



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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Source of Supply		Source Type:	
5	Source Name: Source Facility ID:	Potential Defect	Description of Defect and Cause
5.1	Have there been any recent activities (i.e. septic or sewer releases, construction, waste discharges) in the vicinity of the source?	Y N N/A	
5.2	Are there any holes or unprotected openings in the well casing?	Y N N/A	
5.3	Does the well casing terminate less than 6 inches below established grade or well pit floor?	Y N N/A	
5.4	Does the well casing terminate less than ten feet below the surface or do the casing sections not appear to be joined watertight?	Y N N/A	
5.5	Is the cover of the dug well watertight and sealed watertight to the casing?	Y N N/A	
5.6	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	
5.7	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	
5.8	Does the well lack a vent?	Y N N/A	
5.9	Is the well vent not shielded or properly screened?	Y N N/A	
5.10	Is the well pit currently flooded or is there any indication that water collects in the pit?	Y N N/A	
5.11	Is the well pit drain line directly connected to a septic, sewer or storm drain system?	Y N N/A	
5.12	Is the source in compliance with separation distance requirements associated with a potential bacterial source?	Y N N/A	
5.13	Does the spring box have any breaches, holes or unprotected openings?	Y N N/A	
5.14	Are all spring box hatches appropriately sealed and overflow vents appropriately shielded and screened?	Y N N/A	

Additional Information:

Does the source have a history of bacteriological contamination? Y N N/A	Explain:
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