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| --- |
| PWS ID#:      PWS Name: Circle one: CWS / NTNC / TNC |
| Operator in Responsible Charge (print name):      Phone:     Assessment trigger date:       Date Assessment Completed:     SEASONAL: YES [ ]  NO [ ]  Reason for Assessment:      Person who collected TC positive samples:      Contact info for person who collected samples:     Name of Certified Lab conducting sample analysis:      |

|  | **Assessment Elements** | **Y** | **N** | **N/A** | **Issue Description** | **Corrective Action Taken or Planned to be Taken and Date** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Review of the sample sites**
 | **Y** | **N** | **N/A** | **Indicate Element number being described.** | **Indicate Element number being described.** |
|  **1.1** | Was the sample taken at the routine coliform site? List the name(s) of the positive sample site(s). | [ ]  | [ ]  | [ ]  |  |        |
|  **1.2** | Was the tap area unsanitary at the time of sampling?  | [ ]  | [ ]  | [ ]  |
|  **1.3** | Was this sample taken from an outside faucet?  | [ ]  | [ ]  | [ ]  |
|  **1.4** | Was the sample taken from a swivel tap?  | [ ]  | [ ]  | [ ]  |
|  **1.5** | Did the tap have a point of use treatment device on it? | [ ]  | [ ]  | [ ]  |
|  **1.6** | Does the building where the sample was taken have a point of entry device? | [ ]  | [ ]  | [ ]  |
|  **1.7** | Has this location undergone any plumbing replacements or repairs? | [ ]  | [ ]  | [ ]  |
|  **1.8** | Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)? | [ ]  | [ ]  | [ ]  |
|  **1.9** | Is this location near a storage tank or dead end?  | [ ]  | [ ]  | [ ]  |
|  **1.10**  | Have there been any analytical results or any additional samples collected, including source samples, which were positive (not for compliance)? | [ ]  | [ ]  | [ ]  |
|  **1.11** | Prior to this incident, when was the most recent satisfactory coliform samples taken? Date: |  |
|  **1.12** | Any other sample site issues not previously mentioned? | [ ]  | [ ]  | [ ]  |

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|  **2.** | **Review of sample protocol** | **Y** | **N** | **N/A** | **Indicate Element number being described.** | **Indicate Element number being described.** |
| **2.1** | Was the positive sample(s) taken by the operator in responsible charge? Provide name of sampler. | [ ]  | [ ]  | [ ]  |       |       |
| **2.2** | Is the sampler a regular, trained sampler?  | [ ]  | [ ]  | [ ]  |  |  |
| **2.3** | Was a laboratory-provided TC sample bottle used?  | [ ]  | [ ]  | [ ]  |
| **2.4** | Was the aerator removed?  | [ ]  | [ ]  | [ ]  |
| **2.5** | Was the water tap flushed for at least 5 minutes?  | [ ]  | [ ]  | [ ]  |
| **2.6** | Was the tap disinfected or flamed? | [ ]  | [ ]  | [ ]  |
| **2.7** | Did the sample get too warm prior to being placed on ice? | [ ]  | [ ]  | [ ]  |
| **2.8** | Were there other sampler errors? Describe | [ ]  | [ ]  | [ ]  |
| **2.9** | If it is a seasonal system, were there any problems during the most recent start-up procedure?  | [ ]  | [ ]  | [ ]  |  |  |
| **2.10** | Any other sample protocol issues not previously mentioned (e.g. vandalism or unauthorized access)? | [ ]  | [ ]  | [ ]  |
|  **3.** | **Review of the distribution system.** | **Y** | **N** | **N/A** | **Indicate Element number being described.** | **Indicate Element number being described.** |
| **3.1** | Have any mains or service lines recently been repaired, replaced or installed?  | [ ]  | [ ]  | [ ]  |       |       |
| **3.2** | Have fire hydrants or blow offs been recently flushed/used/sheared?  | [ ]  | [ ]  | [ ]  |
| **3.3** | Have valves been recently exercised to direct flow?  | [ ]  | [ ]  | [ ]  |
| **3.4** | Any leaks or main breaks noted?  | [ ]  | [ ]  | [ ]  |
| **3.5** | Are all of the backflow prevention devices operational and maintained?  | [ ]  | [ ]  | [ ]  |
| **3.6** | Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when? | [ ]  | [ ]  | [ ]  |
| **3.7** | Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?  | [ ]  | [ ]  | [ ]  |
| **3.8** | Any recent pump station failures or repairs? | [ ]  | [ ]  | [ ]  |
| **3.9** | Air relief valve leaking? | [ ]  | [ ]  | [ ]  |
|  **3.10** | Standing water or debris in (air relief) valve vault? | [ ]  | [ ]  | [ ]  |
|  **3.11** | Any recent power loss? | [ ]  | [ ]  | [ ]  |
|  **3.12** | Any unprotected cross connections (including yard hydrants and stock tanks)? | [ ]  | [ ]  | [ ]  |
|  **3.13** | Has high turbidity been detected in the distribution system? | [ ]  | [ ]  | [ ]  |  |  |
|  **3.14** | Is there evidence of intentional contamination or vandalism?  | [ ]  | [ ]  | [ ]  |  |  |
|  **3.15** | Any other distribution issue not previously mentioned (e.g. other O&M activities that could have introduced coliforms)? | [ ]  | [ ]  | [ ]  |  |  |
|  **4.** | **Review of storage tank(s)****(Note the specific facility if any issues are found)** | **Y** | **N** | **N/A** | **Indicate Element number being described.** | **Indicate Element number being described.** |
| **4.1** | Is there a presence of animals or insects in the tank(s)?  | [ ]  | [ ]  | [ ]  |       |       |
| **4.2** | Are there breaches or holes of any sort into tank(s)?  | [ ]  | [ ]  | [ ]  |
| **4.3** | Is there any presence of animal droppings around openings, vents or overflows?  | [ ]  | [ ]  | [ ]  |
| **4.4** | Is there sediment buildup and floating debris in tank(s)?  | [ ]  | [ ]  | [ ]  |
| **4.5** | Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.  | [ ]  | [ ]  | [ ]  |
| **4.6** | Are the vents and overflows protected against entry from animals, insects or other contaminants?  | [ ]  | [ ]  | [ ]  |
| **4.7** | Are the screens damaged or not properly installed?  | [ ]  | [ ]  | [ ]  |
|  **4.8** | Does the reservoir have a common inlet/outlet? | [ ]  | [ ]  | [ ]  |
|  **4.9** | Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?  | [ ]  | [ ]  | [ ]  |
| **4.10** | Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?  | [ ]  | [ ]  | [ ]  |
| **4.11** | Was the hatch locked or secured? | [ ]  | [ ]  | [ ]  |
| **4.12** | Has the tank been accidently drained?  | [ ]  | [ ]  | [ ]  |
| **4.13** | Have there been high flows through the tank?  | [ ]  | [ ]  | [ ]  |
| **4.14** | Was there high water age in the tank (infrequent water use)?  | [ ]  | [ ]  | [ ]  |
| **4.15** | Was the sample taken when the tank was at the low level mark?  | [ ]  | [ ]  | [ ]  |
| **4.16** | Failure or improper operation on tank telemetry/altitude valves/controls? | [ ]  | [ ]  | [ ]  |
| **4.17** | Any recent repairs on the tank(s)? | [ ]  | [ ]  | [ ]  |
| **4.18** | Was there any power loss?  | [ ]  | [ ]  | [ ]  |
|  **4.19** | Is the site secured (e.g. fencing, locked gates, etc.)? | [ ]  | [ ]  | [ ]  |
| **4.20** | Was the tank vandalized or subject to tampering?  | [ ]  | [ ]  | [ ]  |
| **4.21** | Any other storage tank issues not previously mentioned above? | [ ]  | [ ]  | [ ]  |
|  | **Pressure Tanks (if applicable)** | **Y** | **N** | **N/A** | **Indicate Element number being described.** | **Indicate Element number being described.** |
|  **4.22** | What is the volume of the pressure tank? Attach additional sheets if needed. |  |       |       |
|  **4.23** | What is the age of the pressure tank?Attach additional sheets if needed. |  |
|  **4.24** | Does the pressure tank use a bladder and/or air compressor?Attach additional sheets if needed. |  |
|  **4.25** | Did the pressure tank(s) deviate from normal operating pressure? | [ ]  | [ ]  | [ ]  |  |  |
|  **4.26** | Is the compressor pump running more than normal? | [ ]  | [ ]  | [ ]  |
|  **4.27** | Is the tank bladder water logged? | [ ]  | [ ]  | [ ]  |
|  **4.28** | Is the tank damaged, rusty, leaking or have holes? | [ ]  | [ ]  | [ ]  |
|  **4.29** | Was there any recent work performed on the tank? | [ ]  | [ ]  | [ ]  |
|  **4.30** | Is the air relief vent (if there one) screened and facing down? | [ ]  | [ ]  | [ ]  |
|  **4.31** | Can the inside of the pressure tank be visually inspected through an inspection port? If so, when was it last inspected? | [ ]  | [ ]  | [ ]  |
|  **5.** | **Review of treatment process (if applicable)**  | **Y** | **N** | **N/A** | **Indicate Element number being described.** | **Indicate Element number being described.** |
| **5.1** | Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long? | [ ]  | [ ]  | [ ]  |       |       |
| **5.2** | Have there been any new treatment processes added or new equipment installed?  | [ ]  | [ ]  | [ ]  |
| **5.3** | Have there been any recent repairs of major unit processes or treatment equipment? | [ ]  | [ ]  | [ ]  |
| **5.4** | Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages, flow changes, or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred. | [ ]  | [ ]  | [ ]  |
| **5.5** | Has a coagulant been added at all times the plant has been filtering water?  | [ ]  | [ ]  | [ ]  |
| **5.6** | Have there been changes in raw water quality? | [ ]  | [ ]  | [ ]  |
|  **5.7** | Was the settled water turbidity increasing? | [ ]  | [ ]  | [ ]  |
| **5.8** | Was the finished water turbidity increasing?  | [ ]  | [ ]  | [ ]  |
| **5.9** | Have filter clogging algae caused more frequent backwashing?  | [ ]  | [ ]  | [ ]  |
| **5.10** | Have there been any failures in adding disinfectant for any length of time?  | [ ]  | [ ]  | [ ]  |
| **5.11** | Was water delivered that did not meet CT requirements?  | [ ]  | [ ]  | [ ]  |
|  **5.12** | What is the entry point chlorine residual today? Free/Total? |  mg/L |  |  |
| **5.13** | Has there been any vandalism or tampering at the plant?  | [ ]  | [ ]  | [ ]  |  |  |
| **5.14** | Any other treatment plant issues not previously mentioned above? | [ ]  | [ ]  | [ ]  |  |  |
|  **6.** | **Sources – Well(s)** **(Note the specific facility if any issues are found)** | **Y** | **N** | **N/A** | **Indicate Element number being described.** | **Indicate Element number being described.** |
| **6.1** | Is there a 50 foot annular seal? | [ ]  | [ ]  | [ ]  |       |       |
| **6.2** | Is the surface seal defective or damaged or not water tight?  | [ ]  | [ ]  | [ ]  |
| **6.3** | Is there a casing vent? | [ ]  | [ ]  | [ ]  |
| **6.4** | Does the casing and/or air relief vent have a screen to prevent the entry of insects?  | [ ]  | [ ]  | [ ]  |
| **6.5** | Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?  | [ ]  | [ ]  | [ ]  |
| **6.6** | How is the well used? (Circle if applicable) |  Primary Backup Emergency  |
| **6.7** | Are there any unprotected cross connections at the wellhead?  | [ ]  | [ ]  | [ ]  |       |       |
| **6.8** | Are there any unprotected openings in the pump or pump assembly?  | [ ]  | [ ]  | [ ]  |
| **6.9** | Is the pitless adapter damaged? | [ ]  | [ ]  | [ ]  |
| **6.10** | Are there any exposed holes or cracks near the wellhead? For example electric conduit. | [ ]  | [ ]  | [ ]  |
|  **6.11** | Has there been any recent work performed on the pump? | [ ]  | [ ]  | [ ]  |
| **6.12** | Is the wellhead secured to prevent unauthorized access? | [ ]  | [ ]  | [ ]  |
| **6.13** | Have there been any sewer spills, source water spills or other disturbances near the well? | [ ]  | [ ]  | [ ]  |
|  **6.14** | Is the wellhead at least 18-inches above grade? | [ ]  | [ ]  | [ ]  |
|  **6.15** | Is there evidence of standing water near the wellhead? | [ ]  | [ ]  | [ ]  |
| **6.16** | Is the well pit in standing water or evidence of flooding? | [ ]  | [ ]  | [ ]  |
| **6.17** | Any other well issues not previously mentioned above? | [ ]  | [ ]  | [ ]  |
|  | **Sources- Spring(s)****(Note the specific facility if any issues are found)** | **Y** | **N** | **N/A** |
| **6.18** | Is there evidence of flooding or infiltration of surface water runoff around the spring? | [ ]  | [ ]  | [ ]  |
| **6.19** | Is the spring box improperly developed or poorly maintained? | [ ]  | [ ]  | [ ]  |
|  **6.20** | Is the spring site secured (e.g. locks, fence, gate, etc). | [ ]  | [ ]  | [ ]  |
| **6.21** | Are there dead animals near the spring? | [ ]  | [ ]  | [ ]  |
| **6.22** | Any other issues about springs not previously mentioned above? | [ ]  | [ ]  | [ ]  |
|  | **Sources – Surface Water** | **Y** | **N** | **N/A** |  |  |
| **6.23** | Have there been algae blooms? | [ ]  | [ ]  | [ ]  |  |  |
|  **6.24** | Has the source water turned over? | [ ]  | [ ]  | [ ]  |  |  |
|  **6.25** | Have there been any sewer spills, source water spills or other disturbances? | [ ]  | [ ]  | [ ]  |  |  |
|  **6.26** | Any other source water issues not previously mentioned above? | [ ]  | [ ]  | [ ]  |  |  |

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|  | **Sources-purchased water** |  |  |  |  |  |
|  **6.27** | Water quality issues with supplier? | [ ]  | [ ]  | [ ]  |  |  |
| **6.28** | Low disinfectant residual from supplier (typically <0.2 mg/L)? | [ ]  | [ ]  | [ ]  |  |  |
| **6.29** | Any other purchased water issues not previously mentioned above? | [ ]  | [ ]  | [ ]  |  |  |
|  | **Applicable to all sources** |  |  |  |  |  |
| **6.30** | Has an unapproved source been used? | [ ]  | [ ]  | [ ]  |  |  |
| **6.31** | Has there been a change in sources? | [ ]  | [ ]  | [ ]  |  |  |
| **6.32** | Has there been recent rapid snowmelt, heavy rainfall or flooding? | [ ]  | [ ]  | [ ]  |  |  |
| **6.33** | Any evidence of animals near the source? | [ ]  | [ ]  | [ ]  |  |  |
| **6.34** | Have there been changes in available source water (e.g. significant drop in water table, reservoir capacity) | [ ]  | [ ]  | [ ]  |  |  |
| **6.35** | Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination. | [ ]  | [ ]  | [ ]  |  |  |
| **6.36** | Any other source issues not previously mentioned above? | [ ]  | [ ]  | [ ]  |  |  |
|  **7.** | **General Operations** |  |  |  | **Indicate Element number being described.** | **Indicate Element number being described.** |
| **7.1** | During or soon after bacteriological quality problems, did you receive any complaints of any customers’ illness suspected of being waterborne? How many? | [ ]  | [ ]  | [ ]  |  |  |
|  **7.2** | What were the symptoms of illness if you received complaints about customers being sick? |  |  |  |
|  **7.3** | Were there any extreme weather/natural events (e.g. heat, freezing, raining, windy, fires, earthquakes etc) | [ ]  | [ ]  | [ ]  |  |  |
|  **8.** | **Significant Deficiencies** |  |  |  | **Indicate Element number being described.** | **Indicate Element number being described.** |
| **8.1** | Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action. | [ ]  | [ ]  | [ ]  |  |  |

1. Attach additional sheets if needed.

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| **Additional Comments:**        |
| **Name of SWRCB-Division of Drinking Water or LPA representative completing the form (PRINTED):**      **Signature:**  **Date:**      **Water system responsible party (PRINTED):**      **Signature: Date:**       |
| **Reserved for Regulatory Agency (DDW / LPA) Review** |
|  | **Yes** | **No** | **Comments** |
| **1. Has assessment been successfully completed?** | [ ]  | [ ]  |       |
| **2. Likely reason for EC+ occurrence has been found.** | [ ]  | [ ]  |       |
| **3. System has corrected the problem.** | [ ]  | [ ]  |       |
| **4. Were all issues identified corrected?** | [ ]  | [ ]  |       |
| **4. Corrective Action Approved?** | [ ]  | [ ]  |       |