



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

**Revised Total Coliform Rule Level 2 Assessment Form**

PWS ID#: CT		PWS Name:		Town:
8	<b>Storage Facility</b>			<b>Description of Defect and Cause</b>
	Facility Name:		<b>Potential Defect</b>	
	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 and/or screened?	Y N N/A		
8.4	Is the overflow on the atmospheric tank <u>not</u> suitably protected and/or screened?	Y N N/A		
8.5	Is the overflow <u>not</u> equipped with an air gap?	Y N N/A		
8.6	Was the last atmospheric tank inspection performed more than 10 years ago? Were all deficiencies identified during the inspection corrected?	Y N N/A		
8.7	Is there any evidence of tank failure?	Y N N/A		
8.8	Has there been any work or maintenance conducted on the tank (i.e. cleaning, inspection, repairs, painting, etc.) after which it was not disinfected?	Y N N/A		
8.9	Does the in-ground storage tank <u>not meet</u> minimum separation distance requirements to drains, septic or sewer components?	Y N N/A		
	Hydropneumatic Storage Tank	N/A		
	Storage Facility ID:			
8.10	Does the air compressor for the hydro-pneumatic storage tank lack an air filter or is the air filter in poor condition?	Y N		
8.11	Is there any evidence of tank failure or has any work or maintenance been conducted on the tank after which it was not disinfected?	Y N		

Attach additional page for each storage facility: Page      of



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