**EPA Region 8 – Revised Total Coliform Rule (RTCR) Assessment Sanitary Defect Correction Notice**

Public Water System Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Water System ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Water System Source Type: (circle one) Groundwater Surface Water Mixed

**Instructions:**

Please use this form to report the correction of sanitary defects identified during your last RTCR Assessment. List the Sanitary Defect number, the individual defects, the date of correction, and if a labeled photo was sent to EPA. Pictures of corrections or a brief description of each correction is **required**. Include the Sanitary Defect number and the correction date on any documentation you provide. Photos must be labeled with the PWSID and Sanitary Defect number. Please use more than one sheet if needed to address all outstanding Sanitary Defects.

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| **Assessment Element #** | **Sanitary Defect Corrective Action** | **Date corrected/Was photo included?** |
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I certify that the information submitted with this report is true and accurate.

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Print Name Signature Date

⁭ Supporting documents attached (i.e., photos, receipts, etc)

Please submit this form to the RTCR Rule Manager at: Email: [R8DWU@epa.gov](mailto:R8DWU@epa.gov)

Fax: 1-877-876-9101