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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 ([x] ) all elements reviewed and check ([x] ) “Issue(s) identified” if any potential causes of contamination were identified, check ([x] ) “No issues” if potential causes of contamination were not identified, or check ([x] ) “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. |
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| **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: |