

Total Coliform Rule - Level 1 Assessment

ADEM

PWSID: <input style="width: 95%;" type="text"/>	System Name: <input style="width: 95%;" type="text"/>
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Assessment Areas	Reviewed or N/A	Issue(s) (Y/N)	Issue Description	Corrective Action Taken (Including Date)
1. Evaluate sample site. -condition or location of tap -regular use of connection -weather conditions				
2. Sample protocol followed and reviewed. -flush/flame tap -remove aerator -chlorine residual taken - value - -no swivel -fresh sample bottles -sample storage acceptable				
3. Have any of the following occurred at relevant facilities prior to the collection of TC samples? -any interruptions in the treatment process -any reported loss of pressure events (20 psi) -operation and maintenance activities that could have introduced total coliform -reported vandalism and/or unauthorized access to facilities -visible indicators of unsanitary conditions reported -Has there been a fire fighting event, flushing operation, sheared hydrant, etc.				
4. Have there been any recent operational changes to the system? -sources introduced -treatment or operational changes -potential sources of contamination				
5. Distribution System -system pressure -cross connection -pump station -air relief valves -fire hydrants or blow off -breaks -repairs				

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Assessment Areas	Reviewed or N/A	Issue(s) (Y/N)	Issue Description	Corrective Action Taken (Including Date)
6. Storage Tank -screens -security -access opening -condition of tank -vent -drain overflow -pressure tank -O&M				
7. Treatment Process -interruptions -treatment supplies -O&M				
8. Source - Well -sanitary seal -vent screened -air gap -cross connection -security -pump to waste line				
9. Source - Spring -condition of spring box -security				
10. Source - Surface Water Supply -heavy rainfall -algae bloom				

Note: Form to be completed based on data and documents available to the PWS operator in charge, maintained on file and returned to ADEM within 30 days of triggering the assessment.

Additional Comments:			
Print name of person completing form:		Phone:	
Signature:		Date:	