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| **Revised Total Coliform Rule**  **Level 1 Assessment Form** | | | | | | | | |  | | | |
| **WSID#:** | **System Name:** | | | | | | | |  | | **County:** | |
| **INSTRUCTIONS:** | | | | | | | | | | | | |
| In **Section A** review and evaluate the listed elements typically found in a PWS. Check () all elements reviewed and check () “Issue(s) identified” if any potential causes of contamination were identified, check () “No issues” if potential causes of contamination were not identified, or check () “NA” if the section is not applicable to the PWS.  In **Section B “Description of Occurrence”** provide an explanation if any issues were identified.  In **Section C “Corrective Action”** provide proposed corrective action(s) if any issues were identified in Section B.  **Return this form within 30 days** of notification of a Level 1 Assessment Trigger. | | | | | | | | | | | | |
| **Section A** | | | | | | | | | | | | |
| 1. **GENERAL** | | | | | | No issues | | | | Issue(s) identified | | NA\* |
| Have any of the following occurred at sample sites prior to collecting bacteria samples? | | | | | | | | | | | | |
| low/inadequate disinfectant residual | | | | | | loss of pressure (<20 psi) | | | | | | |
| operation/maintenance activities | | | | | | visible indicators of unsanitary conditions | | | | | | |
| firefighting event/flushing/sheared hydrant | | | | | | water quality parameters out of range | | | | | | |
| signs of vandalism/forced entry? | | | | | | other: | | | | | | |
| 1. **OPERATIONAL CHANGES** | | | | | | No issues | | | | Issue(s) identified | | NA\* |
| potential source of contamination | | | | | new source added | | | other: | | | | |
| 1. **SAMPLING SITES** | | | | | | No issues | | | | Issue(s) identified | | NA\* |
| unclean or unsuitable sample tap | | | | | | change in conditions at sample site | | | | | | |
| hot water intrusion | | | | | | other: | | | | | | |
| 1. **SAMPLING PROTOCOL** | | | | | | No issues | | | | Issue(s) identified | | NA\* |
| improper sample container | | | | | | inadequate tap flushing | | | | | | |
| aerator was not removed | | | | | | improper hold time/storage temperature | | | | | | |
| sample error | | auto sensing faucet/swivel-type faucet | | | | | | other: | | | | |
| 1. **TREATMENT PROCESS** | | | | | | No issues | | | | Issue(s) identified | | NA\* |
| change in flow rates | | | | | | recent installation/repair | | | | | | |
| inadequate disinfection | | | | | | O & M procedures not followed | | | | | | |
| turbidity measurements out of range | | | | | | interruption in treatment/power loss | | | | | | |
| treatment added or changed | |  | | | | other: | | | | | | |
| 1. **DISTRIBUTION SYSTEM** | | | | | | No issues | | | | Issue(s) identified | | NA\* |
| power loss | | | | | | operation of isolation valves resulting in breakage | | | | | | |
| standing water/debris in valve vault | | | | | | flushing of fire hydrants or blow-offs | | | | | | |
| low disinfection residuals | | | | | | improper operation of air-relief/air-vacuum valves | | | | | | |
| pump or valve failure | | | | | | installation of new mains or construction activity | | | | | | |
| pressure loss/inadequate pressure (<20 psi) | | | | | | improper operation of pumps/valves | | | | | | |
| improper surge control | | | | | | illegal use of hydrants | | | | | | |
| main breaks | | | | | | leaks | | | | | | |
| unprotected cross connection | | improper operation of valves | | | | | | other: | | | | |
| 1. **STORAGE TANKS** | | | | | | No issues | | | | Issue(s) identified | | NA\* |
| improper maintenance practices | | | | | | low disinfectant residual | | | | | | |
| presence of dead animals/insects | | | | | hatch not sealed | | | other: | | | | |
| incorrect operation of level control valves, altitude valves, and related appurtenances | | | | | | | | | | | | |
| deterioration, rust, holes, or other breaches in vent, overflow pipe, access hatch, screens, ladders, etc. | | | | | | | | | | | | |
| \*NA (not applicable) should be checked if there are no issues related to individual selections or if PWS does not have that component (i.e. no springs). | | | | | | | | | | | | |
| 1. **SOURCES - Well** | | | | | | | No issues | | | Issue(s) identified | | NA\* | |
| defective/damaged well cap/well seal | | | | | | | damaged well casing | | | | | | |
| floodwater/run off inundation | | | | | | | damaged/unscreened vent | | | | | | |
| missing/damaged grout seal | | | unprotected opening in pump/pump assembly | | | | | | | other: | | | |
| **Surface Water Supply** | | | | | | | No issues | | | Issue(s) identified | | NA\* | |
| potential source of contamination | | | | | flooding | | | heavy rainfall | | | | | |
| change in sources | | | | | other: | | |  | | | | | |
| **Spring** | | | | | | | No issues | | | Issue(s) identified | | NA\* | |
| potential source of contamination | | | | improper development/poorly maintained spring box | | | | | | | heavy rainfall | | |
| infiltration of surface run-off | | | | other: | | | | | | |  | | |
| \*NA (not applicable) should be checked if there are no issues related to individual selections or if PWS does not have that component (i.e. no springs). | | | | | | | | | | | | | |
| **Section B – Description of Occurrence:** Use this space to provide additional information that supports your findings (i.e. water quality and pressure monitoring data). Include corresponding dates with your findings. | | | | | | | | | | | | | |
| Check if PWS did not find any causes for the contamination. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Section C – Corrective Action:** Use this space to describe corrective action taken or proposed corrective action with corresponding estimated completion dates. | | | | | | | | | | | | | |
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| Certified Operator: | License No.: |
| Sample Collector(s) ( same as Certified Operator): | |

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

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| Print Name: |  | Title: |  |
| Signature: |  | Date: |  |
| Phone #: |  | Email: |  |

This form must be returned within 30 days of notification of a Level 1 Assessment Trigger. Please return this form to the Georgia Environmental Protection Division, Drinking Water Compliance Unit, Attn: Ms. Lynne Grubb, 2 Martin Luther King, Jr., Dr., SE, Suite 1152 East, Atlanta, GA 30334.

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| **EPD USE ONLY:** Date received: / / | | | | EPD Reviewer: | | |
| Initial Detection Date: / / | Initial Notification Date: / / | | | | Initial EPD Consultation Date: / / | |
| Total # routine and repeat samples: | | Total # coliform positives: | | | | Total # E-coli positives: |
| Total # of coliform detections in past 12 months: | | | Total # of coliform violations in past 12 months: | | | |