



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Revised Total Coliform Rule Level 2 Assessment Form

PWS ID#: CT	PWS Name:	Town:
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Treatment Facility			
6	Facility Name: Treatment Facility ID:	Potential Defect	Description of Defect and Cause
6.1	Has there been any by-pass in the disinfection treatment process?	Y N N/A	
6.2	Is the filter backwash discharge line directly connected to a drainage pipe or sewer/septic line?	Y N N/A	
6.3	Have there been any interruptions in disinfection treatment (UV, chlorine, etc.)?	Y N N/A	
6.4	Has there been any recent installation or repair to the treatment process?	Y N N/A	
6.5	Have there been any low or inadequate disinfection residual levels?	Y N N/A	
6.6	Is there any evidence of filter or media contamination?	Y N N/A	
6.7	For ultraviolet (UV) disinfection systems, is the well(s) discharge flow rate (pre-UV) above the rated manufacturer's capacity of the UV unit?	Y N N/A	
6.8	For surface water treatment plants was the required inactivation CT being achieved during the time of the recent coliform positive test results?	Y N N/A	
6.9	Is the water treated with a phosphate inhibitor without the system being chlorinated?	Y N N/A	

Notes:



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