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

Public Water Sys	stem Name			
Public Water Sys	stem ID#			
Public Water Sys	stem Source Type: (circle one)	Groundwater	Surface Water	Mixed
List the Sanitary EPA. Pictures of number and the o	orm to report the correction of sanital Defect number, the individual defect corrections or a brief description of correction date on any documentation number. Please use more than one second	cts, the date of correct f each correction is <u>rector</u> you provide. Photo	tion, and if a labele equired. Include the s must be labeled w	d photo was sent to e Sanitary Defect with the PWSID and
Assessment Element #	Sanitary Defect	Corrective Action		Date corrected/Was photo included?
Element #				photo included:
I certify that the	information submitted with this rep	ort is true and accurat	te.	
Print Name	Signatur	re	/	<u>/</u>
☐ Supporting do	ocuments attached (i.e., photos, reco	eipts, etc)		
Please submit thi	s form to the RTCR Rule Manager	at: Email: R8DWU@ Fax: 1-877-876-9		

Update 8/28/2019