



The Groundwater Rule (GWR) establishes a risk-targeted approach for ground water systems that are susceptible to fecal contamination, instead of requiring disinfection for all ground water systems. This rule requires ground water systems that are at risk of fecal contamination to take corrective action when there is an initial E. coli (EC+) well sample with no confirmation samples or a confirmed well EC+ detection. This form was designed to guide public water systems through the GWR Source EC+ corrective action process to address the fecal contamination. *It is important to note that if a public water system has an E. coli bacterial water quality issue that involves both raw and finished water then it is likely that both a GWR Corrective Action Plan (CAP) and a Level 2 Assessment under the Revised Total Coliform Rule (RTCR) would be required.* Refer to the DWS Guidance Document [Total Coliform Detection What To Do](#) for additional information.

Public Water System Information			
PWS ID:		Public Water System Name:	
Month and Year of Confirmed Source E. coli Event:	(mm/yyyy)		
Well Name:		Date CAP form completed:	(mm/dd/yyyy)
Comments:			

Please note that each step in the CAP is sequential, meaning each must be explicitly and specifically evaluated before moving on to the next step. The goal is always to identify and correct any significant deficiencies, replace the contaminated source of supply or eliminate sources of pollution before implementing 4-log disinfection. In order for the CAP to be accepted, each of the first 3 options must be individually evaluated in the space provided below with 4-log treatment as the last option available to the water system (note: DWS consultation is required prior to moving to step 4).

GWR Source E. coli+ Corrective Action Plan Option Evaluation			
1) Correct all significant deficiencies;			
<p>As part of the CAP, the contaminated source must be evaluated to identify any potential significant deficiencies. For this option, you should use the Level 2 Source Checklist from the RTCR Level 2 Assessment as a reference tool to examine the source in question. Please review the last sanitary survey report and ensure that there are no unresolved significant deficiencies. Items to consider include: Has anything changed for well construction and its surroundings since the last survey? Is there visible leakage at either pitless adapter or drive shoe for drilled wells? Was a down well camera inspection conducted? Is bedrock fairly shallow? If available, review the well completion report (may be available at the local health department or the Department of Consumer Protection website). Please attach well completion report or well camera inspection report if available.</p> <p>Describe any significant deficiencies and the corrective action to be taken below:</p>			
Option 1 Selected?	Yes	No	If yes, date action to be completed

2) Provide an alternate source of water;

This corrective action option refers to a permanent alternate source (eg. not a potable water tanker or bottled water which may have been used as a temporary interim measure). Options could include: Is there the possibility of connecting to a nearby public water system and eliminating the on-site water system? Is there sufficient land to potentially drill additional sources? Is there an existing back up source of supply?

Describe options available and the reasoning behind moving forward or not below:

Option 2 Selected?	Yes	No	If yes, date action to be completed	
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3) Eliminate the source of contamination

For this corrective action option, please comment on any issues that may have impacted the source of supply and how it was fixed. Some examples: Are there any septic systems or other bacterial sources (manure piles, animal operations etc.) within the sanitary radius? Outside the sanitary radius but with potential to impact the well? If the drive shoe or pitless adapter are believed to be leaking, have any fixes been implemented (e.g. replacing pitless adapter, installing a Jaswell seal or other)?

Describe the source of contamination and the corrective action to be taken below:

Option 3 Selected?	Yes	No	If yes, date action to be completed	
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STOP HERE! Please consult with DPH concerning the results of the first three CAP options. DPH approval will be required to move to CAP Option 4.

4) Provide treatment that reliably achieves at least 4 log treatment of viruses using inactivation, removal, or a department approved combination of 4 log virus inactivation and removal before or at the first consumer for the groundwater source

If sections 1-3 have been addressed and the well is still testing positive for E. coli, then the water system may submit a proposal for 4-log disinfection. This type of disinfection can also be implemented as a proactive measure, if raw well water quality is acceptable to prevent additional issues. For a 4-log treatment proposal, typically the following applications would be required:

- [General application](#)
- [Chemical feed application](#)
- [4-Log Application:Chlorine - Application for 4 Log Inactivation of Viruses of a Groundwater Source Using Chlorine](#)

Comments:

Option 4 Selected?	Yes	No	If yes, date action to be completed	
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Contact Information for the Person Who Filled out Form:

Salutation:		First Name:		Last Name:	
Organization:				Job Title:	
Business Phone:		Mobile Phone:		Date:	
E-mail Address:			Signature:		