



ENERGY AND ENVIRONMENT CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WATER

300 SOWER BOULEVARD  
FRANKFORT, KENTUCKY 40601

Version 1.1 Rev. 4/27/2020

**Mailing Address:** Drinking Water Branch  
ATTN: RTCR Rule Manager  
300 Sower Blvd. 3<sup>rd</sup> 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](mailto: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

Increased filter effluent turbidity

Filters operated beyond capacity

Abnormal influent turbidity

Coagulation/sedimentation problems

Excessive filter run-time

Treatment process interruptions

Abnormal flow rates/short circuiting

Security/vandalism issues

Disinfectant added/changed

Sludge blanket/carryover

Chemical feed problems

Operation & maintenance problems

Other/explain: \_\_\_\_\_

**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

Security/vandalism issues

Heavy rainfall or snowmelt

New source placed on-line

Cross connection

Lake or reservoir turnover

Stream flow rates/reservoir level higher than normal

Stream flow rates/reservoir level lower than normal

Long term drought

Inadequate well construction

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
- Other/Explain: \_\_\_\_\_
- Screens/vents inadequate or damaged
- Security/vandalism issues
- Pressure tank malfunction
- Condition of storage tank
- Inadequate water level fluctuations
- Disinfectant residual low in tank

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: \_\_\_\_\_