



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Revised Total Coliform Rule Level 1 Assessment Form

PWS ID#: CT	PWS Name:	Street:
Assessment Trigger Date:		Town:
Date Assessment Form Completed*:	System Type: CWS NTNC TNC	
<i>*Completed Form Due 30 days after Assessment Trigger Date</i>	Water Quality Monitoring Schedule Link	
Assessment Trigger:	For a system collecting at least 40 samples per month, more than 5.0% of samples collected are TC+ For a system collecting fewer than 40 samples per month, two or more samples are TC+ The PWS fails to take every required repeat sample after any single routine TC+	

All applicable sections of this form must be completed. Please refer to [instructions](#) for additional information.

NOTE: If this is the second Level 1 treatment technique trigger within the past 12-month rolling period, the system is required to perform a Level 2 Assessment.

Section One – Field Inspection Checklist

Please use the checklists below to review and evaluate all the checklist elements for possible sanitary defects. Indicate Yes, No or N/A as appropriate. Provide additional detail for any questions answered “Yes” including a description of the defect and what may have caused this defect. A summary of Sanitary Defects with Corrective Action Date(s) Must Be Reported in Section Two. If additional space is needed, please attach additional pages and include any supporting documentation.

1	General Questions	Potential Defect	Description of Defect and Cause
1.1	Have there been any visible or physical indicators of unsanitary conditions?	Y N N/A	
1.2	Have there been any signs of vandalism or forced entry?	Y N N/A	
1.3	Have there been any other water quality issues within the distribution or plumbing systems (i.e. color, turbidity, taste, and odor)?	Y N N/A	

2	Operational Changes	Potential Defect	Description of Defect and Cause
2.1	Has there been any other source of supply used or placed into operation that is not normally used?	Y N N/A	
2.2	Have there been any general repairs, operational changes or maintenance activities on the water system?	Y N N/A	
2.3	Was there a failure to follow adequate disinfection practices following any repairs or maintenance activities on the system?	Y N N/A	



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3	Sampling Sites	Potential Defect	Description of Defect and Cause	
3.1	Does the area surrounding each sampling tap appear to be unsanitary?	Y N N/A		
3.2	Are there sampling taps that are not routinely used or not identified in the system's Sampling Site Plan?	Y N N/A		
4	Sampling Protocol	Potential Defect	Description of Defect and Cause	
4.1	Was the sample taken in an improper sample container?	Y N N/A		
4.2	Were there any sampling or handling errors (i.e. human error)?	Y N N/A		
4.3	Were any of the sampling locations equipped with an auto sensing, swivel-or single-spout type faucet?	Y N N/A		
4.4	Did the laboratory report any testing errors?	Y N N/A		
5	Distribution	Potential Defect	Description of Defect and Cause	
5.1	Are there any unprotected cross connection violations?	Y N N/A		
5.2	Has there been any distribution plumbing, installations, water service line breaks or main breaks?	Y N N/A		
5.3	Were there low disinfection residuals?	Y N N/A		
5.4	Have there been any incidents of low or inadequate pressure (<25 psi)?	Y N N/A		



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	Ground Water Source		PWS does not have ground water sources
6	Source Name: Source Facility ID:	Potential Defect	Description of Defect and Cause
6.1	Are there any holes or unprotected openings in the well casing?	Y N N/A	
6.2	Is there any failure or outbreak of a septic or sewer system in the area around the well?	Y N N/A	
6.3	Is the well located in a depressed area where water may collect or is subject to flooding, and has any flooding or ponding occurred?	Y N N/A	
6.4	Is the sanitary seal or well cap improperly installed to the casing and electric conduit, or are they in an unsatisfactory condition?	Y N N/A	
6.5	Does the well lack a vent?	Y N N/A	
6.6	Is the vent not shielded or properly screened?	Y N N/A	
6.7	Is the well pit currently flooded or is there any indication that water collects in the pit?	Y N N/A	
6.8	Is the well pit drain line directly connected to a septic, sewer or storm drain system?	Y N N/A	

Attach [additional page for each ground water source](#): Page of



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7	Treatment Facility		PWS does not have any treatment facilities
	Facility Name:	Potential Defect	Description of Defect and Cause
Treatment Facility ID:			
7.1	Has there been any by-pass in the disinfection treatment process?	Y N N/A	
7.2	Is the filter backwash discharge line directly connected to a drainage pipe or sewer/septic line?	Y N N/A	
7.3	Have there been any interruptions in disinfection treatment (UV, chlorine, etc.)?	Y N N/A	
7.4	Has there been any recent installation or repair to the treatment process?	Y N N/A	
7.5	Have there been any low or inadequate disinfection residual levels?	Y N N/A	
7.6	Is there any evidence of filter or media contamination?	Y N N/A	

Attach [additional page for each treatment facility](#): Page of



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8	Storage Facility				PWS does not have storage facilities
	Facility Name:	Potential Defect	Description of Defect and Cause		
	Storage Facility ID:				
	Storage Type:				
8.1	Are there any holes or unprotected openings in the atmospheric tank(s)?	Y N N/A			
8.2	Is the hatch on the atmospheric tank not sealed properly?	Y N N/A			
8.3	Are the vents on the atmospheric tank <u>not</u> suitably protected and/or screened?	Y N N/A			
8.4	Is the overflow on the atmospheric tank <u>not</u> suitably protected and/or screened?	Y N N/A			
8.5	Has there been any recent work on the tank?	Y N N/A			
8.6	Is there recent evidence of unauthorized access to the tank or associated facilities?	Y N N/A			
8.7	Is there any evidence of contamination from animals?	Y N N/A			
8.8	Is there any evidence of tank failure?	Y N N/A			
8.9	Is there evidence of lack of maintenance, cleaning or inspection?	Y N N/A			
	Bladder/Hydropneumatic Storage Tank	N/A			
	Storage Facility ID:				
8.10	Is there any evidence of tank failure or has any work or maintenance been conducted on the tank after which it was not disinfected?	Y N N/A			

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Attach [additional page for each storage facility](#): Page of



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Section Two – Sanitary Defects Identified and Corrective Actions Schedule Summary

1. **Were all active water system facilities included as part of this Level 1 Assessment?**
 No - If no, explain:
 Yes
2. **Were any sanitary defects identified during the assessment?**
 No - If no, please proceed to Contact Info/Certification section below.
 Yes - If yes, please complete the Sanitary Defect and Corrective Action Summary Table below.

*For each sanitary defect identified, provide a description of the defect along with the actions taken/proposed to correct the defect. Indicate the date that the corrective action was completed/proposed (if not yet corrected). **EVERY Sanitary Defect Identified MUST have a corrective action completion date or expected corrective action completion date.** Corrective actions include physical repairs/upgrades to water system components, system disinfection, training/creation of SOPs, etc.*

Defect #	PWS Facility Type (Use N/A if not applicable)	Description of Defect and Corrective Action Planned	Date Corrective Action was Completed	Proposed Corrective Action Due Date
1.				
2.				
3.				
4.				

Attach additional page for additional defects: Page _____ of _____



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PWS ID#: CT		PWS Name:			Town:	
Contact Information for the Person that Performed the Assessment						
Salutation		First Name		Last Name		
Organization				Job Title		
Mailing Address Line One				Mailing Address Line Two		
City			State		ZIP Code	
Business Phone (Ext.)		Fax	Mobile Phone	Emergency Phone		E-mail Address
Certification						
I certify that the information contained herein which is being submitted to the Connecticut Department of Public Health for a drinking water regulatory compliance purpose is complete and accurate and understand that any false statement contained herein is punishable as a criminal offense under section 53a-157b of the Connecticut General Statutes.						
Signature of Water System Owner/Administrative Contact/Certified Operator: _____						
Printed Name of Water System Owner/Administrative Contact/Certified Operator: _____						
Date: _____						

Form to be completed based on a comprehensive examination of the distribution system, water sources, treatment facilities, storage facilities and relevant operational practices data and documents available to the PWS and returned to the department as soon as practical but no later than 30 days after the system exceeded a level 1 treatment technique trigger.

Please return this form to the Drinking Water Section at:

Email: dwdcompliance@ct.gov
Fax: 860-509-7359
Mail: State of Connecticut
 Department of Public Health
 Drinking Water Section
 410 Capitol Avenue, MS# 12-DWS
 P.O. Box 340308
 Hartford, CT 06134-0308

Typed forms submitted electronically to dwdcompliance@ct.gov is the preferred submission method.