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.

Assessment Element #	Sanitary Defect Corrective Action	Date corrected/Was photo included?

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: 303-312-7517