



South Dakota Drinking Water Program Revised Total Coliform Rule (RTCR) Level 2 Assessment Form

What is the purpose of this form?

The attached Revised Total Coliform Rule (RTCR) Level 2 Assessment form was designed for use by public water system (PWSs) and any Level 2 assessors to fulfill the requirements to perform an assessment.

Where do the PWSs submit the assessment form?

The completed form should be submitted to SD Drinking Water Program (DWP)-DENR, 523 E Capital, Pierre SD 57501. Faxed to 605-773-5286. It can also be scanned/ emailed.

How to complete the form?

The assessment form is designed as an electronically fillable form. Just click in the open fields and type in text or click in the appropriate [yes/no] field.

How do PWSs document the completion of the assessment?

The PWS must use this form to document completion of the Level 2 Assessment. The PWS must submit the completed form to the DWP within 30 days after they have learned that they have exceeded an RTCR treatment technique trigger. DWP makes the final determination on the adequacy and completeness of the assessment. DWP will review the assessment form and if it determines that the assessment is insufficient, it will consult with the system on follow-up efforts that may be required. PWSs should be familiar with the form and required submittals so that they are prepared for an assessment in advance, should one be required. For example, PWSs may wish to create a standard operating procedure (SOP) for what to do when coliform results trigger an assessment.

Why do systems need to conduct a Level 2 Assessment?

- The purpose of performing an assessment is to enhance public health protection by identifying the presence of **sanitary defects** and correcting all such defects identified. Performing assessments will also help identify if there are deficiencies or problems in the sampling practices.
- **Sanitary defects** are defined as "defects that could provide a pathway of entry for microbial contamination into the distribution system or that are indicative of a failure or imminent failure in a barrier that is already in place". Identifying and correcting sanitary defects early will provide some assurance that issues have been addressed that may compromise public health. The Level 2 Assessment should be conducted thoroughly enough to capture the possibility that there may be multiple sanitary defects. In some cases, a sanitary defect may not be found despite conducting a thorough assessment. Ideally, a well-performed Level 2 Assessment will prevent most systems from developing conditions that lead to fecal contamination.

When is a Level 2 Assessment required?

A Level 2 Assessment is triggered if RTCR sampling results in any one of the following scenarios:

1. An *E. coli* maximum contaminant level (MCL) violation; or
2. Triggering of a second Level 1 Assessment within a rolling 12-month period, unless the primacy agency has determined a likely cause for the situation that resulted in the initial Level 1 treatment technique trigger and establishes that the system has fully corrected the problem.

Who is responsible for conducting a Level 2 Assessment?

A Level 2 Assessment must be conducted by a party approved by the DWP due to the higher level of complexity. The party conducting the assessment could be the DWP itself or a third party approved by DWP. The PWS is ultimately responsible to make sure that the assessment is completed.

PWS ID#:	PWS Name:			
System Type:	CWS <input type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/>	SEASONAL: YES <input type="checkbox"/> NO <input type="checkbox"/>	Source: Ground Water <input type="checkbox"/> Surface Water <input type="checkbox"/>	
Population served:				
Primary Operator:	Phone:	PWS Address:		
		City/Town:		
Person who collected TC samples if different than Primary Operator:				Phone:
State Personnel Consulted For Assessment:				Phone:
Compliance Period (mm/yyyy):		Assessment Trigger Date (mm/dd/yyyy):		
Date Assessment Completed (mm/dd/yyyy):		Laboratory Notification Date (mm/dd/yyyy):		

Assessment Elements		Reviewed?			Issues?		Issue Description	Corrective Action Taken and Date
		Y	N	N/A	Y	N		
1.	Review of the Locations Where the Positive RTCR Samples Were Collected						Indicate Element number being described.	
1.1	Were the samples taken at routine/ repeat locations on RTCR site plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.2	Were these samples routine and/or repeat samples?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3	Sample locations-Were these samples taken from a kitchen, bath or outside faucet? Describe precautions taken at the outside spigot or other sample locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4	Were the samples taken from a threaded or smooth tap? Was a swivel or autosensing tap used? Was a hot water tap used? Other types of taps? Bacteria can grow in the area the tap swivels, threads, on the aerator, or in hot water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.5	Were the tap areas unsanitary at the time of sampling? Unsanitary areas can have high concentrations of bacteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.6	Did the taps have a POU device on them, or does the house use POE device? If these filters are not changed regularly, it can lead to higher levels of bacteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.7	Have the locations undergone any plumbing replacements or repairs? Repairs can disturb the biofilm and lead to high levels of bacteria being released.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Assessment Elements		Reviewed?			Issues?		Issue Description	Corrective Action Taken and Date
		Y	N	N/A	Y	N		
1.8	Does the underground sprinkler system have an atmospheric vacuum breaker? Without this device, bacteria can migrate from the piping in the yard into the home plumbing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.9	Is the atmospheric vacuum breaker at least two feet higher than the highest sprinkler head? These devices do not protect against back pressure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.10	Are there any cross connections from an outside spigot, hose in bucket of water/pond/animal trough, or from an inside tap, a hose in a sink, or other locations in the house? Cross connections allow non-potable water into a potable water system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.11	Is this location near a storage tank or dead end? Biofilm can accumulate in dead ends and lead to higher levels of bacteria. Flow out of a storage tank at low levels can stir up bacteria laden sediments on the bottom of the tank.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Review of How the Samples Were Collected							
2.1	Is the sampler from the PWS-the regular sampler or a replacement sampler? A sampler who is not trained is more likely to contaminate the sample.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.2	Were proper sample bottles used? Improper bottles have not been sterilized by the lab and can contain bacteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3	If it is a seasonal system, were there any problems during the most recent start-up procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4	Was the aerator removed? The aerator can trap bacteria and can lead to higher levels of bacteria that are not from the distribution system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.5	Was the gasket removed? Bacteria can accumulate in and around the gasket and can lead to higher levels of bacteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.6	Was the water flushed for five minutes? Flushing is necessary to test the water from the mains where compliance is based.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.7	Was the cap laid face down? The cap needs to be laid face up to avoid picking up bacteria from the surface upon which it was laid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.8	Was there other sampler error? Describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Assessment Elements		Reviewed?			Issues?		Issue Description	Corrective Action Taken and Date
		Y	N	N/A	Y	N		
2.9	Was tap disinfected? Describe what method was used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.10	Was the sample mailed immediately upon being taken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.11	Describe any other type of error reported by the lab. For example-received above the proper temperature, leaking bottle, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Review of the Distribution System							
3.1	Have mains been replaced/repared or service lines added? These practices can disturb the biofilm and release bacteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.2	Have fire hydrants or blow offs been flushed? Higher volumes/velocities of flow can scour the biofilm and release large numbers of bacteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3	Have valves been exercised, opened, or closed to direct flow differently? Different flow patterns can disturb the biofilm releasing bacteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4	Leaks? Distribution leakage rates are about 10%, any pressure differentials or intermittent low pressures will bring non-potable water back into the distribution system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.5	Are all of the backflow prevention devices operational and maintained? Devices need to be tested annually. Devices not properly maintained can introduce non-potable water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.6	Was there a total loss of pressure, low pressure (<20 psi), or changes in water pressure? If yes, please describe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.7	Low disinfectant levels? Areas in the distributions system can have low or no disinfectant for many reasons including cross connections, nitrifying bacteria, dead ends, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.8	Was a hydrant sheared off or damaged during an accident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.9	Was there an illegal use of hydrants? Construction or other companies may have access to tools that can open hydrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Assessment Elements		Reviewed?			Issues?		Issue Description	Corrective Action Taken and Date
		Y	N	N/A	Y	N		
6.	Review of Sources							
6.1	Is the sanitary seal intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.2	Is the well cap defective, damaged, or not water tight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.3	Does the vent have a #24 mesh screen? Is the vent screen damaged or not installed properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.4	Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground? Has there been flooding above this air gap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.5	How is the well used? (check if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	Primary <input type="checkbox"/>	Backup <input type="checkbox"/>	Emergency <input type="checkbox"/>	Not a PWS <input type="checkbox"/>	Not Drinking Water <input type="checkbox"/>
6.6	Are there any unprotected cross connections at the wellhead? Are there any unprotected openings in the pump or pump assembly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.7	Is the pitless adapter damaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.8	Is there a missing or damaged grout seal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.9	Has there been any recent work performed on the pump?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.10	Is the wellhead secured to prevent unauthorized access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.11	Does the ground slope away from the well? Is there evidence of standing water near the wellhead?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.12	Is the casing at least 18 inches above the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.13	Have there been any sewer spills, source water spills, or other disturbances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.14	Is the well pit in standing water or evidence of flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.15	Is there evidence of flooding or infiltration of surface water runoff around the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.16	Is the spring box improperly developed or poorly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.17	Are there dead animals near the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.18	Other comments on the well or spring system. (Are there aspects of construction and operation that would potential cause positive total coliform samples?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.19	Has an unapproved source been used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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6.20	Has there been a change in sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.21	Has there been recent rapid snowmelt, heavy rainfall, or flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.22	Have there been algae blooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.23	Are any of the GWR triggered source samples <i>E. coli</i> positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.24	Are there any unaddressed significant deficiencies/defects from previous assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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: _____
 Signature: _____ Date: _____
 Phone #: _____ Email: _____

Please return this form w/in 30 days to: Drinking Water Program-DENR, 523 E Capital, Pierre SD 57501 or fax to 605-773-5286

DENR Use Only:

Level 2 Assessment Sufficient: ☐ YES ☐ NO PWS Corrected Problem: ☐ YES ☐ NO

Corrective Action Plan Approved: ☐ YES ☐ NO ☐ NA Approved w/changes (attached)

Consultation Date: _____ Revisions Required: ☐ YES ☐ NO

Comments: