EPA Region 8 – Revised Total Coliform Rule (RTCR) Assessment
Sanitary Defect Deadline Extension Request

Public Water System Name _____

Public Water System ID# _____

Date of EPA On-Site Assessment _____ Date of this Extension Request _____

Instructions:
If unforeseen events occurred that will not allow you to meet your EPA-approved deadline for correcting sanitary defects from a prior RTCR Assessment, please use this form to request an extension. List the Sanitary Defect number(s), the required corrective action(s), why an extension is needed, any work that has been conducted since the Assessment, and a projected date of completion. EPA expects most revised completion dates to be no longer than 60 days from this request. EPA will respond in writing either approving or disapproving the extension or setting a new due date. Please use more than one sheet, if needed, to address all outstanding Sanitary Defects.

Sanitary Defect #	Sanitary Defect Corrective Action Required	Why an Extension is Needed	Work Conducted Since Assessment	Projected Date of Completion

I certify that the information submitted with this report is true and accurate.

_____ _____ ____/___/____
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
Fax: 1-877-876-9101