**PUBLIC WATER SYSTEM TREATMENT TECHNIQUE REPORT**

**CORRECTIVE ACTION REQUIRED**

|  |  |  |  |
| --- | --- | --- | --- |
| **(check all that apply)Response to:** |[ ]  **Sanitary Survey** |[ ]  **RTCR Level 2 Assessment** |[ ]  **RTCR Level 1 Assessment** |

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| --- | --- | --- | --- | --- | --- |
| **Water System Name:** |  |  | **PWS ID:** NV000 |  | (last 4-digits) |

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| --- | --- |
| **Mailing Address, City, State, Zip Code** |  |

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| --- | --- | --- | --- | --- |
| **System Type (check):** |  |  | **Population Served (quantity, declare "zero" if applicable)** | **Succinct Definition** |
| Community (CWS) |[ ]   |  | Year-round resident(s) |
| Non Transient (NTNC)  |[ ]   |  | People aggregating 180 or more days per year |
| Transient (TNC)  |[ ]   |  | People not fitting the above categories |

|  |  |
| --- | --- |
| **(If Seasonal / not year-round)** Operational Period |  |

**Licensed Operator in Responsible Charge (ORC) or Owner:**

|  |  |
| --- | --- |
| **Name** |  |
| **Phone:** |  |
| **Mailing Address, City, State, Zip Code** |  |

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| --- | --- | --- | --- | --- |
| **Date of Assessment Trigger:** |  |  | **Date Assessment Completed:** |  |

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| --- | --- | --- |
| **PWS Parties Present and their Affiliation** |  | Date(s) |
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| Finding / Item # |  | Finding / Defect and Corrective Action Required | Date Due | Date Corrected / Alternative | Corrective Action Description(attach additional documentation as necessary) |
| --- | --- | --- | --- | --- | --- |
| **Example**1a, 3i,  |  | Pressure gauge on well discharge not functioning. Repair/replace pressure gauge in order to ensure consistent pressure across the system. Pressure must not be less than 20 psi or greater than 100 psi. | 7/15/2016 | 7/10/2016 | Pressure gauge replaced, and pressure readings are within the appropriate range. See attached photo and log of pressure readings |
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(Attach additional rows or sheets if necessary)

Submit by email as a pdf attachment to sdw@snhd.org, *or* if your team prefers to mail a physical copy, email **and** physically mail to: SNHD Safe Drinking Water Program, 280 S Decatur Blvd, Las Vegas, NV 89107

**I certify under penalty of law that the information contained herein is true, accurate and complete to the best of my knowledge and belief.**

|  |  |
| --- | --- |
| Printed Name of PWS Owner/Representative |  |
| Signature of PWS Owner/Representative: | X |  | Date: |  |

**AGENCY USE ONLY**:

|  |  |  |  |
| --- | --- | --- | --- |
| Date received: |  | Agency Reviewer:  |  |

|  |  |
| --- | --- |
| (Approved, if extension(s) granted)State Agency Designee Lead Assessor, or State Agent / Health District: |  |