

New Mexico Environment Department Drinking Water Bureau

Coliform Bacteria Level 2 Assessment Form RTCR-2 PWS Name:

City/Town:

Compliance Period (mm/yyyy)

INSTRUCTIONS:

<u>Review and evaluate</u> 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	Α			
1. SAMPLE SITE EVALUATION				
Have an	y of the following occurred at relevant faciliti	es prior to the collecti	ion of TC samples?	
(Check	all that apply)			
SD001	Was the sampling tap in acceptable condition If no, please describe below as well as the will be completed to correct any Sanitary De discovered:	corrective action(s) th	^{at} Yes □ No	o 🗌
Comme	nts:			
	anitary defect corrected?* ase 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 No
Comments:
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect. Yes □No □NA** □ Date Sanitary Defect corrected:
SD003 Have there been any plumbing breaks or failure? SD003 If yes, when? Also, please describe the corrective action(s) that will be completed to correct any Sanitary Defects that were discovered:
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect. Yes No NA**
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:
Was this sanitary defect corrected?* Yes Date Sanitary Defect
*If yes, please provide documentation of corrected defect.

	Were there any low pressure occurrences or significant changes in		
SD005	water pressure? If yes, provide additional comments as well as the corrective action(s) that will be completed to correct any Sanitary	Yes 🗌	No 🗌
	Defects that were discovered:		
Comments	S:		
	tary defect corrected?* Yes No NA** Career Ves No NA** Career Corrected:	ary Defect	
	/ known treatment (water softeners, reverse osmosis, etc.) devices		
	ampling location premise? Yes		
lf yes, plea	se describe below:		
	Could the treatment have contributed to the positive result?		
00000	If ves please describe your reasoning for suspecting this Also		
SD006	please describe the corrective action(s) that will be completed to		
	correct any Sanitary Defects that were discovered:		
Comments			
Maa thia aan		Defect	
	tary defect corrected?* Yes INO NA** Date Sanit	ary Delect	
Does the F	WS have a DWB-Approved RTCR Sampling Plan?		
	ase submit the signed DWB Approval form along with this Yes		> 🗌
completed	assessment		
SD007	Please provide any additional comments regarding the sample site that	•	
30007	contributed to the Total Coliform Positive Sample result. Also, please action(s) that will be completed to correct any Sanitary Defects that wer		
Comments			00.
Was this san	tary defect corrected?* Vea Dia to Date Sanit	ary Defect	
	e provide documentation of corrected defect. Yes No NA** Corrected:		

2. SAMPLING PROTOCOL ON issue	es 🗌 Issue(s) identifie	ed 🗌 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 Yes Ne Acceptableetc.) Provide additional comments below Yes Ne				
Comments: Was this sanitary defect corrected?*	Date Sanitary De	fect		
*If yes, please provide documentation of corrected defect.	NA** Corrected:			
If your water system disinfects with chlorine, what was the most recent date of calibration check for the disinfectant residual analyzer? Provide additional Date: comments below				

3. OPERA	TIONAL ISSUES		ue(s) iden	itified	NA**
00000	Were there any operation and maintenance	e activities that could	have		
SD009	introduced total coliforms?			Yes 📋	No 🗌
Comment	If yes, please provide comment below:				
Commen	IS:				
Was this sa	nitary defect corrected?*		Date Sanita	ary Defect	
	se provide documentation of corrected defect.	Yes No NA**	corrected:	•	
SD010	Have there been any interruptions in the tre	eatment process? If y	/es,	Yes 🗌	No 🗌
	please provide comment below:				
Commen	ts:				
Was this sa	nitary defect corrected?*		Date Sanita	arv Defect	7
	se provide documentation of corrected defect.	Yes No NA**	corrected:	ary Dereot	
	Has the system lost pressure to less than 2	0 psi? If yes, please	provide		
SD011	comment below:		•	Yes 🗌	No 🗌
Commen	ts:				
Was this sa	nitary defect corrected?*		Date Sanita	ary Defect	1
	se provide documentation of corrected defect.	Yes 🗌 No 🗌 NA** 🗌	corrected:	ary Delect	
	Have there been any vandalism and/or una	uthorized access to f	facilities?		
SD012	If yes, please provide comment below:			Yes	No 🗌
Commen	ts:				
	- 1				7
	nitary defect corrected?* se provide documentation of corrected defect.	Yes 🗌 No 🗌 NA** 🗌	Date Sanita corrected:	ary Defect	
	Are there any visible indicators of unsanitar	v conditions observe			
SD013	If yes, please provide comment below:			Yes 🗌	No 🗌
Commen					1
			1		-
	nitary defect corrected?*	Yes 🗌 No 🗌 NA** 🗌	Date Sanita	ary Defect	
	se provide documentation of corrected defect.		corrected:	age 5 of 23	

	Has there been any community illnesses suspected of being		
	waterborne?	Yes 🗍 I	No 🗌
	If yes, please provide comment below:		-
Comment	S:		
Was this sar	hitary defect corrected?*	arv Defect]
	se provide documentation of corrected defect. Yes No NA** Corrected:	, <u>,</u>	
	ater system receive any TCR monitoring violations in the past 12 months?	Yes 🗌	No 🗌
If yes, whe	en?		
What was	the most recent date on which clean total coliform samples were taken?	Date:	
	Have there been a fire fighting event fluching exerction ato 2		
	Have there been a fire fighting event, flushing operation, etc.? If yes, please provide comment below:	Yes 🗌 I	No 🗌
Comment			
Common			
			1
	hitary defect corrected?* Yes No NA** Date Sanita	ary Defect	
*If yes, pleas	se provide documentation of corrected defect.	ary Defect	
*If yes, pleas	Other comments on operations and maintenance that may have caused	ary Defect	No 🗌
*lf yes, pleas SD016	Other comments on operations and maintenance that may have caused the issues? If yes, please provide comment below:		No 🗌
*If yes, pleas	Other comments on operations and maintenance that may have caused the issues? If yes, please provide comment below:		No 🗌
*lf yes, pleas SD016	Other comments on operations and maintenance that may have caused the issues? If yes, please provide comment below:		No 🗌
*lf yes, pleas SD016	Other comments on operations and maintenance that may have caused the issues? If yes, please provide comment below:		No 🗌
*lf yes, pleas SD016	Other comments on operations and maintenance that may have caused the issues? If yes, please provide comment below:		No 🗌
*If yes, pleas SD016 Comment	Other comments on operations and maintenance that may have caused the issues? If yes, please provide comment below:	Yes 🗌	No 🗌

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.)? Yes No SD017 If yes, please provide comment below: Yes No Interview Comments: Was this sanitary defect corrected?* Yes No Interview Was this sanitary defect corrected?* Yes No Interview Pate Sanitary Defect SD018 Have there been any new wells or other sources introduced into the system? If yes, please provide comment below: Yes No Interview Comments: Was this sanitary defect corrected?* Yes No Interview No Interview Was this sanitary defect corrected?* Yes No No Interview No Interview Comments: Was this sanitary defect corrected?* Yes No No Interview No Interview SD019 Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, etc.)? Yes No Interview No Interview Yes No Int					
SD017 system (e.g., emergency wells, other old sources, etc.)? Yes No If yes, please provide comment below: Comments: Was this sanitary defect corrected?* Yes No Date Sanitary Defect corrected: Was this sanitary defect corrected?* Yes No No Corrected: SD018 Have there been any new wells or other sources introduced into the system? Yes No No Comments: Comments: Yes No Ves No No SD018 Have there been any new wells or other sources introduced into the system? If yes, please provide comment below: Yes No No Comments: Ves No No Corrected: No Corrected: Was this sanitary defect corrected?* Yes No No Corrected: No Corrected: Was this sanitary defect corrected?* Yes No No Corrected: No Corrected: Was this sanitary defect corrected?* Yes No No Corrected: Corrected: No Corrected: Corrected: Corrected: Corrected: Corrected: Corrected:	4. TREA	TMENT OR OPERATIONAL CHANGES	🗌 No issues 🔄 🛛	ssue(s) identified	I 🗌 NA**
If yes, please provide comment below: If yes, please provide comment below: Comments: Was this sanitary defect corrected?* Yes \overline No \overline NA** \overline 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 \overline No \overline Xes Comments: Was this sanitary defect corrected?* Yes \overline No \overline NA** Date Sanitary Defect corrected: Was this sanitary defect corrected?* Yes \overline No \overline NA** Date Sanitary Defect corrected: Was this sanitary defect corrected?* Yes \overline No \overline NA** Date Sanitary Defect corrected: Was this sanitary defect corrected?* Yes \overline No \overline NA** Date Sanitary Defect corrected: Was this sanitary defect corrected?* Yes \overline No \overline NA** Date Sanitary Defect corrected: Was this sanitary defect corrected?* Yes \overline No \overline NA** Date Sanitary Defect corrected: Was this sanitary defect corrected?* Yes \overline No \overline NA** Date Sanitary Defect corrected: Was this sanitary defect corrected?* Yes \overline No \overline NA** Date Sanitary Defect corrected: Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, e		Have any inactive sources recently been in	troduced into the		
Was this sanitary defect corrected?* Yes No Date Sanitary Defect corrected: *If yes, please provide documentation of corrected defect. Yes No No SD018 Have there been any new wells or other sources introduced into the system? Yes No No Comments: Yes No No Is No Is Was this sanitary defect corrected?* Yes No No Is No Is Was this sanitary defect corrected?* Yes No Na** Date Sanitary Defect corrected: Was this sanitary defect corrected?* Yes No NA** Date Sanitary Defect corrected: Support Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, etc.)? Yes No No If yes, please provide comment below: Yes No No Is	SD017	system (e.g., emergency wells, other old so	ources, etc.)?	Yes 🗌 No	> 🗌
Was this sanitary defect corrected?* Yes No Date Sanitary Defect corrected: SD018 Have there been any new wells or other sources introduced into the system? Yes No Comments: Yes No No No		If yes, please provide comment below:			
If yes, please provide documentation of corrected defect. Tes INO INA I corrected: corrected: SD018 Have there been any new wells or other sources introduced into the system? If yes, please provide comment below: Yes I No I Comments: Ves please provide documentation of corrected defect. Yes I No I Was this sanitary defect corrected? Yes No No NA** I Date Sanitary Defect corrected: *If yes, please provide documentation of corrected defect. Yes No NA** I Date Sanitary Defect corrected: SD019 Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, etc.)? Yes I No I No I If yes, please provide comment below: Yes please provide comment below: Yes I No I No I	Comme	nts:			
If yes, please provide documentation of corrected defect. Tes INO INA I corrected: corrected: SD018 Have there been any new wells or other sources introduced into the system? If yes, please provide comment below: Yes I No I Comments: Ves please provide documentation of corrected defect. Yes I No I Was this sanitary defect corrected? Yes No No NA** I Date Sanitary Defect corrected: *If yes, please provide documentation of corrected defect. Yes No NA** I Date Sanitary Defect corrected: SD019 Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, etc.)? Yes I No I No I If yes, please provide comment below: Yes please provide comment below: Yes I No I No I					
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SD018 Have there been any new wells or other sources introduced into the system? If yes, please provide comment below: Yes No Comments: Comments: Ves No Date Sanitary Defect corrected?* Was this sanitary defect corrected?* Yes No Na** Date 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.)? Yes No No If yes, please provide comment below: Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, etc.)? Yes No No			Yes 🗌 No 🗌 NA** 🗌		ect
SD018 the system? If yes, please provide comment below: Yes NO Comments: Comments: Ves No NA** Date Sanitary Defect corrected?* Was this sanitary defect corrected?* Yes No NA** Date Sanitary Defect corrected: Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, etc.)? Yes No Yes Yes Is there provide comment below: If yes, please provide comment below: Yes Yes No	ii yes, pied		urees introduced into		
Was this sanitary defect corrected?* Yes _ No _ NA** _ Date Sanitary Defect "If yes, please provide documentation of corrected defect. Yes _ No _ NA** _ Corrected: SD019 Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, etc.)? Yes _ No _ Yes _ No _ If yes, please provide comment below: Yes _ No _ Yes _ No _	SD018	•		Yes 🗌 🛛 🛛	> 🗌
Was this sanitary defect corrected?* Yes \overline No \overline NA** \overline Date Sanitary Defect corrected: *If yes, please provide documentation of corrected defect. Yes \overline No \overline NA** \overline Corrected: SD019 Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, etc.)? Yes \overline No \overline No If yes, please provide comment below: Yes please provide comment below: Yes \overline No	Comme				
*If yes, please provide documentation of corrected defect. Yes INO INATE 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 No I	Comme	113.			
*If yes, please provide documentation of corrected defect. Yes INO INATE 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 No I					
*If yes, please provide documentation of corrected defect. Yes INO INATE 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 No I					
*If yes, please provide documentation of corrected defect. Yes INO INATE 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 No I					
*If yes, please provide documentation of corrected defect. Yes INO INATE 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 No I					
SD019 Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, etc.)? Yes No If yes, please provide comment below: No Item (main breaks) No	Was this sa	anitary defect corrected?*		Date Sanitary Defe	ect
SD019 (main breaks, low pressure, high turbidity, loss of disinfection, etc.)? Yes No If yes, please provide comment below: No If yes, please provide comment below:	*If yes, plea	ase provide documentation of corrected defect.		corrected:	
SD019 etc.)? res no If yes, please provide comment below: If yes, please provide comment below: If yes, please provide comment below:		, , , , , , , , , , , , , , , , , , ,			
If yes, please provide comment below:	SD019		loss of disinfection,		
	02010	/			
Comments:					
	Commei	nts:			
Was this sanitary defect corrected?*	Was this s	anitary defect corrected?*		Date Sanitary Def	act
*If yes, please provide documentation of corrected defect.			Yes 🗌 No 🗌 NA** 🗌		

5. Source – Well* Well Name:	No issues	Issue(s) identifie	ed 🗌 NA**
*If your water system has multiple wells, please sp			
If assessments are required at multiple wells, plea	ase fill out Section	on 5 checklist for e	ach well that is
being assessed.			
SD020 Is the sanitary seal intact? If no, please pr	ovide additional	comment below:	Yes No
Comments:			
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect.	Yes 🗌 No 🗌]NA** Date Sanita	ary Defect
SD021 Is the vent screened? If no, please provide	e additional com		
Comments:			
Comments.			
Was this sanitary defect corrected?*]NA** Date Sanita	ary Defect
*If yes, please provide documentation of corrected defect.			
SD022 Are there any unprotected cross connection provide additional comment below:	ns at the wellhe	ad? If yes, please	
Comments:			
Was this sanitary defect corrected?*			ary Defect
*If yes, please provide documentation of corrected defect.	Yes 🗌 No 🗌	NA** Corrected:	
How is the well used? Please provide additional	comment Drive		- Emergency
below:	Prim	ary 🗌 Backup [
		·	
How many inches does the casing extend above g			Inches
SD023 Is the well cap vented? If no, please provi	de additional co	mment below:	Yes 🗌 No 🗌
Comments:			
Was this sanitary defect corrected?*		Date Sanita	ary Defect
*If yes, please provide documentation of corrected defect.	Yes 🗌 No 🗌]NA** Date Same corrected:	

SD024 Is there evidence of standing water near the wellhead? If yes, please provide additional comment below:	Yes 🗌	No 🗌
Comments:		
Was this sanitary defect corrected?* Yes No NA** Date Sanitary	/ Defect	
After beavy rain events, there is standing water near the well for a day or		
two? If yes, please provide additional comment below:	Yes 📋	No 🗌
		7
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect. Yes □ No □ NA** □ Date Sanitary corrected:	/ Defect	
SD026 Is the wellhead secured to prevent unauthorized access? If no, please provide additional comment below:	Yes 🗌	No 🗌
Comments:	I	
Was this sanitary defect corrected?* Yes No NA** Date Sanitary	/ Defect]
Have there been any sewer spills, source water spills or other disturbances?		
SD027 If yes, please provide additional comment below:	Yes 📋	No 🗌
Comments.		
		_
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect. Yes □ No □ NA** □ Date Sanitary 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 🗌	No 🗌
Comments:	I	
Was this sanitary defect corrected?* Yes No NA** Date Sanitary corrected:	/ Defect	

SD029 Other comments on the well system. (Are there aspects of well construction and observed positives?)	operation that would bear on	Yes 🗌 No 🗌
Comments:		
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect.	Yes INo NA** Date S	Sanitary Defect ted:

6. Source – Spring* Spring Name:	No issues	sue(s) identifi	ed 🗌 NA**
*If your water system has multiple springs, please s If assessments are required at multiple springs, ple is being assessed.			
SD030 Was the condition of the spring development of the spring development be		Yes 🗌	No 🗌
Comments:		•	
Was this sanitary defect corrected?*	Yes 🗌 No 🗌 NA** 🔲 🕻	Date Sanitary [Defect
*If yes, please provide documentation of corrected defect.	C	orrected:	
What is the condition of the spring box? Please pro	ovide comment below:		
Is the spring secured to prevent unauthoriz	od accoss? If no		
SD031 please provide comment below:		Yes 🗌	No 🗌
Comments:			
Was this sanitary defect corrected?*		Date Sanitary [Defect
*If yes, please provide documentation of corrected defect. SD032 Please provide other comments on the spri	C	orrected:	
Comments:	ing system below.		
Was this sanitary defect corrected?*	Ir	Date Sanitary [Defect
*If yes, please provide documentation of corrected defect.		orrected:	

7. Source – Surface Source*	Source Name:	🗌 No issues 🔲 Issue(s) identified DA**			
	em has multiple surface sources	s, please specify which source	you are assessing			
above. If assessments are required at multiple surface sources, please fill out Section 7 checklist for each						
source that is bein						
	re been any sewer spills, source	water spills or other				
	SD033 disturbances? Yes No Yes No Yes					
Comments:	ease provide comment below.					
Was this sanitary defe			anitary Defect			
Have the	documentation of corrected defect. re been any Algal blooms?		ed:			
	ease provide comment below:		Yes 🗌 No 🗌			
Comments:	· · · ·					
Was this sanitary defe	ct corrected?* documentation of corrected defect.	Yes No NA**	anitary Defect			
Has sour	ce water turnover occurred?	conect				
	ease provide comment below:		Yes 📙 No 📙			
Comments:						
Was this sanitary defe	ct corrected?*		anitary Defect			
	documentation of corrected defect.	Yes No NA**				

	Did the operator follow the turbidimeter setting recommendations listed						
	If no, please describe in the comment set	ction below:					
	Turbidimeter Setting or Activity	Recomme	endation				
	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)					
SD036	Sample Flow	Measured at least monthly.					
	Sample Flow Rate	operation.	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 \pm 0.05 NTU.					
	Written SOPs for turbidimeter settings	Required					
	Instrument specific maintenance log	Required					
	Calibration	At least quarterly. Set to 'Hold (and maintenance activities.	Outputs' du	ring calibration			
Comme	Comments:						
	sanitary defect corrected?* ease provide documentation of corrected defect.		te Sanitary rrected:	Defect			
Other so	ource water comments:						

8. Treatment (if applicable)	No issues] Issue(s) i	dentified	□ NA**
SD037 Treatment devices operational and maintaine If no, please provide additional comment bel			Yes 🗌	No 🗌
Comments:	-			
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect.	Yes No NA	** □ Date S correc	Sanitary Def	ect
SD038 Is there any recent installation or repair of tre	eatment or equip	ment?	Yes 🗌	No 🗌
Comments:				
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect.	Yes 🗌 No 🗌 NA	∿** □ Date S correc	Sanitary Defe	ect
SD039 Were there any recent changes in the treatm If yes, when, what was the change?	ent process?		Yes 🗌	No 🗌
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect.	Yes 🗌 No 🗌 NA	correc	anitary Defetted:	ect
SD040 Were there any interruptions of treatment (la turbidity excursions, disinfection)? If yes which part, when and for how long?	pses in chemica	l feed,	Yes 🗌	No 🗌
Comments:				
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect.	Yes 🗌 No 🗌 NA	** □ Date S correc	Sanitary Defe ted:	ect
What is the free chlorine residual measured immedia point of application?	tely downstream	from the		mg/L

SD041 Did a review of the filter turbidity profiles reveal any anomalies? If yes, please provide additional comment below:	Yes 🗌	No 🗌
Comments:		
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect. Yes □ No □ NA** □ Date S	Sanitary Def ted:	ect
SD042 Were there any failures to meet the CT calculations?	Yes 🗌	No 🗌
Comments:		
Was this sanitary defect corrected?*	Sanitary Def	ect
*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 🗌	No 🗌
Comments:		
Was this sanitary defect corrected?* Yes No NA** Date S *If yes, please provide documentation of corrected defect.	Sanitary Def ted:	ect
SD044 Were there any anomalies on the settled water turbidities? If yes, please provide additional comment below:	Yes 🗌	No 🗌
Comments:	1	I
Was this sanitary defect corrected?*	Sanitary Def	ect
*If yes, please provide documentation of corrected defect.		
SD045 Other comments on the treatment system.	Yes	No 🗌
Comments:		
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect. Yes □ No □ NA** □ Date S	Sanitary Def ted:	ect

9. STOR	AGE FACILITIES	No issues	Issue(s) i	dentified	NA**
SD046	Are the overflow and vents proper provide additional comment below		lf no, please	Yes 🗌	No 🗌
Commen					
Was this sa	nitary defect corrected?*	У Г		Date Sanitary	/ Defect
	se provide documentation of corrected def	ect. Yes]No	corrected:	
00047	Is the facility secured to prevent un	nauthorized acc	cess? If no,		
SD047	please provide additional commen		,	Yes 🗌	No 🗌
Commen					
Mas this sa	nitary defect corrected?*			Date Sanitary	Defect
	se provide documentation of corrected def	ect Yes] No 🗌 NA** 🗌	corrected:	Delect
	Does the access opening have the		t and seal		
SD048	tightly? If no, please provide add			Yes 🗌	No 🗌
Commen					
Commen					
					Defect
	nitary defect corrected?* se provide documentation of corrected def	Yes [] No 🗌 NA** 🗌	Date Sanitary corrected:	/ Defect
ii yes, piea					
00040	Could the physical condition of tar				
SD049	contamination? If yes, please pro	wide additional	comment	Yes 📋	No 🗌
	below:				
Commen	IS:				
				1	
	nitary defect corrected?*	Voc []No 🗌 NA** [Date Sanitary	/ Defect
*If yes, pleas	se provide documentation of corrected def	ect.		corrected:	

SD050	Is the vent properly sized? If no, please provide additional comment below:	Yes 🗌	No 🗌
Comment	S:		
	nitary defect corrected?* Yes INO NA** Se provide documentation of corrected defect.	Date Sanitary corrected:	Defect
	Does the drain/overflow line terminate at a minimum of 12"		
SD051	above ground level? If no, please provide additional comment below:	Yes 📋	No 🛄
Comment	is:		
	hitary defect corrected?* Yes No NA**	Date Sanitary corrected:	Defect
	If present, is the pressure tank maintaining an appropriate		
SD052	minimum pressure? If no, please provide additional comment below:	Yes 🗌	No 🗌
Comment			
	hitary defect corrected?* Yes No NA**	Date Sanitary	Defect
	Has proper O&M been performed? If no, please provide		
SD053	additional comment below:	Yes 🗌	No 🔄
Comment	S:		
	nitary defect corrected?* Yes INO NA** Se provide documentation of corrected defect.	Date Sanitary corrected:	' Defect
SD054	Was there any observed physical deterioration of the tank? If	Yes 🗌	No 🗌
Comment	ves, please provide additional comment below:		
Was this sar	hitary defect corrected?*	Date Sanitary	Defect
	se provide documentation of corrected defect. Yes No NA**	corrected:	

SD055	Were there any observed leaks? If yes, please provide additional comment below:	Yes 🗌	No 🗌
Comment	is:		
	hitary defect corrected?* Yes No NA**	Date Sanitary corrected:	/ Defect
SD056	Is there any evidence of intentional contamination at the storage tank? If yes, please provide additional comment below:	Yes 🗌	No 🗌
Comment	is:		
	nitary defect corrected?* Yes No NA**	Date Sanitary	/ Defect
	Has there been any facility maintenance (i.e.	corrected:	
SD057	painting/coating)? If yes, when?	Yes 📋	No 🔄
Comment	'S:		
	hitary defect corrected?* Yes No NA**	Date Sanitary	' Defect
nit yes, pleas	se provide documentation of corrected defect.	corrected:	
SD058	provide detailed information below of the tank maintenance	Yes 🗌	No 🗌
Comment	that is occurring regularly:		
Comment			
	nitary defect corrected?* Yes ☐ No ☐ NA** ☐ Yes ☐ No ☐ NA** ☐	Date Sanitary corrected:	' Defect
	ank "float" on the distribution system or are there separate inlet	Floating	Direct
and outlet	lines? Provide additional comments below if needed:		

	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:						
			1				
SD059	Are there any unsealed openings in the st as access doors, vents or joints? If yes, p additional comment below:		Yes 🗌	No 🗌			
Comment	is:						
	· · · · · · · · · · · · · · · · · · ·			.	7		
	nitary defect corrected?* se provide documentation of corrected defect.	Yes 🗌 No 🗌 NA** 🗌	Date Sanita	ary Defect			
SD060	Other comments on the storage system?		Yes 🗌	No 🗌			
Comment	is:						
					-		
	nitary defect corrected?* se provide documentation of corrected defect.	Yes 🗌 No 🗌 NA** 🗌	Date Sanita	ary Defect			

10. DIST	RIBUTION SYSTEM	🗌 No is	ssues] Issue(s) ide	entified	NA*	*
	System pressure: Is there evidence						
SD061	or negative pressure?			•		Yes 🗌	No 🗌
	If yes, when? If yes, please also pl	rovide co	mment l	below:			
Commer							
Was this sa	nitary defect corrected?*				Date Sa	nitary Defec	t
	se provide documentation of corrected defe	ect.			correcte		
SD062	Any identified cross connections?						
30002	If yes, please list them below and p	orovide c	omment			Yes 🗌	No 🗌
Commer	ts:						
Was this sa	nitary defect corrected?*			o 🗌 NA** 🗌	Date Sa	nitary Defec	t
*lf yes, plea	se provide documentation of corrected def	fect.			correcte	d:	
SD063	Pump station: Are there any sanita					Yes 🗌	No 🗌
50005	Are pump(s) operable? Please pro	ovide add	litional c	omments bel	ow:		
Commer	ts:						
	nitary defect corrected?*		Yes □N			nitary Defec	t
ff yes, plea	se provide documentation of corrected def	lect.			correcte	d:	
	Are the backflow prevention device						—
SD064	operational and maintained? If no,	, please p	provide a	idditional con	nment	Yes 🗌	No 🔄
	below:						
Commer	ts:						
	nitary defect corrected?* se provide documentation of corrected defe	ect.	Yes 🗌 N		Date Sai	nitary Defec d:	t

	Have there been any water main repairs or		Yes 🗌	No 🗌
02000	If yes when, and what was the repair or ado	dition?		
Comment	ts:			
	nitary defect corrected?*		anitary Defec	t
*lf yes, plea	se provide documentation of corrected defect.		ed:	
SD066	Have there been any water main breaks?		Yes 🗌	No 🗌
30000	If yes, when?			
Commen	ts:			
Was this sa	nitary defect corrected?*		anitary Defec	:t
	se provide documentation of corrected defect.	Yes No NA**		
00007	Was there any scheduled flushing of the dis	stribution system?		
SD067	If yes, when?	,	Yes 🔄	No 🗌
Commen				
	nitem defect es meste dOt			
vvas this sai	nitary defect corrected?* se provide documentation of corrected defect.	Yes No NA** Date Sa	anitary Defec	rt 🛛
	-		ju.	
	Is there any evidence of intentional contam		Yes	No 🗌
	system? If yes, please provide additional	comment below:		
Commen	ts:			
	nitary defect corrected?*		anitary Defec	rt 🛛
	se provide documentation of corrected defect.	conecte	ed:	
SD069	Other comments on the distribution informa	ation?	Yes	No 🗌
Commen	ts:			
Was this sa	nitary defect corrected?*		anitary Defec	•†
	se provide documentation of corrected defect.	Yes No NA**		

11. Environmental Effects	No issues I Issue(s) ident	tified
SD070 Has there been heavy rainfall? If yes, ple	ase provide comment below:	Yes 🗌 No 🗌
Comments:		
Was this sanitary defect corrected?*	Yes No NA** Date S	anitary Defect
*If yes, please provide documentation of corrected defect.		ed:
SD071 Has there been any rapid snow melt or flo If yes, please provide comment below:	ooding?	Yes 🗌 No 🗌
Comments:		
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect.	Yes □No □NA** □ Date S correct	anitary Defect ed:
SD072 Have there been changes in available source (e.g., significant drop in water table, well lif yes, please provide comment below:		Yes 🗌 No 🗌
Comments:		
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect.	Yes INO NA** C Date S	anitary Defect
SD073 Have there been any Interruptions to election of the section of the secti		Yes 🗌 No 🗌
Comments: Was this sanitary defect corrected?*		anitary Defect
*If yes, please provide documentation of corrected defect.	correct	ea:

SD074 Have there been any extremes in heat or contract of the second s	ld?	Yes 🗌 No 🗌
Comments:		i
Was this sanitary defect corrected?* *If yes, please provide documentation of corrected defect.		ate Sanitary Defect prrected:
During the past year we were required to conduct <u>assessment(s)</u> were completed. In addition, we and we completed of these actions.	Level 1 assessm were required to take	nent(s). <u>Level 1</u> corrective actions
During the past year we were required to conduct <u>assessment(s)</u> were completed. In addition, we and we completed of these actions.		nent(s). <u>Level 2</u> corrective actions
**For corrective actions not completed by the (e.g., in the case where parts need to be ordered an installed), the system must complete the corrective ac NMED-DWB in consultation with the water system. To system may propose a schedule for the corrective ac scheduled corrective action is completed.	may take longer than 30 on(s) in compliance with facilitate the discussion d	days to be delivered and a schedule determined by uring the consultation, the
Initial Total Coliform or E.Coli Sample Collection Date:	Date Laboratory Notified	d PWS of Positive Result(s):
Date PWS Consulted with NMED-DWB / /	Total # routine and repe	-
Total # coliform positive samples: # of coliform positive detections in past 12 months:	Total # E-coli positive sar # of coliform violations in	
Certification: I certify under penalty of law that I a the information contained herein is true, accurate a belief.	•	
Print Name:	Title:	
Operator Level	License #	
Signature:	Date:	
Phone #:	Email:	

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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