



# Level 1 Assessment Form

## BUREAU OF SAFE DRINKING WATER

Complete the investigation IN THE FIELD and return the form by

to your county or State contact.

<b>PWS Name:</b>	<b>PWS ID#</b>	<b>City/Town:</b>
	<b>Name</b>	<b>Contact Phone Number</b>
Person in Responsible Charge of the water system		
Person Sampling (if different than above)		
Water System Owner		
Date of Investigation:		

### INSTRUCTIONS

Review and evaluate all elements on the checklist. Check (√) yes or no for each element reviewed. Check (√) "NA" if the item is not applicable to the PWS.  
Explain every issue that receives a yes answer. Use additional pages as needed.  
Identify all defects requiring corrective actions. Check the column of the item needed Corrective Action. Corrective actions must be completed within 30 days of the Assessment trigger.  
Submit completed form to your BSDW contact as soon as possible after the investigation is completed. Note any uncompleted corrective actions and the anticipated date when the item will be resolved. This form must be provided to BSDW by the due date noted on the cover page.  
Retain a copy of the completed form in your water system files.

### ASSESSMENT DETAILS

<b>1. Sampling Protocol</b>		<b>If Yes, describe situation</b>	<b>Corrective Action Needed</b>
a. Did the system's sampler follow the approved coliform monitoring plan and sampling procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Was sample tap flushed for less than 3 minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Have there been changes in sampling conditions or procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Have there been changes in usage at the sampling tap?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Leaky faucet used or aerator, hose, screen attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Samples not kept cool during storage/transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
g. Heavy precipitation or wind during sampling event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
h. Other sampling problems	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Distribution and General Issues		If Yes, describe situation	Corrective Action Needed
a. Loss of pressure anywhere in the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Any maintenance, repair, or other work done on the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Flushing or firefighting event?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Any signs of vandalism or unauthorized access?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Power loss or surge?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Unprotected cross-connections?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
g. Failure to test all backflow prevention devices within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
h. Any water system appurtenances flooded or submerged?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. Storage Facilities		If Yes, describe situation	Corrective Action Needed
	<input type="checkbox"/> N/A		
a. Pressure tank waterlogged or malfunctioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
b. Vent screens missing or damaged?			
c. Access hatch poorly sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
d. Overflow pipe screen or flapper valve missing or damaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
e. Last tank inspection more than 5 years ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
f. Contamination in tank (silt, biological matter, biofilm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
g. Maintenance or repair work done on the tank recently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
h. Tank in poor condition (rust, holes, other breaches)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

4. Treatment Facilities		<input type="checkbox"/> N/A	If Yes, describe situation	Corrective Action Needed
a. System adds disinfection?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
i. Chlorine residual below 0.5 mg/L?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Average residual =	
b. Changes in treatment facility equipment or process?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c. Change in flow rates?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
d. Standard maintenance/operation procedures were not followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

5. Sources		<input type="checkbox"/> Wells	<input type="checkbox"/> Springs	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Purchased	If Yes, describe situation	Corrective Action Needed
a. Damage to well casing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
b. Electrical conduit unsealed, vent not screened, cracks in well cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
c. Well or spring flooded or water ponding nearby?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
d. Coliform detected from source sample tap?	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Review the most recent sanitary survey report. In this section, note the status of any deficiencies found in the report.
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<p>SUMMARY: Based on the results of your investigation and any other available information, what do you believe to be the cause(s) of the positive total coliform detections at your water system? DO NOT LEAVE BLANK. If non-compliance investigatory coliform samples were taken, include the lab results with this form.</p>
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CORRECTIVE ACTIONS: What actions have you taken to correct the above-mentioned issues? Include copies of updated procedures.

What corrective actions have not been completed? Provide the estimated date of completion for each item.

Use additional space as needed to completely answer the questions above.

**Certification:** I certify under penalty of law that I am authorized to fill out and complete this assessment and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Return this form to the **Bureau of Safe Drinking Water Program** within 30 days of notification of a Level 1 Assessment Trigger.