



Department of Health & Human Services  
 Maine Center for Disease Control and Prevention  
 Drinking Water Program  
 Coliform Bacteria Level 1 Assessment Form

<b>PWS ID#:</b>	<b>PWS Name:</b>	<b>City/Town:</b>
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**System Type:** COMMUNITY  NON TRANSIENT NON COMMUNITY  TRANSIENT NON COMMUNITY

<b>Compliance Period (mm/yy):</b>	<b>Assessment Trigger Date:</b>	<b>Date Assessment Completed:</b>
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**NOTE: Form to be completed based on data and documents available to the PWS and returned to Maine DWP as soon as practical but no later than 30 days after the date the PWS was notified of the trigger.**

**Section A: Review and evaluate** all the listed elements typically found in a PWS. Check any potential causes of contamination identified or check "NA" if the section is not applicable to the PWS. **Each section requires a response.**

**1. GENERAL** **Issue identified:** YES  NO  NA

Have any of the following occurred prior to collecting bacteria samples?

<input type="checkbox"/> low/inadequate disinfectant residual	<input type="checkbox"/> pressure loss/inadequate pressure (<20 psi)*
<input type="checkbox"/> signs of vandalism/forced entry	<input type="checkbox"/> visible indicators of unsanitary conditions
<input type="checkbox"/> water quality parameters out of range	<input type="checkbox"/> power loss
<input type="checkbox"/> other:	

**2. OPERATIONAL CHANGES** **Issue identified:** YES  NO  NA

<input type="checkbox"/> source added/removed	<input type="checkbox"/> operation/maintenance activities	<input type="checkbox"/> power loss
<input type="checkbox"/> other:		

**3. SOURCES** **Issue identified:** YES  NO  NA

<input type="checkbox"/> damaged pitless adaptor*	<input type="checkbox"/> defective/damaged well cap/well seal*	<input type="checkbox"/> damaged well casing*
<input type="checkbox"/> flooding/run-off inundation*	<input type="checkbox"/> damaged/unscreened vent*	<input type="checkbox"/> unapproved source*
<input type="checkbox"/> missing/damaged grout seal	<input type="checkbox"/> infiltration of surface run-off	<input type="checkbox"/> change in sources
<input type="checkbox"/> recent work on pump	<input type="checkbox"/> unprotected opening in pump assembly	<input type="checkbox"/> well cap not water tight
<input type="checkbox"/> ground slopes towards well	<input type="checkbox"/> changes in land use near source	<input type="checkbox"/> recent heavy rainfall/snowmelt
<input type="checkbox"/> improper development/poorly maintained spring box	<input type="checkbox"/> well pit with standing water or evidence of flooding*	
<input type="checkbox"/> other:		

**4. SAMPLING SITES** **Issue identified:** YES  NO  NA

<input type="checkbox"/> unclean or unsuitable sample tap	<input type="checkbox"/> change in conditions at sample site
<input type="checkbox"/> unapproved/alternate site	<input type="checkbox"/> hot water intrusion
<input type="checkbox"/> other:	

**5. SAMPLING PROTOCOL followed and reviewed** **Issue identified:** YES  NO  NA

<input type="checkbox"/> improper sample container	<input type="checkbox"/> auto sensing faucet/swivel-type faucet	<input type="checkbox"/> sampler error
<input type="checkbox"/> aerator was not removed	<input type="checkbox"/> change in sample collector	<input type="checkbox"/> inadequate tap flushing
<input type="checkbox"/> lab indicates possible error	<input type="checkbox"/> improper hold time/storage temperature	
<input type="checkbox"/> other:		

**6. TREATMENT PROCESS** **Issue identified:** YES  NO  NA

<input type="checkbox"/> change in flow rates	<input type="checkbox"/> filter or media contamination	<input type="checkbox"/> recent installation/repair
<input type="checkbox"/> turbidity measurements out of range	<input type="checkbox"/> interruption in treatment/power loss	<input type="checkbox"/> inadequate disinfection
<input type="checkbox"/> treatment added or changed	<input type="checkbox"/> unprotected by-pass in treatment *	<input type="checkbox"/> O & M procedures not followed
<input type="checkbox"/> other:		

<b>7. STORAGE TANKS</b>		<b>Issue identified:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
<input type="checkbox"/> recent work on tank	<input type="checkbox"/> presence of dead animals/insects	<input type="checkbox"/> hatch not sealed
<input type="checkbox"/> evidence of contamination from animals	<input type="checkbox"/> water age/inadequate turnover	<input type="checkbox"/> tank design issues
<input type="checkbox"/> unauthorized access or vandalism	<input type="checkbox"/> standing water/debris in control vault	<input type="checkbox"/> low disinfectant residual
<input type="checkbox"/> unaddressed inspection findings	<input type="checkbox"/> lack of maintenance, cleaning, or inspection	
<input type="checkbox"/> incorrect operation of level control valves/altitude valves/related appurtenances		
<input type="checkbox"/> deterioration, rust, holes, or other breaches in vent, overflow pipe, access hatch, screens, ladders, etc.*		
<input type="checkbox"/> other:		

<b>8. DISTRIBUTION SYSTEM</b>		<b>Issue identified:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
<input type="checkbox"/> low flow/dead end	<input type="checkbox"/> low disinfection residuals	<input type="checkbox"/> main breaks
<input type="checkbox"/> standing water in valve vault	<input type="checkbox"/> flushing of fire hydrants or blow-offs	<input type="checkbox"/> leaks
<input type="checkbox"/> improper operation of gate valves	<input type="checkbox"/> unprotected cross connection*	<input type="checkbox"/> improper surge control
<input type="checkbox"/> illegal use of hydrants	<input type="checkbox"/> known bio-film accumulation	<input type="checkbox"/> booster pump failure
<input type="checkbox"/> main installation or construction activity	<input type="checkbox"/> firefighting event/flushing/sheared hydrant	
<input type="checkbox"/> improper operation of air-relief/air-vacuum valves	<input type="checkbox"/> isolation valve operation related breakage	
<input type="checkbox"/> other:		

\* Indicates Groundwater Rule Significant Deficiency

**Section B - Issue Description** Use this space to describe the event and provide additional information on potential causes of contamination identified during the assessment. Include corresponding dates with your findings (attach additional pages if needed). Include dates of sample collection, disinfection, flushing, photographs showing system components, etc. with your findings.

Check if PWS did not find any causes for the contamination.

**Section C - Corrective Action Taken or to be Taken** Use this space to describe corrective actions completed, a proposed timetable for any corrective actions not already completed, and any interim measures the PWS plans to implement prior to the completion of any corrective actions, including specific milestone dates for doing so (attach additional pages if needed). Include photographs showing system components. Failure to meet milestone dates is subject to enforcement and public notice provisions.

**Section D - Compliance History**

1. Was the PWS required to complete a Level 1 Assessment in the last 12 months? Yes  No   
If Yes, was the source of contamination identified? Yes  No
2. Was the PWS required by MEDWP during the last survey, inspection or other communication to address any issue(s)?  
Yes  No   
If yes, date issue was identified \_\_\_\_\_. Were all corrective actions completed? Yes  No   
If no, describe the issue and indicate your plan and a proposed timetable for any corrective actions. (attach additional pages if needed)

**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.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Other Parties Present: \_\_\_\_\_

Please return this form to: **Maine Drinking Water Program, 11 S.H.S., Augusta, ME 04333**

**DWP USE ONLY:** Maine DWP Reviewer:

Level 1 Assessment Sufficient:  YES  NO      PWS Corrected Problem  YES  NO  
Corrective Action Plan Approved:  YES  NO  NA       Approved w/changes (attached)  
Consultation DATE: \_\_\_\_\_      Revisions Required:  YES  NO

Comments: