



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.

Anchorage DEC Office

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