



Revised Total Coliform Rule (RTCR) Level 2 Assessment Form

Complete the assessment, correct all sanitary defects and return all pages of this form (including any additional/supporting documentation), **WITHIN 30 DAYS** of triggering an assessment.

PWS ID#:	13041	PWS Name:	Oak Creek Water District	Date of Assessment:	07/02/2024
Compliance Period:	Month/Quarter	2/1	Year	2024	Regulating Agency:
					<input checked="" type="checkbox"/> ADEQ <input type="checkbox"/> MCESD <input type="checkbox"/> PDEQ

Indicate the Grade of Certified Operator(s) Required by the PWS:	Treatment:	<input type="checkbox"/>	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4
	Distribution:	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4

Level 2 Assessment

- An assessment is an evaluation to identify the possible presence of **sanitary defects**, defects in distribution system coliform monitoring practices, and (when possible) the likely reason that the system triggered the assessment.
- The minimum elements of any assessment include the review and identification of:
 - Events that happened that could create impaired water quality
 - Changes in distribution system Operation & Maintenance that may affect distributed water quality, including water storage
 - Source and treatment considerations that bear on distributed water quality
 - Existing water quality monitoring data (e.g., coliforms, disinfectant residuals, water quality parameters, etc.)
 - Inadequacies in sample sites, sampling protocol, and sample processing
- A Level 2 assessment
 - Provides a more detailed examination of the system (including the system's monitoring and operational practices) than a Level 1 assessment does, through the use of more comprehensive investigation and review of available information, additional internal and external resources, and other relevant practices.
 - Will likely include field investigations, additional sampling and additional inspections of facilities beyond those performed in a Level 1 assessment.

The level of effort and resources required to implement the Level 2 assessments will be commensurate with a more comprehensive investigation, a higher level review of available information, and may involve the engagement of additional parties and expertise.

INSTRUCTIONS: Complete each Section on the form. Then check the associated box, below, when completed.

<input checked="" type="checkbox"/>	Section A: Assessment (evaluate and identify any issues that could be an issue or sanitary defect)
<input checked="" type="checkbox"/>	Section B: Description of Occurrence (provide an explanation if any issues were identified)
<input checked="" type="checkbox"/>	Section C: Corrective Action (provide proposed corrective action(s) if any issues were identified in Section B)
<input checked="" type="checkbox"/>	Section D: Compliance History (provide the information requested)
<input checked="" type="checkbox"/>	Microbiological Sample Siting Plan (MSSP): Attach a copy of the current MSSP to the Level 2 Assessment form.



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Section A - Assessment

- a) Review and evaluate all elements contained under each sub-section (1-7).
- b) Check any that are found to apply.
- c) For each sub-section indicate the overall findings by checking only one box for either:
 - **Issue(s) identified**, if any potential causes of contamination were identified (any boxes were checked)
 - **No issues**, if no potential causes of contamination were identified
 - **NA****, if the section is not applicable to the PWS

1. General/Overall System	<input type="checkbox"/> No issues	<input checked="" type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
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Have any of the following occurred in general, or at sample sites prior to collecting bacteria samples?

- | | |
|--|---|
| <input type="checkbox"/> Low/inadequate disinfectant residual
<input type="checkbox"/> Firefighting event/flushing/sheared hydrant
<input type="checkbox"/> Pressure loss/inadequate pressure (<20 psi)
<input type="checkbox"/> Signs of vandalism/forced entry
<input type="checkbox"/> Visible indicators of unsanitary conditions
<input type="checkbox"/> Water quality parameters/indicators out of range | <input type="checkbox"/> Sample station not secured to deter unauthorized access
<input type="checkbox"/> Issue(s) identified during the seasonal system's most recent start-up procedures (if applicable)
<input checked="" type="checkbox"/> Atypical events that could affect distributed water quality or indicate that distributed water quality was impaired
<input checked="" type="checkbox"/> Other: construction of new mains |
|--|---|

2. Sampling Sites	<input checked="" type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
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- | | |
|--|---|
| <input type="checkbox"/> Unclean or unsuitable sample tap
<input type="checkbox"/> Hot water intrusion
<input type="checkbox"/> MSSP has not been reviewed by Regulatory Agency
<input type="checkbox"/> Premise Treatment Devices not operational (<i>if applicable</i>) | <input type="checkbox"/> Change in conditions at sample site
<input type="checkbox"/> There were recent plumbing changes/construction nearby
<input type="checkbox"/> Other: |
|--|---|

3. Sampling Protocol	<input type="checkbox"/> No issues	<input checked="" type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
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- | | |
|---|--|
| <input type="checkbox"/> Improper sample container
<input type="checkbox"/> Aerator was not removed (if present)
<input checked="" type="checkbox"/> Sampler error
<input checked="" type="checkbox"/> Inadequate tap flushing
<input type="checkbox"/> Aseptic techniques were NOT used | <input type="checkbox"/> Improper hold time/storage temperature
<input type="checkbox"/> Auto sensing faucet/swivel-type faucet
<input type="checkbox"/> Sample was taken at a site not specified in MSSP
<input type="checkbox"/> Other: |
|---|--|

4. Treatment Process	<input checked="" type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
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- | | |
|--|---|
| <input type="checkbox"/> Interruption in treatment and/or power loss
<input type="checkbox"/> Treatment added and/or changed
<input type="checkbox"/> Change in flow rates
<input type="checkbox"/> The system was required to perform disinfection after correcting deficiencies in the past 12 month.
When/Which disinfection procedure: | <input type="checkbox"/> Turbidity measurements out of range (<i>surface water system</i>)
<input type="checkbox"/> Recent installation/repair
<input type="checkbox"/> Inadequate disinfection
<input type="checkbox"/> Operations & maintenance (O&M) procedures not followed
<input type="checkbox"/> Filters/Treatment operated beyond capacity
<input type="checkbox"/> Other: |
|--|---|



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5. Distribution System	<input type="checkbox"/> No issues	<input checked="" type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
<input type="checkbox"/> Power loss <input type="checkbox"/> Standing water/debris in valve vault/box <input type="checkbox"/> Low disinfection residuals <input type="checkbox"/> Pump or valve failure <input type="checkbox"/> Pressure loss/inadequate pressure (<20 psi) <input type="checkbox"/> Improper control of surges <input type="checkbox"/> Main breaks and/or leaks <input type="checkbox"/> Unprotected cross connection <input type="checkbox"/> Improper connection of new/repaired/renovated lines or connections	<input checked="" type="checkbox"/> Flushing of fire hydrants or blow-offs <input type="checkbox"/> Improper maintenance of air-relief/air-vacuum valves <input checked="" type="checkbox"/> Installation of new mains or construction activity <input type="checkbox"/> Improper operation of pumps <input type="checkbox"/> Improper/Unauthorized use of hydrants <input type="checkbox"/> Improper operation of isolation valves resulting in breakage <input checked="" type="checkbox"/> Known recent backflow incident(s) <input type="checkbox"/> Failure to install backflow prevention device(s) <input type="checkbox"/> Failure to test backflow prevention device(s) <input type="checkbox"/> Other:		
6. Storage Tanks	<input checked="" type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
<input type="checkbox"/> Improper maintenance practices <input type="checkbox"/> Signs of vandalism/forced entry <input type="checkbox"/> Presence of dead animals/insects <input type="checkbox"/> Signs of animal activity <input type="checkbox"/> Recent facility maintenance; When: <input type="checkbox"/> Incorrect operation of level control valves, altitude valves, and related appurtenances	<input type="checkbox"/> Hatch not sealed <input type="checkbox"/> Low disinfectant residuals <input type="checkbox"/> Deterioration, rust, holes, or other breaches in vent, overflow pipe, access hatch, screens, ladders, etc. <input type="checkbox"/> Improper disinfection conducted after maintenance/inspection <input type="checkbox"/> Other:		
7. SOURCES (Address each type of source)			
Well	<input checked="" type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
<input type="checkbox"/> Defective/damaged well cap/well seal <input type="checkbox"/> Crack in well slab <input type="checkbox"/> Missing/damaged grout seal <input type="checkbox"/> Damaged pitless adaptor <input type="checkbox"/> Floodwater/run-off inundation <input type="checkbox"/> Changes in available source water <input type="checkbox"/> Source water spills near well head <input type="checkbox"/> Standing water around well head <input type="checkbox"/> Improper disinfection after maintenance (if applicable)	<input type="checkbox"/> New source added <input type="checkbox"/> Damaged well casing <input type="checkbox"/> Damaged/unscreened vent <input type="checkbox"/> Unprotected opening in pump/pump assembly <input type="checkbox"/> Use of previously inactive well/source <input type="checkbox"/> Well is <u>not</u> structurally sound <input type="checkbox"/> Stream flow rates/reservoir level higher of lower than normal <input type="checkbox"/> Signs of animal activity <input type="checkbox"/> Other:		
Surface Water Intake (List any issues in Section B)	<input type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input checked="" type="checkbox"/> NA**
Supply Spring	<input type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input checked="" type="checkbox"/> NA**
<input type="checkbox"/> Potential source of contamination <input type="checkbox"/> Infiltration of surface run-off <input type="checkbox"/> Improper development/poorly maintained spring box <input type="checkbox"/> Signs of animal activity/tampering	<input type="checkbox"/> Rapid snowmelt <input type="checkbox"/> Heavy rainfall <input type="checkbox"/> Source water turnover occurred <input type="checkbox"/> Other:		
Interconnect (Consecutive Connection)	<input checked="" type="checkbox"/> No issues	<input type="checkbox"/> Issue(s) identified	<input type="checkbox"/> NA**
<input type="checkbox"/> Checked interconnection <input type="checkbox"/> Signs of animal activity/tampering	<input type="checkbox"/> Other:		



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Section B - Issue Description Use this space to describe the event and provide additional information on potential causes of contamination identified during the assessment. Include corresponding dates with your findings (attach additional pages if needed). Include dates of sample collection, disinfection, flushing, photographs showing system components, etc., with your findings.

Potential cause could be construction of the new mainlines, services, valves and hydrants. Or Check if PWS did not find any causes for the contamination. Or potentially operator error in sampling procedure.

Known backflow occurring in nearby portion of the system due to construction flushing of temp and new mains.

Section C - Corrective Action Taken or to be Taken Use this space to describe corrective actions completed, a proposed timetable for any corrective actions not already completed, and any interim measures the PWS plans to implement prior to the completion of any corrective actions, including specific milestone dates for doing so (attach additional pages if needed). Include photographs showing system components. Failure to meet milestone dates is subject to enforcement and public notice provisions.

**Failure to meet any milestone date(s) is/are subject to enforcement and public notice provisions.
The PWS must notify the regulatory agency as each milestone is met.**

Protocol for flushing newly constructed mains and portions of tied in temp lines has changed to include sediment flushing from said portions, also backflows prevention devices and direction of purging has been modified to better fit the hilly terrain.

Section D - Compliance History

1. Was the PWS required to complete a Level 1 or 2 Assessment in the last 12 months? Yes No
 If "Yes": Was the source of contamination identified? Yes No
 Were any Sanitary Defects identified? Yes No
2. Was the PWS required by the regulatory agency during the last survey, inspection or other communication to address any issue(s)? Yes No
 If "Yes": Date issue was identified: _____
 Were all corrective actions completed? Yes No
 If "No": Describe the issue and indicate your plan and a proposed timetable for any corrective actions (**attach additional pages if needed**).



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Certified Operator (print name): Wayne Butler III	Signature: <i>Wayne Butler III</i>
Certification Number: OP040449	Certification Expiration Date: 4/30/2024
Sample Collector(s) (<input checked="" type="checkbox"/> Check if same as Certified Operator):	
Sample Collector(s):	Sample Collector(s):

Certification: I certify under penalty of law that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Print

Name: <u>Wayne Butler III</u>	Title: <u>Operations Manager</u>
Signature: <i>Wayne Butler III</i>	Date: <u>07/02/2024</u>
Phone #: <u>310-528-8335</u>	Email: <u>wbutler@oakcreekwater.com</u>

Submit the completed form to the system's regulatory agency and copy ADEQ

Arizona Department of
Environmental Quality Drinking
Water Monitoring and Protection Unit

Maricopa County Environmental
Services Department Safe Drinking
Water Program

Pima County Department of
Environmental Quality Drinking Water
Program

1110 W. Washington St., Mail Code
5415 B-2 Phoenix, AZ 85007
RTCR@azdeq.gov

501 N. 44th Street, Suite 200
Phoenix, AZ 8500
Phone: 602.506.6935
Fax: 602.372.0866
sdwquestions@mail.maricopa.gov

33 N. Stone Ave., Suite 700
Tucson, AZ 85701
Phone: 520-724-7400
Fax: 520-838-7432



**Revised Total Coliform Rule (RTCR)
Microbiological Sample Siting Plan (MSSP)
For use by Public Water Systems serving 1001 or more people**

Part 1: General Public Water System (PWS) Information			
Regulatory Agency: <input checked="" type="checkbox"/> ADEQ <input type="checkbox"/> PDEQ		MSSP Creation Date: 09/23/2021	
PWS Name: Oak Creek Water Co. 1		PWS ID#: AZ-0413041	
PWS Mailing Address: 90 Oak Creek Blvd. Sedona, AZ. 86336			
Contact Person: Jason Long / Wayne Butler		Phone#: 520-431-7723 / 480-993-9985	
Email Address: jason@longwatermgt.com / wbutler@oakcreekwater.com			
PWS Type (Select one): <input checked="" type="checkbox"/> CWS <input type="checkbox"/> NTNCWS <input type="checkbox"/> TNCWS		Population Served: _____	
PWS Source Types: (Check all that apply)		Purchase Surface Water From: _____	
<input type="checkbox"/> Surface Water		<input type="checkbox"/> Purchase Ground Water From: _____	
<input checked="" type="checkbox"/> Ground Water		<input type="checkbox"/> Finished water sold to: _____	
<input type="checkbox"/> GUDI		_____	
Disinfection Treatment Used: (Check all that apply)		<input type="checkbox"/> Chloramines <input type="checkbox"/> Ozone <input type="checkbox"/> Other (List below): _____	
<input checked="" type="checkbox"/> None		<input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ultraviolet _____	
<input type="checkbox"/> Chlorine		_____	
Part 2: Sampling Plan Information			
Sample Type	Location ID	Sample Site/Tap Location	Default (D) or Alternate (A)
1 st Routine	RTCR001	90 Oak Creek Blvd. (Breakroom Sink)	
Repeat (Upstream)	RTCR001UP	80 Oak Creek Blvd. (Kitchen Sink)	<input checked="" type="checkbox"/> D <input type="checkbox"/> A*
Repeat (Downstream)	RTCR001DN	100 Oak Creek Blvd. (Kitchen Sink)	<input checked="" type="checkbox"/> D <input type="checkbox"/> A*
2 nd Routine	RTCR002	1835 State Route 89 Suite 6 (Sedona Fit Bathroom Sink)	
Repeat (Upstream)	RTCR002UP	1895 State Route 89 (Walgreens Breakroom)	<input checked="" type="checkbox"/> D <input type="checkbox"/> A*
Repeat (Downstream)	RTCR002DN	1875 State Route 89 (Bathroom Sink)	<input checked="" type="checkbox"/> D <input type="checkbox"/> A*
<input checked="" type="checkbox"/> This PWS has no additional sampling locations. <input type="checkbox"/> Additional sampling locations are attached to this MSSP.			
A description of how the sample location(s) identified are representative of water quality in distribution is (Select one): <input checked="" type="checkbox"/> attached to this MSSP. <input type="checkbox"/> provided in the space below:			
RTCR 001 is fed from Well 2 and 3 RTCT002 is fed from well number 4			
A description of how the PWS will conduct routine and repeat sampling in accordance with 40 CFR § 141.857 is (Select one): <input checked="" type="checkbox"/> attached to this MSSP. <input type="checkbox"/> provided in the space below:			
Monthly routine sample will be taken from RTCR001 and RTCR002. if repeats are required: sample at site with a positive, sourcewater location(well) and upstream, downstream of trhe positive sample result.			

Revised Total Coliform Rule (RTCR) Sampling

Microbiological Sample Siting Plan (MSSP) Template
(For use by Public Water Systems Serving Populations 1,001 or More)

Ground Water Rule (GWR) Sampling	<input type="checkbox"/> This PWS uses only surface water sources and is not subject to the Ground Water Rule (GWR) . (Skip to Part 3)		
	<input checked="" type="checkbox"/> This PWS is subject to the GWR . All ground water sources available are listed below and/or attached to this MSSP:		
	Well Name	Location ID	Sample Site/Tap Location
	#4	55-262092	680 Sunset Drive Yard Hydrant
	<input type="checkbox"/> This PWS has no additional ground water sources. <input checked="" type="checkbox"/> Other ground water source locations are attached this MSSP. <input type="checkbox"/> This PWS has 4-log inactivation for all ground water sources and is not subject to triggered source monitoring . <input checked="" type="checkbox"/> This PWS does not have 4-log inactivation for one or more ground water sources listed and is subject to triggered source monitoring . A description of how the PWS will conduct triggered source monitoring sampling in accordance with 40 CFR § 141.402 is (Select one): <input type="checkbox"/> attached to this MSSP. <input type="checkbox"/> provided in the space below:		

Part 3: Distribution System/Plumbing Map with MSSP sampling locations identified

A Distribution System/Plumbing Map with all Revised Total Coliform Rule and Ground Water Rule sampling locations is (Select one): attached to this MSSP. provided below:

This MSSP is subject to modification upon regulatory agency review and must be retained and updated by the PWS in accordance with 40 CFR § 141.853. The PWS must provide this MSSP to the regulatory agency upon request.





Certificate of Public Notice Distribution

Public Water Systems (PWSs) must sign and submit this Certificate of Distribution with a copy of each public notice within 10 days of issuance. PWSs should consult with your **ADEQ** Compliance Assistance Coordinators for appropriate methods of public notice distribution.

Public Water System ID Number	Public Water System Name
13041	Oak Creek Water District
Violation Date:	Notice Distribution Date:
February 2024	07/02/2024
Violation Type:	Contaminant(s):
<input type="checkbox"/> MCL <input type="checkbox"/> MONITORING <input type="checkbox"/> OTHER	Total Coliform

Public Notice was distributed using one of the following method(s), please check all that apply:

COMMUNITY WATER SYSTEMS MUST USE AT LEAST TWO OF THE FOLLOWING METHODS:

- Direct Hand Delivery to Customer *
- Individual Customer Mailing *
- Posting at Conspicuous Locations throughout System
** Indicate number and location of postings: 1 @ OFFICE*
- Publication in Local Newspaper
- TV Station
- Radio Station
- Consumer Confidence Report
- Other (Must be approved by ADEQ) *O.C.W. WEBSITE*

** Note that Tier 2 Public Notices must use the direct hand delivery method/customer mailing, and another method*

NON-COMMUNITY WATER SYSTEMS MUST USE AT LEAST ONE OF THE FOLLOWING METHODS:

- Direct Hand Delivery to Customer
- Individual Customer Mailing
- Posting at Conspicuous Locations throughout System
Indicate number and location of postings _____
- Publication in Local Newspaper
- E-mail to notify employees and students
- Other (Must be approved by ADEQ) _____

TIER 1 PUBLIC NOTICES FOR ACUTE MCL VIOLATION MUST USE TWO OF THE FOLLOWING METHODS:

- Direct Hand Delivery to Customer
- Radio Station
- Posting at Conspicuous Locations throughout System
- TV Station

*** Note that Tier 1 Public Notices should be distributed within 24 hours*

I certify that the above information is true and accurate to the best of my knowledge:

Contact Name & Title (PRINT) WAYNE BUTLER III Certified Operator # (if applicable) OP040449
 Authorized Signature *Wayne Butler III* Date 7/2/24

Submit completed form to:

Mail: ADEQ Water Quality Compliance Data Unit (MC 5415B-2), 1110 W. Washington St., Phoenix, AZ 85007

For Questions, Call: (602) 771-9200

Revised January 2018