



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. 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

☐ 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)

☐ Fires or hydraulic disturbance

☐ Valves/air relief valves in vicinity

☐ Disinfectant residual lower than normal

☐ Pressure loss (<20 psi)

☐ Breaks or line replacements

☐ Location/type/condition of tap

☐ Softeners/POE/POU devices

☐ Security/vandalism issues

☐ Cross connection

☐ Operation & maintenance problems

☐ Pump/booster station malfunction

☐ Fire hydrant issues

☐ Other/explain: _____

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

☐ Screens/vents inadequate or damaged

☐ Condition of storage tank

☐ Tank cleaned/maintenance

☐ Security/vandalism issues

☐ Inadequate water level fluctuations

☐ Excessive tank draw-down

☐ Pressure tank malfunction

☐ 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: _____