



# Alaska Department of Environmental Conservation

## Revised Total Coliform Rule- Quarterly Monitoring Application

**Non-Community** (NTNC and TNC) systems, using a **groundwater** source and **servicing less than 1,000 persons** may be able to reduce monitoring to a quarterly schedule if certain provisions are met (outlined below):

- Clean compliance history for a minimum of 12 months
- Have a protected groundwater source
- Within the past 12 months had a Sanitary Survey or voluntary Level 2 Assessment with no defects\*

*\* If defects or deficiencies were identified and have been corrected, the public water system (PWS) may still be eligible for reduced monitoring*

- Submit an updated Quarterly monitoring sample siting plan for review

### I. Form Instructions

- Fill out the form completely by answering all of the questions in each section (do not skip questions or leave items blank).
- Must include documentation noted in Section B to meet the protected groundwater source requirement.
- Must include an updated Sample Siting Plan as noted in Section D.

### II. General Information

|                                      |                              |                         |  |
|--------------------------------------|------------------------------|-------------------------|--|
| PWS Name:                            |                              | PWSID #:                |  |
| PWS Address:                         |                              |                         |  |
| Contact Name:                        |                              | Phone #:                |  |
| E-mail:                              |                              | Fax #:                  |  |
| Water System Type:                   | Non- Transient Non-Community | Transient Non-Community |  |
| Population Served (# of):            | _____ Residents              | _____ Non-Transient     | _____ Transient _____ Total Population |
| Number of Service Connections: _____ |                              |                         |  |
| Source Types:                        | Ground Water                 | Purchased Ground Water  |  |
| Dates of Operation: _____ to _____   |                              |                         |  |

### A. Compliance History

1. Within the past 12 months has your system triggered a Level 1 Assessment?      Yes      No
2. Within the past 12 months has your system received any RTCR violations?      Yes      No
  - a. If YES, please include information (i.e., the type of violation and the date the violation was received) on the violation(s) in the space provided below:

NOTE: If you do not know your compliance history, please contact your local Environmental Program Specialist who will provide a detailed compliance history for the past 12 months or you can access the data through the Drinking Water Watch website at: <http://dec.alaska.gov/DWW/>.

### B. Protected Groundwater Source

1. Is your source vulnerable to fecal contamination?      Yes      No
2. Does the source meet the source water and well protection requirements outlined in 18 AAC 80.015?      Yes      No
3. Does the source meet the minimum separation distance requirements outlined in 18 AAC 80.020 or have an approved separation distance waiver? (Site schematic with distances and any applicable waiver approval letters must be provided.)      Yes      No
4. Does your system meet at least one of the following items below? (Please mark all that apply)      Yes      No
  - a. The groundwater source meets the engineering plan review and approval requirements of 18 AAC 80.200-235 as applicable. (Applicable approval to operate letter(s) must be provided.)
  - b. The groundwater source is in a confined aquifer. (A well log or other verifying documentation must be provided.)
  - c. The system maintains applicable source water protection strategies as determined by the department. (Click HERE to view the RTCR Protected Water Source Checklist. If utilizing this option, the checklist MUST be provided with this application.)

**C. Site Visit**

1. Within the last 12 months has your system conducted one of the following? NOTE: The DW Program provides a contact list of approved 3rd party Sanitary Survey Inspectors. Click [HERE](#) to view this information.

Sanitary Survey      Yes      No      Date of Visit: \_\_\_\_\_

Voluntary Level 2 Assessment      Yes      No      Date of Visit: \_\_\_\_\_

*NOTE: If you answered No to the question above your PWS will not be eligible for reduced monitoring until a site visit has been conducted.*

2. Did you attach a copy of the site visit follow up letter (describing the results of the site visit)?      Yes      No

3. Were any sanitary defects or deficiencies identified from the site visit?      Yes      No

4. If sanitary defects or deficiencies were found during the site visit, were they corrected?      Yes      No      N/A

5. List the date when all of the sanitary defects or deficiencies were corrected: \_\_\_\_\_

**D. RTCR Sample Siting Plan**

An updated sample siting plan reflecting a quarterly sampling schedule must be submitted with this application for review and approval. Sample Siting Plan templates are available on the Drinking Water Program website at: <http://dec.alaska.gov/eh/dw/rtcr/>.

1. Have you included an updated sample siting plan with this application?      Yes      No

*I acknowledge that \_\_\_\_\_ water system will remain on a **Monthly monitoring** schedule and will collect samples according to our monthly monitoring sample siting plan until we have received written notification from the Drinking Water Program that a quarterly monitoring schedule has been approved.*

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this form along with appropriate attachments to your DEC Drinking Water Program Office.**

|  |   |   |   |
|--|---|---|---|
| <p><b>Anchorage DEC Office</b><br/>555 Cordova Street<br/>Anchorage, AK 99501<br/>Phone: 269-7656<br/>Fax: 269-7650<br/><a href="mailto:DEC.DWData.Anchorage@alaska.gov">DEC.DWData.Anchorage@alaska.gov</a></p> | <p><b>Fairbanks DEC Office</b><br/>610 University Ave.<br/>Fairbanks, AK 99709<br/>Phone: 451-2108<br/>Fax: 451-2188<br/><a href="mailto:DEC.DWData.fairbanks@alaska.gov">DEC.DWData.fairbanks@alaska.gov</a></p> | <p><b>Soldotna DEC Office</b><br/>43335 K-Beach Road<br/>Suite 11<br/>Soldotna, AK 99669<br/>Phone: 262-5210<br/>Fax: 262-2294<br/><a href="mailto:dec.dwdata.soldotna@alaska.gov">dec.dwdata.soldotna@alaska.gov</a></p> | <p><b>Wasilla DEC Office</b><br/>1700 E. Bogard Road<br/>Building B, Suite 103<br/>Wasilla, AK 99654<br/>Phone: 376-1850<br/>Fax: 376-2382<br/><a href="mailto:DEC.DWData.wasilla@alaska.gov">DEC.DWData.wasilla@alaska.gov</a></p> |
|--|---|---|---|

|   |                               |
|---|-------------------------------|
| <p><b>DEC USE ONLY</b></p> <p>DEC Area Office: _____</p> <p>Return to Reduced Monitoring Application deemed complete and satisfactory?      Yes      No</p> | <p>Date Received (stamp):</p> |
| <p>Comments:</p><br><br><br><br><br>  |                               |
| <p>Program Coordinator Signature: _____ Date: ____/____/____</p>  |                               |