

Public Water System Name	Date Trigger Exceeded	Date of Assessment	Source Water Type(s)
Public Water System ID #	County	Town, Village, or City	Surface Ground GWUDI Purchase with chlorination Purchase w/out chlorination
NY _____			

Section A – System Evaluation

Review and evaluate all of the elements listed (#1 - #6). Identify any potential causes of contamination and check all that apply. Each section requires a response. Describe each issue and any corrective actions taken in detail, in sections B and C.

1. GENERAL

If any answers are marked “Yes” in questions a. through h. of this section, provide comments in Section B.

Have any of the following occurred prior to collection of TC samples at related facilities within the PWS?

- | | | |
|--|-------|----|
| a. Were there any recent operation and/or maintenance activities that could have introduced total coliforms? | Yes | No |
| b. Has there been any vandalism and/ or unauthorized access to facilities? | Yes | No |
| c. Are there any visible indicators of unsanitary conditions observed? | Yes | No |
| d. Has there been any recent community illness suspected of being waterborne (e.g., local public health official has confirmed that an outbreak occurred.) | Yes | No |
| e. Did the water system receive any total coliform monitoring violations in the past 12 months? If yes, when?
(Provide comments in Section B) | Yes | No |
| f. Has there been any recent heavy rainfall? | Yes | No |
| g. Has there been any recent rapid snow melt or flooding? | Yes | No |
| h. Has there been any recent extremes in heat or cold? | Yes | No |
| i. What was the most recent date on which satisfactory total coliform samples were taken? | Date: | |

Other comments on records and maintenance.

2. SAMPLE SITE and SAMPLE PROTOCOL

If any answers are marked "Yes" for questions a. through d. provide comments in Section B.

If any answers are marked "No" for questions e. through g. provide comments in Section B.

- | | | |
|---|-----|----|
| a. Have there been any plumbing changes or construction after the service connection or in the premise plumbing?
If yes, when and what was the repair or change? | Yes | No |
| b. Have there been any plumbing breaks or failures after the service connection or in the premise plumbing?
If yes, when? | Yes | No |
| c. Were there any low pressure events or changes in water pressure after the service connection or in the premise plumbing? If yes, when? | Yes | No |
| d. Are there any treatment devices after the service connection or in premise? | Yes | No |
| e. Have the sample site plan and sample protocols been followed and reviewed? | Yes | No |
| f. Were all of the backflow prevention devices present, operational, and maintained? | Yes | No |
| g. Were the appropriate sampling protocols used (Flush tap, remove aerator, no swivel, fresh sample bottles, and sample storage acceptable)? | Yes | No |
| h. What is the overall condition of the tap?
(Provide comments) | | |
| i. What is the location of the tap?
(Provide comments) | | |
| j. What is the regular use of the tap?
(Provide comments) | | |
| k. List any identified cross connections after the service connection or in premise plumbing.
(Provide comments) | | |

Other comments on records and maintenance.

3. DISTRIBUTION SYSTEM

If any answers are marked "Yes" for questions a. through k. provide comments in Section B.

If any answers are marked "No" for questions l. through n. provide comments in Section B.

a. System pressure: Is there evidence that the system experienced low or negative pressure in the area of the positive samples? If yes, when?	Yes	No
b. Pump station (if applicable): Are there any sanitary defects in the pump station?	Yes	No
c. Was there any scheduled flushing of the distribution system? If yes, when?	Yes	No
d. Fire hydrant/blow off: Are any of these devices located in an area with a high water table or in pits?	Yes	No
e. Has there been any fires in the area?	Yes	No
Does the fire department use any nearby hydrants for practice?	Yes	No
Has routine flushing been performed recently?	Yes	No
f. Have there been any recent repairs or additions in the area of the positive samples? If yes, when, and what was the repair or addition?	Yes	No
g. Have there been any recent water main breaks? If yes, when?	Yes	No
h. Are there any known areas of leaks in the distribution system? If so, where?	Yes	No
i. Are there sections of the distribution system with very low or no water use? (ex. vacant manufacturing areas)	Yes	No
j. Vaults: Is the vault subject to flooding?	Yes	No
k. Vaults: Does the air vent terminate below grade?	Yes	No
l. Vaults: Is the air vent screened?	Yes	No
m. Vaults: Is the vent downturned?	Yes	No
n. Are the backflow prevention devices at nearby high risk sites present, operational and maintained? (If no, provide comments in Section B.)	Yes	No
o. Last pump (booster stations) maintenance/service date.	Date:	
Other comments on the distribution system.		

4. STORAGE TANK(S)

If any answers are marked "Yes" for questions a. through d. provide comments in Section B. If any answers are marked "No" for questions e. through h. provide comments in Section B.

- | | | |
|---|-----------|----------|
| a. Has there been any recent facility maintenance? (i.e. painting/coating) If yes, when? | Yes | No |
| b. Are there any unsealed openings in the storage facility such as access doors, vents or joints? | Yes | No |
| c. Are there any observed leaks? | Yes | No |
| d. Physical condition of the tank – Are there any observed holes in the tank that could allow contamination in? | Yes | No |
| e. Is adequate O&M being performed per AWWA schedule? | Yes | No |
| f. Are the overflow and vents properly screened? | Yes | No |
| g. Is the vent properly screened and covered? | Yes | No |
| h. Does the drain/overflow line terminate a minimum of 12" above the ground? | Yes | No |
| i. What is the measured chlorine residual (total/free) of the water exiting the storage tank today? | Residual: | |
| j. Does the tank have a combined inlet/outlet or are there separate inlet and outlet lines? | Combined | Separate |
- Other comments on the storage tank(s).

5. TREATMENT PROCESS

If any are marked "Yes" for questions a. through f. provide comments in Section B.

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|---|-----------|----|
| a. Was there any recent installation or repair of treatment equipment? | Yes | No |
| b. Were there any recent changes in the treatment process? If yes, when, and what was the change? | Yes | No |
| c. Were there any interruptions of treatment (lapses in chemical feed, turbidity excursions, disinfection)? If yes which part, when and for how long? | Yes | No |
| d. Did a review of the compliance turbidity readings reveal any anomalies? | Yes | No |
| e. Were there any failures to meet the CT calculations? | Yes | No |
| f. Were the flow rates above the rated capacity? | Yes | No |
| g. Are treatment devices operational and maintained? (If no, provide comments in Section B.) | Yes | No |
| h. What is the free chlorine residual measured at the point where CT is calculated? | Residual: | |
- Other comments on the treatment process.

6. SOURCE

General

- | | | |
|--|-----|----|
| a. Have any inactive sources recently been introduced into the system (e.g., emergency/auxiliary sources)?
(If yes, provide comments in Section B.) | Yes | No |
| b. Have there been any new sources introduced into the system?
(If yes, provide comments in Section B.) | Yes | No |
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Well

If any questions are marked "Yes" in questions a. through c. provide comments in Section B.

If any questions are marked "No" in questions d. through f. provide comments in Section B.

- | | | |
|---|-----|----|
| a. Are there any unprotected cross connections at the wellhead(s)? | Yes | No |
| b. Is there evidence of standing water near the wellhead(s)? | Yes | No |
| c. Have there been any sewage spills, chemical spills or other disturbances near the well(s)? | Yes | No |
| d. Is the casing in good condition with no evidences of breaks? | Yes | No |
| e. Are well caps vented? | Yes | No |
| f. Do all wells meet the construction standards in Appendix 5-B? | Yes | No |

Other comments on the well system.

Spring

- | | | |
|--|-----|----|
| a. What is the condition of the area surrounding the spring box?
(Provide comments) | | |
| b. What is the condition of the spring box (Used to collect flow from spring; should be water tight vermin-proof)?
(Provide comments) | | |
| c. Are overflow pipes screened?
(If no, provide comments in Section B.) | Yes | No |

Other comments on the spring system.

Surface Water Supply

If any are marked "Yes" in questions a. through c. provide comments in Section B.

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|--|-----|----|
| a. Have there been any sewage spills, chemical spills or other disturbances near the source? | Yes | No |
| b. Has source water turnover occurred recently? | Yes | No |
| c. Have there been any recent algal blooms near the intake? | Yes | No |

Other comments on the surface water supply.

Section B – Issue Description

In this section, use the space provided to describe the event and provide additional information on potential causes of contamination identified during the assessment. Include corresponding dates whenever possible. If more space is needed attach additional sheets of paper.

Check this box if there were no known causes for this contamination.

Section C – Corrective Action Taken or to be Taken

In this section, describe corrective actions (completed or proposed), and any additional measures the public water system plans to implement prior to the completion of any corrective actions, including specific dates. If more space is needed attach additional sheets of paper.

Certification

Please fill in the information below after completing this form.

Print name

Date

Signature

Reserved for State (or Local Health Department) Use Only

- | | | |
|---|-----|----|
| 1. Assessment has been successfully completed | Yes | No |
| 2. Likely reason total coliform positives is identified | Yes | No |
| 3. System has corrected the problem | Yes | No |
| 4. Name of State (Local Health Department) Reviewer | | |

Additional Notes

Directions

1. Completely fill in the public water supply information in the first section of the form, including: Public Water Supply Name, Public Water Supply ID #, Date Trigger Exceeded, Date of Assessment, County, Town, Village/City, Source Water Type(s)
2. This form must be completed based on data and documents available to the Public Water System and maintained on file for a minimum of five years.
3. Complete all sections (A – C) and check each item that applies. If no issue was identified, check the appropriate box.
4. Sign and date the form.
5. This form must be completed by the State (Local Health Department) within 30 days of a Public Water System triggering a Level 2 Assessment.
6. A completed copy of this form shall be given to the Public Water System.