

US EPA REGION 8 DRINKING WATER PROGRAM (WY and Tribal-CO, UT, WY, ND, SD, MT)

Revised Total Coliform Rule (RTCR) Level 2 Assessment Form updated 01/26/2023

PWS ID#:	PWS Name:
Primary Operator (print name): Assessment trigger date: SEASONAL System: YES <input type="checkbox"/> NO <input type="checkbox"/> Was a Sanitary Survey conducted in 2021 or 2022? YES <input type="checkbox"/> NO <input type="checkbox"/> Does this water system purchase any water from another system? If yes, please list _____ Does this water system sell any water to another system? If yes, please list _____	Phone: Date Assessment Conducted: Reason for Assessment (Check one): <input type="checkbox"/> Second Level 1 Assessment in 12 months <input type="checkbox"/> TC+ and EC+ sample result combination (MCL Violation) <input type="checkbox"/> Other:

Assessment Elements	Y	N	N/A	Issue Description <small>(Indicate Assessment Element number being described.)</small>	Corrective Action Taken or Planned to be Taken by PWS and Due Date
1.0 Review of the positive sample sites (Please specify if referring to routine or repeat samples in issue description.)					
1.1 Did the water system follow their Sample Siting Plan? Were the positive sample(s) taken at location(s) on the plan? What is the date of the Sample Siting Plan in use? PLEASE INDICATE WHICH SAMPLE LOCATION(S) YOU ARE REFERENCING.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.2 Was the tap area unsanitary at the time of sampling for the positive result(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3 Was the positive sample(s) taken from an outside faucet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4 Was the positive sample(s) taken from a swivel tap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.5 Did the tap(s) with the positive result have a point of use treatment device on it? If yes , what type of device (include make and model)? When was the last time maintenance was performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.6 Does the building where the sample(s) was taken have a point of entry treatment device? If yes , what type of device (include make and model)? When was the last time maintenance was performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.7 Has the location of the positive result(s) undergone any plumbing replacements or repairs? If yes , was the distribution system “shocked” after the work was completed? Please list the date and the disinfection method followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.8 Are there any possible cross connections around the positive sample site(s) (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

US EPA REGION 8 DRINKING WATER PROGRAM (WY and Tribal-CO, UT, WY, ND, SD, MT)

Revised Total Coliform Rule (RTCR) Level 2 Assessment Form updated 01/26/2023

Assessment Elements	Y	N	N/A	Issue Description (Indicate Assessment Element number being described.)	Corrective Action Taken or Planned to be Taken by PWS and Due Date
1.9 Is the location of the positive result(s) near a storage tank or dead end?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.10 Any other sample site issues not previously mentioned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.0 Review of sample protocol (PLEASE INDICATE WHICH SAMPLE LOCATION(S) YOU ARE REFERENCING.)					
2.1 Is the sampler a regular, trained sampler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.2 Was a laboratory-provided TC sample bottle used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3 Was the aerator removed at the positive site(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4 Was the water tap flushed for at least 5 minutes at the positive site(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.5 Was the tap disinfected or flamed at the positive site(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.6 Did the sample get too warm prior to being placed on ice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.7 Was there other sampler error? Describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.8 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"/>		
2.9 Any other sample protocol issues not previously mentioned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.0 Review of the distribution system.					
3.1 Have any mains been recently replaced or service lines recently added? If yes, was the distribution system "shocked" after the work was completed? Please list the date and the disinfection method followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.2 Have fire hydrants or blow offs been recently flushed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Have valves been recently exercised to direct flow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Any leaks or main breaks noted? If yes, were they fixed by the time of the Assessment? Was the distribution system "shocked" after the work was completed? Please list the date and the disinfection method followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.5 Are all of the backflow prevention devices under the control of the water system operational? If yes, do they have a maintenance or tracking program in place? Spreadsheet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

US EPA REGION 8 DRINKING WATER PROGRAM (WY and Tribal-CO, UT, WY, ND, SD, MT)

Revised Total Coliform Rule (RTCR) Level 2 Assessment Form updated 01/26/2023

Assessment Elements	Y	N	N/A	Issue Description (Indicate Assessment Element number being described.)	Corrective Action Taken or Planned to be Taken by PWS and Due Date		
<p>3.6a Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when and what was the situation?</p> <p>What did the PWS do when pressure was restored? Did they disinfect the distribution system? Do they have a procedure in place to deal with such events?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>3.6b Is there at least 20 psi at all points in the system at all times?</p> <p>If yes, how is it measured? How often is it measured?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>3.7 Any areas of the distribution with low disinfectant levels (<0.2 mg/L)? How often is it measured?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>3.8 Any recent pump station failures or repairs?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>3.9 Is the air relief valve leaking?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>3.10 Standing water or debris in valve vault?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>3.11 Any recent power loss?</p> <p>If yes, what did the PWS do when power was restored? Did they disinfect the distribution system? Do they have a procedure in place to deal with such events? Was pressure lost in the distribution system?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>3.12a Any unprotected cross connections in the distribution system (including yard hydrants and stock tanks)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>3.12b Are there any vulnerable distribution pipes or appurtenances (above ground not in heated, lighted structures or not heated or insulated, or not buried below the frost line)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>3.13 Any other distribution issue not previously mentioned?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>3.14 Have there been periods of low water use in the distribution system? If so, what was the duration, and could there be any relationship between stagnant water and the total coliform positive sample results?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>4.0 Review of storage tank(s) – if PWS only has hydropneumatic tanks/pressure tanks please check N/A for #4.1 – 4.19 and skip to #4.20 to list information. (Note the name and facility ID of each specific storage tank where issues are found.)</p>							
<p>4.1 Is there a presence of animals or insects in the storage tank(s)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

US EPA REGION 8 DRINKING WATER PROGRAM (WY and Tribal-CO, UT, WY, ND, SD, MT)

Revised Total Coliform Rule (RTCR) Level 2 Assessment Form updated 01/26/2023

Assessment Elements	Y	N	N/A	Issue Description (Indicate Assessment Element number being described.)	Corrective Action Taken or Planned to be Taken by PWS and Due Date
4.2 Are there breaches or holes of any sort into storage tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.5 (List each storage tank if more than one) ST0__ ST0__	
4.3 Is there any presence of animal droppings around openings, vents or overflows of storage tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Is there sediment buildup or floating debris in storage tank(s)? Please describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Has the storage tank been cleaned in the last 5 years? (List each storage tank if more than one.) When was it last cleaned? Was the storage tank(s) drained and walls scoured or was it cleaned with divers by vacuum or some other method? Please describe for each storage tank.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6a Is there a #24 mesh screen installed on (each) storage tank vent? (Provide photos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6b Is there a #24 mesh OR a duckbill valve OR a properly sealed flapper valve with screen of any size inside screen installed on (each) storage tank overflow? (Provide photos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.7a Is the #24 mesh screen damaged or not properly installed on the storage tank(s) vent(s)? (Provide photos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.7b Is the #24 mesh screen damaged or not properly installed on the storage tank(s) overflow(s)? (Provide photos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Does the storage tank hatch have a solid, waterproof, shoebox type lid that is properly sealed with a neoprene gasket? (Provide photo of the entire gasketed area for each storage tank.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.10 Was the storage tank(s) hatch locked or secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.11 Has the storage tank(s) been accidently drained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.12 Have there been high flows through the storage tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

US EPA REGION 8 DRINKING WATER PROGRAM (WY and Tribal-CO, UT, WY, ND, SD, MT)

Revised Total Coliform Rule (RTCR) Level 2 Assessment Form updated 01/26/2023

Assessment Elements	Y	N	N/A	Issue Description (Indicate Assessment Element number being described.)	Corrective Action Taken or Planned to be Taken by PWS and Due Date
4.13 Was there high-water age in the storage tank(s) (infrequent water use)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.14 Was the positive sample taken when the storage tank(s) was at the low-level mark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.15 Was there failure or improper operation on storage tank(s) telemetry/altitude valves/controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.16 Any recent repairs on the storage tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.17 Was there any power loss to the storage tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.18 Was the storage tank(s) vandalized or subject to tampering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.19 Any other storage tank(s) issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.20 Does system only have a hydropneumatic or a pressure tank? Does the tank have a bladder? Is the tank age older than the life expectancy? Please list the make, model and age of the tank. Is there evidence of severe rust? Is there evidence of water leaks? Is there evidence of air leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5.0 Review of treatment process (if applicable) – INCLUDE ANY INFORMATION ABOUT CHEMICAL AND/OR PHYSICAL TREATMENT PROCESSES					
5.1a Does the system have any type of treatment? If yes, please list any filters, chemical treatment, softeners, etc. List the make and model of any treatment units. Was the treatment put in place by choice or is it required by EPA? Does the PWS follow the manufacturer's recommended maintenance schedule? Is the chemical NSF-60 certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

US EPA REGION 8 DRINKING WATER PROGRAM (WY and Tribal-CO, UT, WY, ND, SD, MT)

Revised Total Coliform Rule (RTCR) Level 2 Assessment Form updated 01/26/2023

Assessment Elements	Y	N	N/A	Issue Description (Indicate Assessment Element number being described.)	Corrective Action Taken or Planned to be Taken by PWS and Due Date
5.1b Has any part of the treatment system been bypassed within 2 months before the sampling event? If yes , provide details on when, which processes and for how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.1c Have individual treatment processes been interrupted by power outages or other causes within 2 months before the sampling event? If yes , provide details on when, which processes and for how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.2 Have there been any new treatment processes added or new equipment installed since the last sanitary survey? If yes , what was added and when? List the make and model of any treatment units.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.3 Have there been any recent repairs of major unit processes or treatment equipment? If yes , when? Please explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4 Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages or changes in coagulant chemicals used? If yes , provide details of the change and when it occurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.5 Has a coagulant been added at all times the plant has been filtering water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.6 Have there been changes in raw water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.7 Was the finished water turbidity increasing at the time of the positive sample(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.8 Have filter clogging algae caused more frequent backwashing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.9a Has a disinfectant been added at all times? If yes , how often is the residual measured and by what mechanism? If no , please explain when disinfectant is added, how much, how often and by what mechanism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.9b Is disinfection only added to the distribution system once a month? If yes , why?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

US EPA REGION 8 DRINKING WATER PROGRAM (WY and Tribal-CO, UT, WY, ND, SD, MT)

Revised Total Coliform Rule (RTCR) Level 2 Assessment Form updated 01/26/2023

Assessment Elements	Y	N	N/A	Issue Description (Indicate Assessment Element number being described.)	Corrective Action Taken or Planned to be Taken by PWS and Due Date
5.10 Has there been any vandalism or tampering at the plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.11 Any other treatment plant issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.0 Sources – Well(s) – (Note the specific facility if any issues are found)					
6.1 Is the sanitary seal intact for each well? (Please list each well and include a photo).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.1 (List each well if more than one.) WLO__ WLO__	
6.2 Is the well cap or electrical conduit defective, loose, or damaged or not watertight for each well? Please specify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.2a If an artesian well, is there evidence of current or past leakage from artesian well surface completions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.3a Is there a vent in the well cap of each well? (Vent not required.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.3b Does the vent have a #24 mesh screen on each well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.4 Is the vent screen damaged or not installed properly on each well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.5 Question has been removed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.6 How is each well used? (Check applicable box)	<input type="checkbox"/> Primary <input type="checkbox"/> Backup <input type="checkbox"/> Emergency				
6.7 Are there any unprotected cross connections at the wellhead(s)? Are there any unprotected openings in the pump or pump assembly for each well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.8 Is any pitless adapter damaged? If yes, please include photo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.9 Is there a missing or damaged grout seal on any well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.10 Has there been any recent work performed on the pump for any well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If yes , which well and was the well “shocked” after the work was completed? Please list the date and the disinfection method followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.11 Is the wellhead for each well secured to prevent unauthorized access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.12 Have there been any sewer spills, source water spills or other disturbances near any of the well(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

US EPA REGION 8 DRINKING WATER PROGRAM (WY and Tribal-CO, UT, WY, ND, SD, MT)

Revised Total Coliform Rule (RTCR) Level 2 Assessment Form updated 01/26/2023

Assessment Elements	Y	N	N/A	Issue Description (Indicate Assessment Element number being described.)	Corrective Action Taken or Planned to be Taken by PWS and Due Date
6.13 Is the well pit (for any well) in standing water or evidence of flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.14 Any other well issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.14a Is the GWR source sample tap located after the well or spring and before the storage tank or hydropneumatic tank or any treatment? Does the GWR source sample tap accurately characterize the source water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sources - Spring(s) / Infiltration Galleries / GW Collection Structures – (Note the specific facility if any issues are found)					
6.15 Is there evidence of flooding or infiltration of surface water runoff around the spring, infiltration gallery, or collection structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.16 Is the collection structure improperly constructed or poorly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.17 Are there dead animals near the spring, infiltration gallery, or collection??	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.17a If the spring, infiltration gallery, or GW collection structure is considered groundwater, is the GWR source sample tap located <u>before</u> the storage tank or hydropneumatic tank or any treatment? Does the GWR source sample tap accurately characterize the source water? (TAKE PHOTO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.18 Any other issues about springs, infiltration gallery, or collection not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sources - purchased water					
6.19a Was the wholesaler/supplier notified of the situation leading to the Level 2 Assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.19b Were there water quality issues with supplier at the time of the positive result(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.19c Is there a backflow prevention device at the consecutive connection to the wholesaler? If yes, is it working properly or tested annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.20a Was there a low disinfectant residual from supplier at the time of the TC+ (typically ≤0.2 mg/L)? If so, is that the normal operating situation? Please explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.20b Does the consecutive system measure the chlorine residual when they collect the total coliform sample?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

US EPA REGION 8 DRINKING WATER PROGRAM (WY and Tribal-CO, UT, WY, ND, SD, MT)

Revised Total Coliform Rule (RTCR) Level 2 Assessment Form updated 01/26/2023

Assessment Elements	Y	N	N/A	Issue Description (Indicate Assessment Element number being described.)	Corrective Action Taken or Planned to be Taken by PWS and Due Date
6.21 Any other purchased water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Applicable to all sources					
6.22 Has an unapproved source been used? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.23 Has there been a change in water source? If yes, has EPA been notified of the change with a Change Form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.24 Has there been recent rapid snowmelt, heavy rainfall or flooding? If yes, when? Was the water discolored after the event? Did the water level in the well or GW collection structure change? If so, how? Please describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.25 Any evidence of animals near the source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.26 Have there been algae blooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.27 Is the source water sample for groundwater systems E. coli positive ? This may indicate that the positive sample(s) is originating from the source and may be a continuous source of contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.28 Any other source issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.0 Significant Deficiencies					
7.1 Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date(s) and status of each corrective action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Assessor Comments:

These signatures certify that the people below were present at the Level 2 Assessment:

Name of Assessor Completing Field Work (PRINTED):

US EPA REGION 8 DRINKING WATER PROGRAM (WY and Tribal-CO, UT, WY, ND, SD, MT)

Revised Total Coliform Rule (RTCR) Level 2 Assessment Form updated 01/26/2023

Signature:	Date:
Water System Representative Present at Assessment (PRINTED):	
Signature:	Date: Water System Representative Refused to Sign <input type="checkbox"/>
TO BE COMPLETED BY EPA ONLY:	
Name of Assessor Completing Field Work:	Date:
Assessment Form Compiled and Finalized by:	Date: