



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Revised Total Coliform Rule Level 1 Assessment Form

PWS ID#: CT	PWS Name:	Town:
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Storage Facility			
	Facility Name:	Potential Defect	Description of Defect and Cause
8	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 <u>not</u> sealed properly?	Y N N/A	
8.3	Are the vents on the atmospheric tank <u>not</u> suitably protected or <u>not</u> screened?	Y N N/A	
8.4	Is the overflow on the atmospheric tank <u>not</u> suitably protected or <u>not</u> 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 <u>not</u> disinfected?	Y N N/A	

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



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