



Connecticut

Department of Public Health

Drinking Water Section

REVISED TOTAL COLIFORM RULE

Level I Assessment & Seasonal

Systems

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Technical Review and Field Assessment

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Capacity Development & Transient Non-Community
Public Water Systems




LEVEL 1 ASSESSMENTS



System Information

CT- Draft Coliform Bacteria Level 1 Assessment_OCT2015 (3).pdf - Adobe Reader
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 STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Coliform Bacteria Level 1 Assessment Form

PWS ID#:	PWS Name:
System Type: CWS <input type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/>	Monitoring Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Assessment Trigger Date:	Date Assessment Completed:

NOTE: Form to be completed based on an examination of the source water, treatment, distribution system including storage facilities and relevant operational practices data and documents available to the PWS and returned to the department as soon as practical but no later than 30 days after the system learns it has exceeded a level 1 treatment technique trigger.

Section A: Review and evaluate all the listed elements typically found in a PWS. Check any potential causes of contamination identified or check “NA” if the section is not applicable to the PWS. **Each**

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General and Operational Changes

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1. GENERAL **Issue identified:** YES NO

Have any of the following occurred prior to collecting bacteria samples?

<input type="checkbox"/> low/inadequate disinfectant residual	<input type="checkbox"/> pressure loss/inadequate pressure (<25 psi)
<input type="checkbox"/> signs of vandalism/forced entry	<input type="checkbox"/> visible / physical indicators of unsanitary* conditions
<input type="checkbox"/> water quality issues (Color, Turbidity, Taste, Order)	<input type="checkbox"/> power loss
<input type="checkbox"/> failure / breach of water system component(s)	<input type="checkbox"/> Other:

2. OPERATIONAL CHANGES **Issue identified:** YES NO

<input type="checkbox"/> well / source added/removed	<input type="checkbox"/> operation/maintenance activities	<input type="checkbox"/> standby / other well
<input type="checkbox"/> change in storage:	<input type="checkbox"/> other:	

Issue Description :

3. SAMPLING SITES **Issue identified:** YES NO

<input type="checkbox"/> unclean or unsuitable sample tap	<input type="checkbox"/> tap not routinely used	<input type="checkbox"/> hot water intrusion
<input type="checkbox"/> unapproved/alternate site used	<input type="checkbox"/> other:	

Issue Description :

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Sampling Sites and Protocol

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3. SAMPLING SITES **Issue identified:** YES NO


unclean or unsuitable sample tap
 tap not routinely used
 hot water intrusion
 unapproved/alternate site used
 other:

Issue Description :

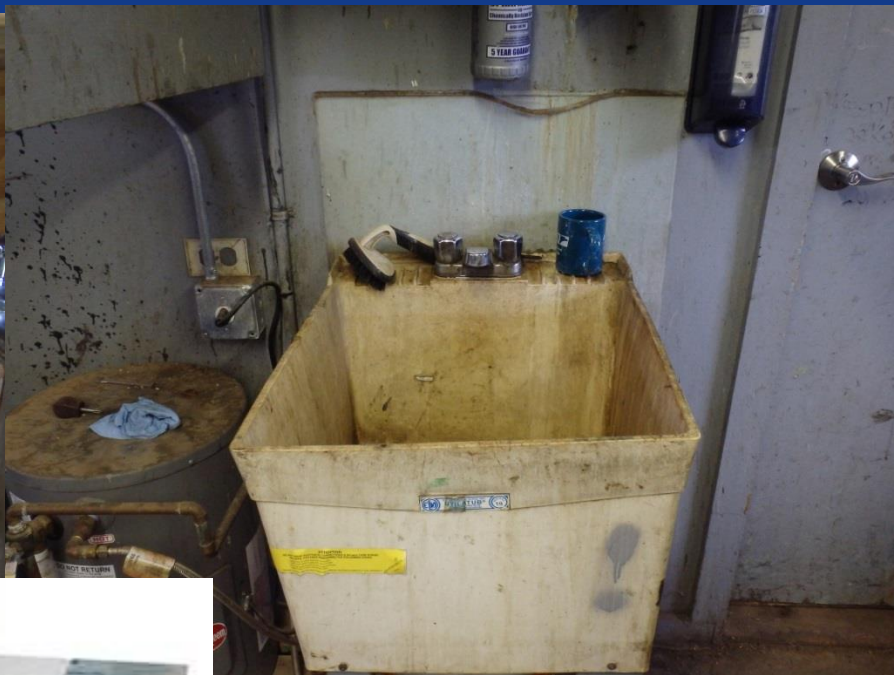
4. SAMPLING PROTOCOL **Issue identified:** YES NO

improper sample container
 sampler error
 auto sensing faucet/swivel-type faucet
 aerator was not removed
 inadequate tap flushing
 improper hold time/storage temperature
 lab indicates possible error
 change in sample -collector
 Other:

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Sampling Tap



Sources and Treatment Process

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Tools Sign Comment

5. SOURCE(S) / WELL(S) **Issue identified:** YES NO NA

<input type="checkbox"/> damaged pitless adaptor	<input type="checkbox"/> well cap damaged / not water tight	<input type="checkbox"/> unapproved source used
<input type="checkbox"/> flooding/run-off inundation	<input type="checkbox"/> vent - damaged/unscreened /not shielded	<input type="checkbox"/> poorly maintained spring box
<input type="checkbox"/> missing/damaged grout seal	<input type="checkbox"/> well casing - damaged (holes, crack etc.)	<input type="checkbox"/> change in sources
<input type="checkbox"/> pump replacement	<input type="checkbox"/> electric conduit damaged/not connected	
<input type="checkbox"/> well location at depressed area where water may collect	<input type="checkbox"/> well pit with standing water or evidence of flooding	
<input type="checkbox"/> Other:		

Issue Description :

6. TREATMENT PROCESS **Issue identified:** YES NO NA

<input type="checkbox"/> change in flow rates	<input type="checkbox"/> unprotected by-pass in disinfection treatment process	<input type="checkbox"/> inadequate disinfection
<input type="checkbox"/> turbidity measurements out of range	<input type="checkbox"/> filter or media contamination	<input type="checkbox"/> O & M procedures not followed
<input type="checkbox"/> treatment added /changed or maintained	<input type="checkbox"/> interruption in treatment (UV, Cl2 etc.)	<input type="checkbox"/> recent installation/repair
<input type="checkbox"/> Other:		

Issue Description :

Not a certified watertight well cap

No air vent



Less than 6" above grade

Subject to surface wash (depression around well)



Not watertight



PVC Well
Casing

Electrical conduit carrying pump wires Is not watertight



Defective Casings











Treatment





Storage Tanks and Distribution System

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7. STORAGE TANK(S) (Atmospheric | Bladder | Hydro Pneumatic) Issue identified: YES NO NA

recent work on tank hatch not sealed recent Installation / repairs low disinfectant residual
 evidence of contamination from animals unauthorized access/signs of vandalism
 incorrect operation of level control valves/altitude valves/related appurtenances water age/inadequate turnover
 duckbill valve not fully closed standing water in control vault failed bladder
 deterioration, rust, holes, or other breaches lack of maintenance, cleaning, or inspection
 Other:

Issue Description :

8. DISTRIBUTION SYSTEM Issue identified: YES NO NA

low flow / dead end main breaks operation of isolation valves resulting in breakage
 standing water in valve vault leaks Flushing of fire hydrants or blow-offs
 low disinfection residuals improper surge control improper protection/operation of air-relief / air-vacuum valves
 known bio-film accumulation improper surge control installation of new mains or construction activity
 unprotected cross connection booster pump failure firefighting event/flushing/sheared hydrant
 recent Installation / Repairs low pressure distribution / plumbing breakage

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Severely Damaged Concrete Tank



Underground Concrete Tank



Inadequate Vent/Overflow Pipe Allows Surface Wash Flow Into Tank



Vent/Overflow Pipe
Broken



Imploded Atmospheric Tank



Created vacuum condition when the air vent and overflow froze in the winter.

Degraded/Inadequate Hatch Seals and Overgrowth of Vegetation/Trees Over and Around Tank Structure





Tuberculation build-up inside tank

Delayed/Inadequate Atmospheric Storage Tank Inspection



Foundation wall
leaking water

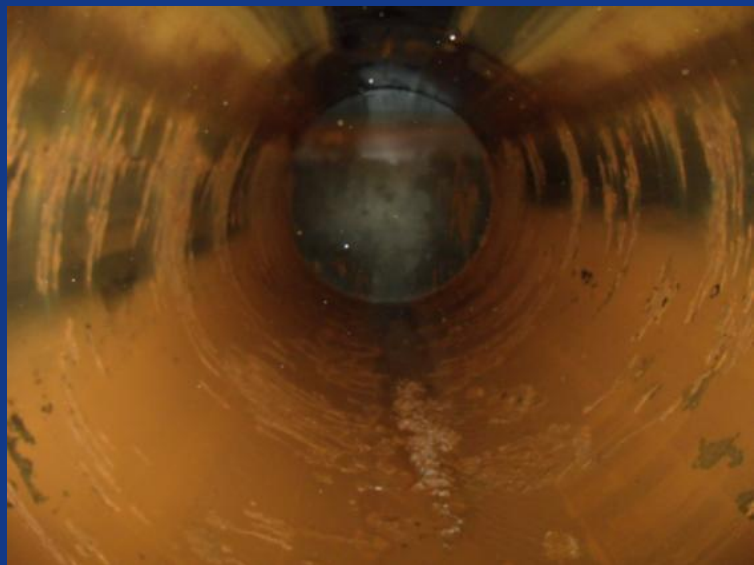


Holes in
the roof



Leak in floor of tank

Delayed/Inadequate Atmospheric Storage Tank Inspection



Before cleaning



After cleaning

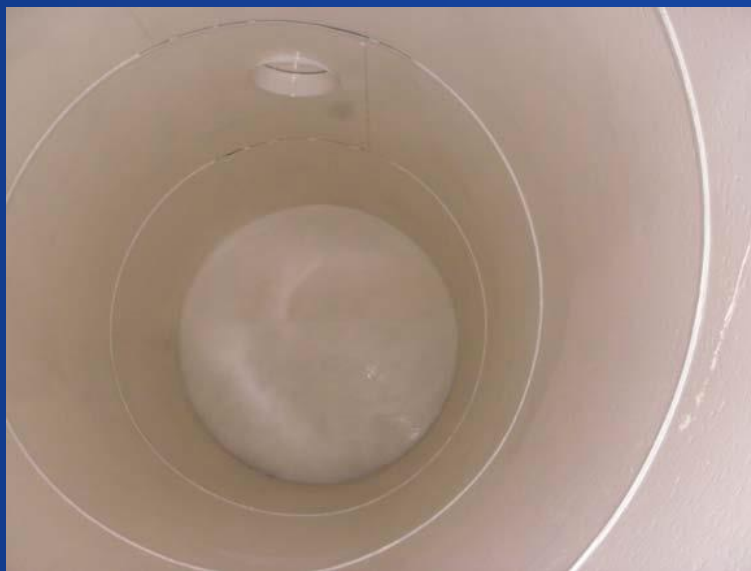


Metal loss on the shell

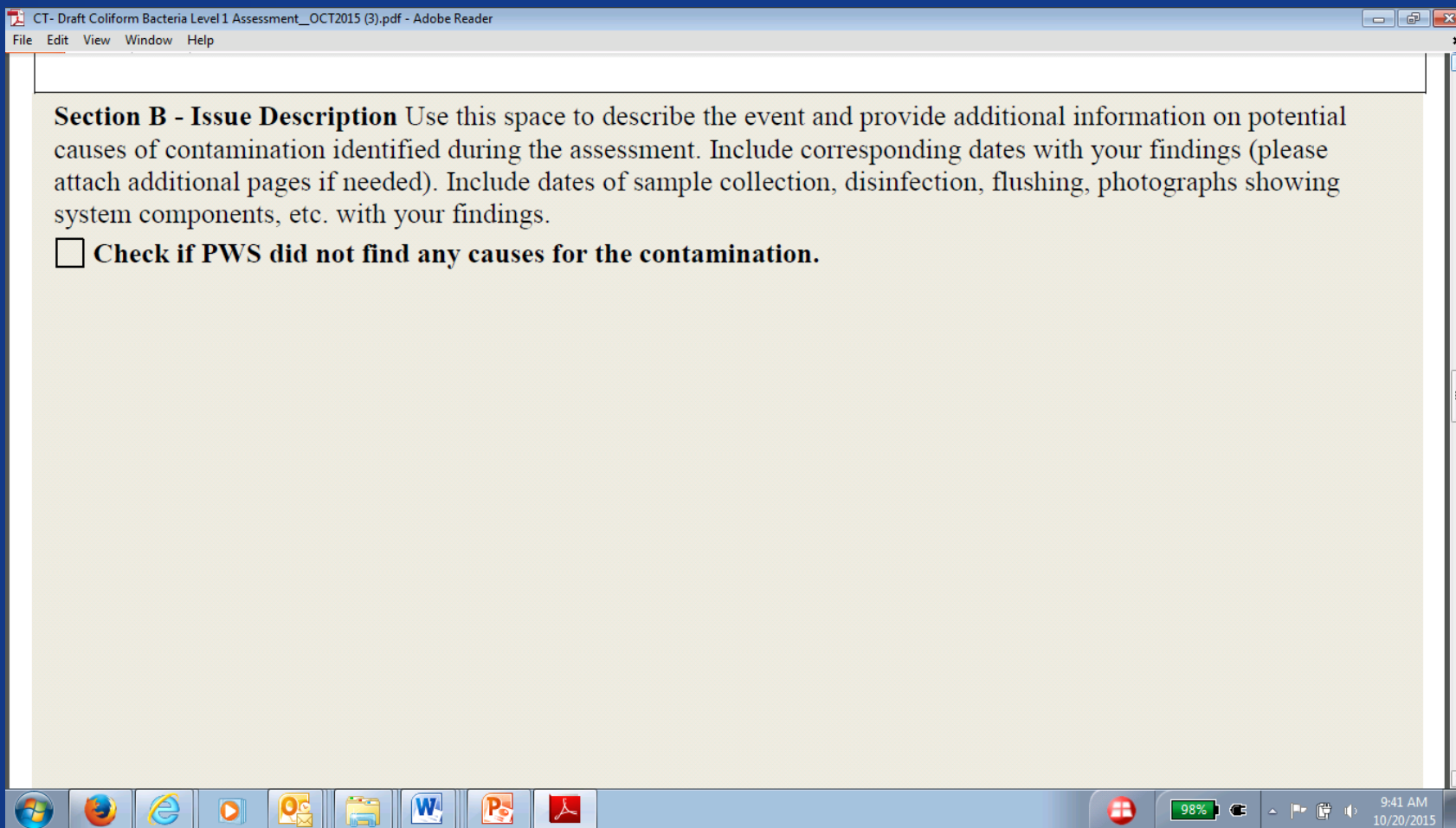
Delayed/Inadequate Atmospheric Storage Tank Inspection



Before
and
After
Coating



Describe Issue



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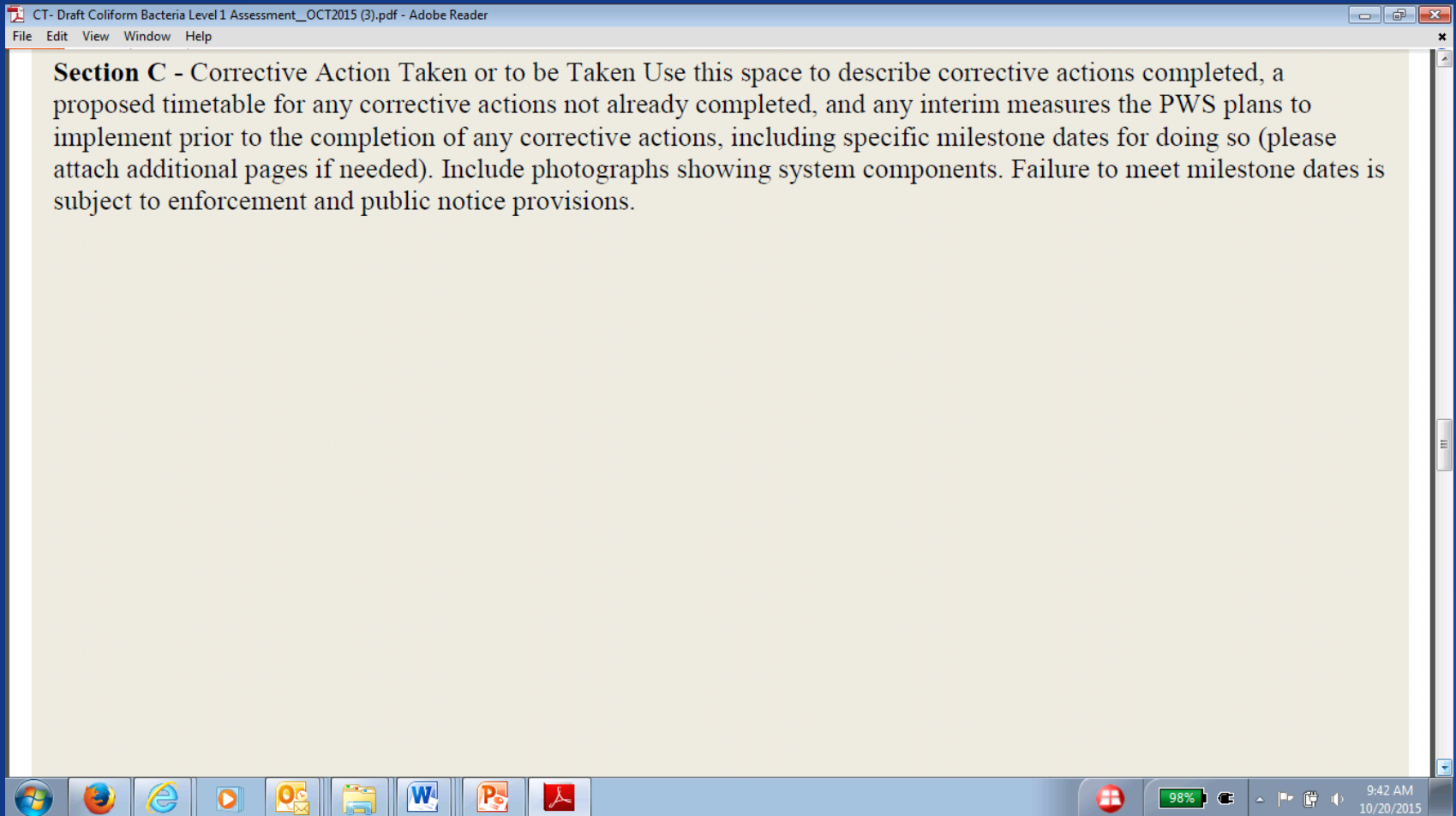
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Section B - Issue Description Use this space to describe the event and provide additional information on potential causes of contamination identified during the assessment. Include corresponding dates with your findings (please attach additional pages if needed). Include dates of sample collection, disinfection, flushing, photographs showing system components, etc. with your findings.

Check if PWS did not find any causes for the contamination.

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Corrective Action



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Section C - Corrective Action Taken or to be Taken Use this space to describe corrective actions completed, a proposed timetable for any corrective actions not already completed, and any interim measures the PWS plans to implement prior to the completion of any corrective actions, including specific milestone dates for doing so (please attach additional pages if needed). Include photographs showing system components. Failure to meet milestone dates is subject to enforcement and public notice provisions.

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Compliance History

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Section D - Compliance History

1. Was the PWS required to complete a Level 1 Assessment in the last 12 months? Yes No
If Yes, was the source of contamination identified? Yes No

2. Was the PWS required by the drinking water section (DWS) during the last survey, inspection or other communication to address any issue(s)? Yes No
If yes, date issue was identified _____. Were all corrective actions completed? Yes No
If no, describe the issue and indicate your plan and a proposed timetable for any corrective actions.
(attach additional pages if needed)

Certification

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Certification: I certify that the information contained herein which is being submitted to the Connecticut Department of Public Health for a drinking water regulatory compliance purpose is complete and accurate and understand that any false statement contained herein is punishable as a criminal offense under section **53a-157b** of the Connecticut General Statutes.

Owner / Legal Name:			
Signature:		Date:	
Phone #:		Email:	

Windows taskbar: 9:47 AM 10/20/2015, 99% battery



SEASONAL PUBLIC WATER SYSTEMS

QUESTIONS?





How to contact us

- DPH website:
<http://ct.gov/dph/site/default.asp>
- DPH main phone number:
860-509-7333
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THANK YOU

