**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