



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

**Revised Total Coliform Rule Level 1 Assessment Form**

|                    |                  |              |
|--------------------|------------------|--------------|
| <b>PWS ID#:</b> CT | <b>PWS Name:</b> | <b>Town:</b> |
|--------------------|------------------|--------------|

| Ground Water Source |   |                  |                                 |
|---------------------|---|------------------|---------------------------------|
| 6                   | Source Name:<br>Source Facility ID:   | Potential Defect | Description of Defect and Cause |
| <b>6.1</b>          | Are there any holes or unprotected openings in the well casing?   | Y<br>N<br>N/A    |                                 |
| <b>6.2</b>          | Is there any failure or outbreak of a septic or sewer system in the area around the well?   | Y<br>N<br>N/A    |                                 |
| <b>6.3</b>          | 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<br>N<br>N/A    |                                 |
| <b>6.4</b>          | Is the sanitary seal or well cap improperly installed to the casing and electric conduit, or are they in an unsatisfactory condition? | Y<br>N<br>N/A    |                                 |
| <b>6.5</b>          | Does the well lack a vent?  | Y<br>N<br>N/A    |                                 |
| <b>6.6</b>          | Is the vent <u>not</u> shielded or <u>not</u> properly screened?  | Y<br>N<br>N/A    |                                 |
| <b>6.7</b>          | Is the well pit currently flooded or is there any indication that water collects in the pit?  | Y<br>N<br>N/A    |                                 |
| <b>6.8</b>          | Is the well pit drain line directly connected to a septic, sewer or storm drain system?   | Y<br>N<br>N/A    |                                 |

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



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