

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Revised Total Coliform Rule Level 1 Assessment Form

PWS ID#: CT PWS Name:			Town:				
	Storage Facility			,			
8	Facility Name:		Potential Defect				
	Storage Facility ID:			Description of Defect and Cause			
	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 or <u>not</u> screened?		Y N N/A				
8.4	Is the overflow on the atmospheric tank not suitably protected or not 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 Storage Facility ID:		N/A				
8.10	Is there any evidence of tank any work or maintenance be on the tank after which it was disinfected?	en conducted	Y N N/A				
Attac	Attach additional page for each storage facility: Page of						
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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				
Attach additional page for each storage facility: Page of						
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