ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER

300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601

Mailing Address: Drinking Water Branch
ATTN: RTCR Rule Manager
300 Sower Blvd. 3rd Floor
Frankfort, KY 40601

RTCR Level 1 Assessment

Please fill out this document based on data and documents available to the PWS operator in charge, maintained on file, and submitted to the Primacy agency within 30 days of the trigger date.
To submit, you may mail the document or submit the document as an attachment to **EEC eForm 169**, ***Drinking Water Information and Data Submittal.***
If you have any questions, please email us at *DrinkingWaterCompliance@ky.gov.*

You are not required to use this form; it is provided for your convenience.
Systems may submit other forms prepared by other entities or a letter, as long as the required information is included.

PWSID: _____
Name: _____
Address: _____
City/State/Zip: _____
County: _____

System Population Served: _____
Source: _____
System Type:

Sample Collection and Handling

Was the sample collected using proper protocol? ☐ Yes ☐ No
(i.e., flush tap, remove aerator, no swivel, fresh sample bottles, sample storage acceptable)

Who collected the samples? ☐ Lab ☐ PWS

Did sample collection and handling factors contribute to contamination? ☐ Yes ☐ No

Were there visible indicators of unsanitary conditions? ☐ Yes ☐ No

Other/Explain: _____

Corrective Actions *(list date completed)* _____

Treatment Change/Problems

Have any of the following occurred at relevant facilities prior to collection of TC samples? *(check all that apply)* ☐ Yes ☐ No

- ☐ Problem with clearwell operation
- ☐ Abnormal influent turbidity
- ☐ Treatment process interruptions
- ☐ Disinfectant added/changed
- ☐ Operation & maintenance problems
- ☐ Increased filter effluent turbidity
- ☐ Coagulation/sedimentation problems
- ☐ Abnormal flow rates/short circuiting
- ☐ Sludge blanket/carryover
- ☐ Other/explain: _____
- ☐ Filters operated beyond capacity
- ☐ Excessive filter run-time
- ☐ Security/vandalism issues
- ☐ Chemical feed problems

Corrective Actions *(list date completed)* _____

Source Quality

Did source water quality factors contribute to contamination? *(check all that apply)* ☐ Yes ☐ No

- ☐ Point or non-point source contamination
- ☐ New source placed on-line
- ☐ Stream flow rates/reservoir level higher than normal
- ☐ Inadequate well construction
- ☐ Security/vandalism issues
- ☐ Cross connection
- ☐ Stream flow rates/reservoir level lower than normal
- ☐ Heavy rainfall or snowmelt
- ☐ Lake or reservoir turnover
- ☐ Long term drought
- ☐ Other/explain: _____

Corrective Actions *(list date completed)* _____

Distribution System

Did distribution system factors contribute to contamination? *(check all that apply)* ☐ Yes ☐ No

- ☐ Flushing (routine or compliant)
- ☐ Disinfectant residual lower than normal
- ☐ Location/type/condition of tap
- ☐ Cross connection
- ☐ Fire hydrant issues
- ☐ Fires or hydraulic disturbance
- ☐ Pressure loss (<20 psi)
- ☐ Softeners/POE/POU devices
- ☐ Operation & maintenance problems
- ☐ Other/explain: _____
- ☐ Valves/air relief valves in vicinity
- ☐ Breaks or line replacements
- ☐ Security/vandalism issues
- ☐ Pump/booster station malfunction

Corrective Actions *(list date completed)* _____

Storage Tank Operations

Did water storage operations/factors contribute to contamination? *(check all that apply)* ☐ Yes ☐ No

- ☐ Tank removed from service
- ☐ Tank cleaned/maintenance
- ☐ Excessive tank draw-down
- ☐ Screens/vents inadequate or damaged
- ☐ Security/vandalism issues
- ☐ Pressure tank malfunction
- ☐ Condition of storage tank
- ☐ Inadequate water level fluctuations
- ☐ Disinfectant residual low in tank
- ☐ Other/Explain: _____

Corrective Actions *(list date completed)* _____

Additional Comments

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.

Completed by: _____ **Certification #:** _____

Signature: _____ **Date:** _____

Reserved for State Use

Assessment has been successfully completed? ☐ Yes ☐ No

Likely reason for total coliform-positive occurrence is established: _____

System has corrected the problem? ☐ Yes ☐ No

Was a reset requested and/or granted? ☐ Yes ☐ No

Rationale: _____

Name of State Reviewer: _____