	No 🔲
11 you, wii	on.		
		1	
What was	the most recent date on which clean total coliform samples were taken?	Date:	
CD04F	Have there been a fire fighting event, flushing operation, etc.?	V □	Na 🗆
SD015	If yes, please provide comment below:	Yes 📙	No 🗌
Commen	y		
10.	" I () 10°	D ()	٦
	nitary defect corrected?* se provide documentation of corrected defect. Yes \[\sum No \[\sum NA** \sum \] corrected:	ary Defect	
ii yes, piea		1	
SD016	Other comments on operations and maintenance that may have caused	Yes 🗌	No 🗌
	the issues? If yes, please provide comment below:		
Commen	ts:		
Mae this sa	nitary defect corrected?*	ary Defect	7
	se provide documentation of corrected defect. Yes No NA** corrected:	ary Delect	
ii yes, piea	corrected determination of corrected defect.		

4. TREA	TMENT OR OPERATIONAL CHANGES No issues		ue(s) identif	ied NA**
	Have any inactive sources recently been introduced into the			
SD017	system (e.g., emergency wells, other old sources, etc.)?		Yes	No 🗌
	If yes, please provide comment below:			
Commer	nts:			
Maa thia as	owitow, dofoot coverate dO*	F	Note Coniton F	2-11
	anitary defect corrected?* ase provide documentation of corrected defect. Yes ☐ No ☐ NA		Date Sanitary [corrected:	Defect
	Have there been any new wells or other sources introduced			
SD018	the system? If yes, please provide comment below:		Yes	No 🗌
Commer				
	anitary defect corrected?* Yes □ No □ NA		Date Sanitary D	Defect
'If yes, plea	ase provide documentation of corrected defect.	с	corrected:	
	Is there evidence of any potential sources of contamination			
SD019	(main breaks, low pressure, high turbidity, loss of disinfectio	n,	Yes □	No 🗆
	etc.)?			_
	If yes, please provide comment below:			
Commer	nts:			
Mae this sa	anitary defect corrected?*	F	Date Sanitary D	Oefect
	anitary defect corrected? Asse provide documentation of corrected defect. Yes \sum No \subseteq NA		corrected:	Delect
, - 5, p.o.	1			

5. Source – Well* Well Name: No issues Issue(s) identified NA** *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 No **Comments:*
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 No
being assessed. SD020 Is the sanitary seal intact? If no, please provide additional comment below: Yes No
SD020 Is the sanitary seal intact? If no, please provide additional comment below: Yes No
· · · · · · · · · · · · · · · · · · ·
Comments:
Was this sanitary defect corrected?* Vos. \[\text{No.} \[\text{Date Sanitary Defect} \]
If yes, please provide documentation of corrected defect. Yes No NA** corrected:
SD021 Is the vent screened? If no, please provide additional comment below: Yes No
Comments:
Vas this sanitary defect corrected?* Yes □ No □ NA** □ Date Sanitary Defect
if yes, please provide documentation of corrected defect.
Are there any unprotected cross connections at the wellhead? If yes, please provide additional comment below:
provide additional confinent below.
Comments:
Comments:
Comments: Was this sanitary defect corrected?* Vos. \(\text{No.} \(\text{No.} \text{No.} \text{No.} \text{Date Sanitary Defect} \)
Comments: Was this sanitary defect corrected?* If yes, please provide documentation of corrected defect. Yes No NA** Date Sanitary Defect corrected:
Comments: Was this sanitary defect corrected?* If yes, please provide documentation of corrected defect. How is the well used? Please provide additional comment Primary Rackup Remergency
Comments: Was this sanitary defect corrected?* If yes, please provide documentation of corrected defect. Yes No NA** Date Sanitary Defect corrected:
Comments: Was this sanitary defect corrected?* If yes, please provide documentation of corrected defect. How is the well used? Please provide additional comment Primary Rackup Remergency
Comments: Was this sanitary defect corrected?* If yes, please provide documentation of corrected defect. How is the well used? Please provide additional comment Primary Rackup Remergency
Comments: Was this sanitary defect corrected?* If yes, please provide documentation of corrected defect. How is the well used? Please provide additional comment Primary Rackup Remergency
Vas this sanitary defect corrected?* If yes, please provide documentation of corrected defect. How is the well used? Please provide additional comment pelow: Primary Backup Emergency pelow:
Vas this sanitary defect corrected?* If yes, please provide documentation of corrected defect. How is the well used? Please provide additional comment pelow: Primary Backup Emergency
Vas this sanitary defect corrected?* If yes, please provide documentation of corrected defect. How is the well used? Please provide additional comment pelow: How many inches does the casing extend above ground? SD023 Is the well cap vented? If no, please provide additional comment below: Yes No NA** Date Sanitary Defect corrected: Primary Backup Emergency Emergency Inches
Vas this sanitary defect corrected?* If yes, please provide documentation of corrected defect. How is the well used? Please provide additional comment pelow: Primary Backup Emergency
Vas this sanitary defect corrected?* If yes, please provide documentation of corrected defect. How is the well used? Please provide additional comment pelow: How many inches does the casing extend above ground? SD023 Is the well cap vented? If no, please provide additional comment below: Yes No NA** Date Sanitary Defect corrected: Primary Backup Emergency Emergency Inches
Vas this sanitary defect corrected?* If yes, please provide documentation of corrected defect. How is the well used? Please provide additional comment pelow: How many inches does the casing extend above ground? SD023 Is the well cap vented? If no, please provide additional comment below: Yes No NA** Date Sanitary Defect corrected: Primary Backup Emergency Emergency Inches
Vas this sanitary defect corrected?* If yes, please provide documentation of corrected defect. How is the well used? Please provide additional comment pelow: How many inches does the casing extend above ground? SD023 Is the well cap vented? If no, please provide additional comment below: Yes No NA** Date Sanitary Defect corrected: Primary Backup Emergency Emergency Inches
Vas this sanitary defect corrected?* If yes, please provide documentation of corrected defect. How is the well used? Please provide additional comment pelow: How many inches does the casing extend above ground? SD023 Is the well cap vented? If no, please provide additional comment below: Yes No NA** Date Sanitary Defect corrected: Primary Backup Emergency Emergency Inches
Vas this sanitary defect corrected?* If yes, please provide documentation of corrected defect. How is the well used? Please provide additional comment pelow: How many inches does the casing extend above ground? SD023 Is the well cap vented? If no, please provide additional comment below: Yes No NA** Date Sanitary Defect corrected: Primary Backup Emergency Emergency Inches
Vas this sanitary defect corrected?* If yes, please provide documentation of corrected defect. How is the well used? Please provide additional comment pelow: How many inches does the casing extend above ground? SD023 Is the well cap vented? If no, please provide additional comment below: Yes No NA** Date Sanitary Defect corrected: Primary Backup Emergency Emergency Inches

SD024	Is there evidence of standing water near the wellheat provide additional comment below:	ad?	If yes, plea	ase	Yes [No	
Comm								
Mac this	sanitary defect corrected?*			Data Canita	n, Dofos	- 4		
	lease provide documentation of corrected defect.	□No	■ NA**	Date Sanitar corrected:	y Delec	Ĵί		
	After heavy rain events, there is standing water nea	r the				٦T		_
シロバン	two? If yes, please provide additional comment be				Yes L	ᆀ	No	Ш
Comm								
NA/ (1. '-				D-1- 0't-	D ()		İ	
	sanitary defect corrected?* lease provide documentation of corrected defect. Yes [□No	■ NA**	Date Sanitai corrected:	y Defec	ct		
- you, p	Is the wellhead secured to prevent unauthorized acc	cessí				T		_
SD026	Is the wellhead secured to prevent unauthorized acc provide additional comment below:		, p.	3400	Yes L	ᆀ	No	Ш
Comm								
							i	
	sanitary defect corrected?* Yes [□No	□ NA** □	Date Sanitai	y Defec	ct		
SD027	Have there been any sewer spills, source water spil If yes, please provide additional comment below:	is or	otner distu	rbances?	Yes [No	
Comm								
Commi	ents.							
							_	
	sanitary defect corrected?*	□Nο		Date Sanita	y Defec	ct		
	lease provide documentation of corrected defect.			corrected:				
SD028	Was the most recent raw water sample results at the lf yes, please provide additional comment below:	e we	II TC+ or E	C+?	Yes [No	
_								
Comm	ents:							
Was this	sanitary defect corrected?*	_		Date Sanitai	ry Defec	nt .		
	lease provide documentation of corrected defect.	No		corrected:	, 20100			

	Other comments on the well system.				
SD029	(Are there aspects of well construction and	d operation that would be	ar on	Yes	No 🗌
	observed positives?)				
Comm	ents:				
	sanitary defect corrected?* lease provide documentation of corrected defect.	Yes ☐ No ☐ NA** ☐	Date Sanital corrected:	ry Defect	

6. Source - Spring	* Spring Name:	☐ No issues ☐ Is	sue(s) identifi	ed NA**
	n has multiple springs, please sp			
	required at multiple springs, plea	ase IIII out Section 6 ch	eckiist for ea	ich spring that
is being assessed.	adition of the apring developmen	t adaquata?		
SD030 If no, please	ndition of the spring developmen e provide additional comment be	low:	Yes	No 🗌
Comments:				
Mas this socitors defeat	20 vv 20 to dO*		Data Canitani I	Defeat
Was this sanitary defect *If yes, please provide de	ocumentation of corrected defect.		Date Sanitary [corrected:	Defect
	n of the spring box? Please prov			
TTTIAL IO LITO COTTAINO	Totale opining sox. Theads pro	vido comment bolow.		
				,
	g secured to prevent unauthorize	ed access? If no,	Yes	No 🗆
please prov	ide comment below:			
Comments:				
Was this sanitary defect	corrected?*	Yes ☐ No ☐ NA** ☐	Date Sanitary [Defect
	ocumentation of corrected defect.		corrected:	
	ride other comments on the sprir	ng system below:		
Comments:				
Was this sanitary defect	corrected?*		Date Sanitary [Defect
	ocumentation of corrected defect.		corrected:	20.000

7. Source – Surface So		Source Name:		No issu	es 🗌 I	ssue(s)	identified	□ NA**
*If your wate		m has multiple surface sources,	, plea	se specify	which s	ource y	ou are as	sessing
above.	nto oro	required at multiple surface and	ıraaa	nlagge fill	out Coo	tion 7 o	booklist fo	or oooh
source that		required at multiple surface sou assessed	irces,	piease iiii	out Sec	tion 7 C	ineckiist id	or eacri
		e been any sewer spills, source	wate	r spills or o	ther			
SD033 dis	turband	ces?		•			Yes 🗌	No 🗌
		ase provide comment below:						
Comments:								
Was this sanita *If ves. please		t corrected?* documentation of corrected defect.	Ye	s 🗌 No 🔲 I		Date Sar corrected	nitary Defec d:	t
На	•	e been any Algal blooms?						No 🗆
		ase provide comment below:					Yes 📙	No 🗌
Comments:								
Was this sanita	ary defec	t corrected?*	Va		NA** 🗆	Date Sar	nitary Defec	t
		documentation of corrected defect.	Ye	s 🗌 No 🔲 I		corrected		
		e water turnover occurred?					Yes 🗌	No 🗌
Comments:	es, pie	ase provide comment below:						
Comments.								
Was this sanita	ary defec	t corrected?*		_		Date Sar	nitary Dofoo	+
		documentation of corrected defect.	Ye	s No I		corrected	nitary Defec d:	l

Did the operator follow the turbidimeter setting recommendations listed Yes No							
	If no, please describe in the comment sec						
	Turbidimeter Setting or Activity	Recomr	nendation				
	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 t	aken at ~1 se	cond inte	rvals)		
	Sample Flow	Measured at least monthly.					
SD036	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 'Hol and maintenance activities.	ld Outputs' du	ring calib	ration		
Comme	nts:						
	anitary defect corrected?* ease provide documentation of corrected defect.		Date Sanitary corrected:	Defect			
Other so	ource water comments:						

	tment (if applicable)	☐ No issues	Issu	e(s) ic	dentified	□ N	IA**
SD037	Treatment devices operational and maintaine If no, please provide additional comment below				Yes 🗌	No	
Comme	, ,						
Mae this	sanitary defect corrected?*			Data S	anitary Def	oct]
*If yes, ple	ease provide documentation of corrected defect.	Yes No No	NA"" [correct			
SD038	Is there any recent installation or repair of tre If yes, please provide additional comment be	eatment or equi elow:	pment's	,	Yes	No	
Comme	ents:						
							1
	sanitary defect corrected?* ease provide documentation of corrected defect.	Yes No No		Date Sacorrect	anitary Def ed:	ect	
SD039	Were there any recent changes in the treatm If yes, when, what was the change?	ent process?			Yes 🗌	No	
Comme	-						
							_
	sanitary defect corrected?* ease provide documentation of corrected defect.	Yes No No		Date Sacorrect	anitary Def ed:	ect	
	Were there any interruptions of treatment (la	pses in chemic				Na	<u> </u>
	turbidity excursions, disinfection)? If yes which part, when and for how long?				Yes	No	
Comme	ents:						
							1
	sanitary defect corrected?* ease provide documentation of corrected defect.	Yes ☐ No ☐ N	NA** □	Date Sacorrect	anitary Def ed:	ect	
	the free chlorine residual measured immedia application?	tely downstrea	m from	the			mg/L
				<u>, </u>			

SD041 Did a review of the filter turbidity profiles reveal any anomalies? If yes, please provide additional comment below:	Yes 🗌	No 🗌
Comments:		
	4	
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect. Yes □ No □ NA** □ Corrected defect.	anitary Defo	ect
Were there any failures to meet the CT calculations?		
SD042 If yes, please provide additional comment below:	Yes	No 📙
Comments:		
Data 0	'(D - (
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect. Yes □ No □ NA** □ Corrected defect.	anitary Defo ed:	ect
Were the flow rates above the rated capacity?		🗖
SD043 If yes, please provide additional comment below:	Yes	No 📙
Comments:		
Was this sanitary defect corrected?* Vas □ No □ N	anitary Def	ect
*If yes, please provide documentation of corrected defect.	-	ect
Were there any anomalies on the settled water turbidities?	Vac 🗆	No 🗆
If yes, please provide additional comment below:	Yes 📙	No 📙
Comments:		
Was this sanitary defect corrected?* Yes □ No □ NA** □ Date St	anitary Def	ect
*If yes, please provide documentation of corrected defect.	ed:	
SD045 Other comments on the treatment system.	Yes	No 📙
Comments:		
Was this sanitary defect corrected?*	anitary Def	ect
*If yes, please provide documentation of corrected defect.		

9. STORA		issues I Issue(s) i	dentified	NA**
SD046	Are the overflow and vents properly scree provide additional comment below:	ned? If no, please	Yes 🗌	No 🗌
Comment	s:			
Mae this ear	nitary defect corrected?*		Date Sanitary	/ Defect
	se provide documentation of corrected defect.	Yes ☐ No ☐ NA** ☐	corrected:	Delect
SD047	Is the facility secured to prevent unauthorion please provide additional comment below:	•	Yes	No 🗌
Comment	s:			
Was this sar	itary defect corrected?*		Date Sanitary	, Defect
	se provide documentation of corrected defect.	Yes No NA**	corrected:	Delect
SD048	Does the access opening have the proper tightly? If no, please provide additional co		Yes	No 🗌
Comment	s:			
Mae this ear	itary defect corrected?*		Date Sanitary	Defect
	se provide documentation of corrected defect.	Yes ☐ No ☐ NA** ☐	corrected:	Defect
	Could the physical condition of tank be a s			
SD049	contamination? If yes, please provide adobelow:	ditional comment	Yes 📙	No 📙
Comment	s:			
Mae this ear	itary defect corrected?*	<u>_</u>	Date Sanitary	Defect
	se provide documentation of corrected defect.	Yes ☐ No ☐ NA** ☐	corrected:	Delect

SD050	Is the vent properly sized? If no, please p comment below:	rovide additional	Yes 🗌	No 🗌
Comment	S:			
	nitary defect corrected?* se provide documentation of corrected defect.	Yes	Date Sanitary corrected:	Defect
) 55, p.53.	Does the drain/overflow line terminate at a	minimum of 12"		
SD051	above ground level? If no, please provide comment below:	additional	Yes 📙	No 📙
Comment				
	nitary defect corrected?*	Yes □ No □ NA** □	Date Sanitary	Defect
*If yes, pleas	se provide documentation of corrected defect.		corrected:	
SD052	If present, is the pressure tank maintaining minimum pressure? If no, please provide		Yes 🗌	No 🗌
C = === == = = = = = = = = = = = = = =	below:			
Comment	S.			
	nitary defect corrected?* se provide documentation of corrected defect.	Yes No NA**	Date Sanitary corrected:	Defect
SD053	Has proper O&M been performed? If no, additional comment below:	please provide	Yes 🗌	No 🗌
Comment				
Was this sar	nitary defect corrected?*	Yes □No □NA**□	Date Sanitary	Defect
*If yes, pleas	se provide documentation of corrected defect.		corrected:	
SD054	Was there any observed physical deteriorates, please provide additional comment be		Yes	No 🗌
Comment	S:			
	nitary defect corrected?* se provide documentation of corrected defect.	Yes No NA**	Date Sanitary	Defect
II VES. DIERS	se provide adcarrentation of corrected defect.		COLLECTED.	

SD055	Were there any observed leaks? If yes, padditional comment below:	please provide	Yes	No 🗌	
Comment	s:				
	nitary defect corrected?*	Yes ☐ No ☐ NA** ☐	Date Sanitary	Defect	
*If yes, pleas	se provide documentation of corrected defect. Is there any evidence of intentional contan		corrected:		
SD056	storage tank? If yes, please provide addit below:		Yes	No 🗌	
Comment	rs:				
Was this sar	nitary defect corrected?*		Date Sanitary	Defect	
	se provide documentation of corrected defect.	Yes No NA**	corrected:		
SD057	Has there been any facility maintenance (i painting/coating)? If yes, when?	.e.	Yes	No 🗌	
Comment					
NA/ (1 '	'to		D. (. O '(Defect	
	nitary defect corrected?* se provide documentation of corrected defect.	Yes No NA**	Date Sanitary corrected:	Defect	
	Is tank maintenance occurring on a regula			\Box	
SD058	provide detailed information below of the tathet is occurring regularly:	ank maintenance	Yes	No 🗌	
Comment	S:				
Was this sar	nitary defect corrected?*		Date Sanitary	Defect	
*If yes, pleas	se provide documentation of corrected defect.	Yes No NA**	corrected:	2 0.001	
	ank "float" on the distribution system or are lines? Provide additional comments below	•	Floating _	Direct	
and odner	illes: 1 Tovide additional comments below	7 II Tieeded.			
ı					

•	ter system disinfects with chlorine, what is ter exiting the storage tank today? Provide				mg/L
SD059	Are there any unsealed openings in the state as access doors, vents or joints? If yes, padditional comment below:	•	Yes	No 🗆	
Commen	ts:				_
	nitary defect corrected?* se provide documentation of corrected defect.	Yes ☐ No ☐ NA** ☐	Date Sanitar corrected:	ry Defect	
SD060	Other comments on the storage system?		Yes	No 🗌	
Commen					_
	nitary defect corrected?* se provide documentation of corrected defect.	Yes No NA**	Date Sanitar corrected:	ry Defect	

10. DISTE	RIBUTION SYSTEM	■ No issue	s 🔲 i	lssue(s) ide	entified	☐ NA'	**	
	System pressure: Is there evidence	that the syst	tem ex	kperienced	llow			
SD061	or negative pressure?	•				Yes 🗌	No	
	If yes, when? If yes, please also pro	ovide comme	ent be	low:				
Commen	ts:				<u>. </u>			
Was this sai	nitary defect corrected?*				Date Sa	nitary Defec	:t	
	se provide documentation of corrected defe	ect.	∐No		correcte			
	Any identified cross connections?						Ī	
SD062	If yes, please list them below and p	rovide comm	ent:			Yes 📙	No	
Commen		TOTIGO COMMI						
Commicn								
Maa thia aa	nitory, defeat corrected?*				Data Ca	nitory Dofoe		
	nitary defect corrected?* se provide documentation of corrected defe	Yes Yes	□No		correcte	nitary Defec		
ii yes, piea	Pump station: Are there any sanitar		ho nu			u.		
SD063	Are pump(s) operable? Please prov					Yes 🗌	No	
Commen		vide addition	ai con	IIIIGIIIS DE	lOw.		<u> </u>	
Commen	15.							
	nitary defect corrected?* se provide documentation of corrected defe	Yes Yes	□No		Date Sal	nitary Defec	t	
ii yes, piea			oitoo		CONTECTE	u.		
CD0C4	Are the backflow prevention devices	•		•		V □	NI.	
SD064	operational and maintained? If no,	piease provid	de add	allional cor	nment	res	No	Ш
	below:							
Commen	ts:							
	nitary defect corrected?*	Voc				nitary Defec	:t	
*If yes, plea:	se provide documentation of corrected defe	ct.			correcte	d:		

SD065	Have there been any water main repairs or additions?			No 🗌	
	If yes when, and what was the repair or addition?				
Commen	ts:				
		ate Sani	tary Defec	t	
'If yes, plea	se provide documentation of corrected defect.	orrected:			
SD066	Have there been any water main breaks?	Y	′es 🗌	No 🗌	
0.0000000000000000000000000000000000000	If yes, when?				_
Commen	ts:				
			tary Defec	t	
'If yes, plea	se provide documentation of corrected defect.	orrected:			
SD067	Was there any scheduled flushing of the distribution system?	Y	′es 🗌	No 🗌	
Common	If yes, when?				_
Commen	is.				
			tary Defec	t	
'If yes, plea	se provide documentation of corrected defect.	orrected:			
SD068	Is there any evidence of intentional contamination in the distribution system? If yes, please provide additional comment below:	on Y	′es 🗌	No 🗌	
Commen					_
Commen	io.				
			tary Defec	t	
	se provide documentation of corrected defect.	orrected:		No 🗆	
		<u> </u>	′es	No	_
Commen	is.				
			tary Defec	t	
'If yes, plea	se provide documentation of corrected defect.	orrected:			

No issues Issue(s) identified NA** SD070 Has there been heavy rainfall? If yes, please provide comment below: Yes No
Was this 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 No NA** Date Sanitary Defect corrected: Yes Indicate Sanitary Defect corrected: Yes Indicate Sanitary Defect corrected:
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect. *BD071 Has there been any rapid snow melt or flooding? If yes, please provide comment below: Yes No NA** Corrected: Yes No NA** Yes No No NA** Yes No
*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 No
If yes, please provide comment below:
Comments:
Was this sanitary defect corrected?* *If yes, places provide decomposition of corrected defect. Yes \[\sum_{NA**} \sum_{page approximately
*If yes, please provide documentation of corrected defect. Have there been changes in available source water? (e.g., significant drop in water table, well levels, reservoir capacity, etc.) Yes No
Comments:
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect. Yes □ No □ NA** □ Date Sanitary Defect corrected:
Have there been any Interruptions to electrical power? If yes, please provide comment below: Yes No No
Comments: Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect. Yes \[\sum No \[\sum NA** \] Date Sanitary Defect corrected:

SD074 Have there If yes, plea	e been any extremes in heat or col ase provide comment below:	d?	Yes 🗌 No 🗌
Comments:			
Was this sanitary defe *If yes, please provide	ct corrected?* documentation of corrected defect.	Yes ☐ No ☐ NA**	Date Sanitary Defect corrected:
• • •	ear we were required to conduct vere completed. In addition, we we do not these actions.		sessment(s). Level 1 ake corrective actions
	ear we were required to conduct vere completed. In addition, we we do not these actions.		
(e.g., in the case vinstalled), the system NMED-DWB in corsystem may propo	e actions not completed by the tile where parts need to be ordered and the most complete the corrective actions ultation with the water system. To find see a schedule for the corrective action we action is completed.	nay take longer then (s) in compliance acilitate the discussin(s). The system r	an 30 days to be delivered and with a schedule determined by sion during the consultation, the
	or E.Coli Sample Collection Date:	//	
Date PWS Consulted	with NMED-DWB //		d repeat samples collected:
Total # coliform positive	-	Total # E-coli posit	·
# of coliform positive	detections in past 12 months:	# of coliform violat	ions in past 12 months:
	ertify under penalty of law that I am ontained herein is true, accurate an	•	•
Print Name:	1	itle:	
Operator Level	L	icense #	
Signature:		Pate:	
Phone #:	E	mail:	

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:

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