

Department of Health & Human Services
Maine Center for Disease Control and Prevention
Drinking Water Program
Coliform Bacteria Level 2 Assessment Form

PWS ID#:	PWS Name:	Source Water:
System Type: COM <input type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/>	SEASONAL: YES <input type="checkbox"/> NO <input type="checkbox"/>	PWS Address:
Primary Operator (print name):	Phone:	
Person who collected TC samples if different than Primary Operator:	Phone:	
State Personnel Consulted For Assessment:	Phone:	
Assessment trigger date:	Laboratory Notification Date:	
Date Assessment Completed:		

Assessment Elements	Reviewed?			Issues?		Issue Description	Corrective Action Taken and Date
	Y	N	N/A	Y	N		
1. Were there any events that may have caused system upset prior to collection of TC samples?						Indicate Element number being described.	
1.1 Were there any operation and maintenance activities that could have introduced total coliforms/ E. coli?	<input type="checkbox"/>						
1.2 Has there been a fire fighting event, flushing operation, sheared hydrant, etc.?	<input type="checkbox"/>						
1.3 Has there been any vandalism and/or unauthorized access to facilities?	<input type="checkbox"/>						
1.4 Are there any visible indicators of unsanitary conditions?	<input type="checkbox"/>						
1.5 Have there been any TC+ samples that were not compliance samples, including source samples?	<input type="checkbox"/>						
1.6 Have there been any sites with low or inadequate disinfectant residual? Are there sites where it is difficult to maintain a residual without flushing?	<input type="checkbox"/>						
1.7 Have any other measured water quality parameters been out of normal ranges?	<input type="checkbox"/>						
1.8 Has there been a past history of TC+ or E. coli in distribution system (esp. in the last 12 months)?	<input type="checkbox"/>						
1.9 Did the water system receive any RTRC monitoring violations in the past 12 months? If yes, when.	<input type="checkbox"/>						
1.10 Have there been any reports of community illness suspected of being waterborne (e.g., Does the community public health official indicate that an outbreak has occurred.)	<input type="checkbox"/>						
1.11 Other comments on records and maintenance?	<input type="checkbox"/>						
2. Have there been any recent operational changes to the system?							
2.1 Have any new sources or inactive sources (e.g., auxiliary systems) recently been introduced into the system?	<input type="checkbox"/>						
2.2 Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, etc.)?	<input type="checkbox"/>						
2.3 If it is a seasonal system, were there any problems during the most recent start-up procedure?	<input type="checkbox"/>						

Assessment Elements	Reviewed?			Issues?		Issue Description	Corrective Action Taken and Date		
	Y	N	N/A	Y	N				
3. Source – Well									
3.1 Is the sanitary seal intact?	<input type="checkbox"/>								
3.2 Is the well cap vented and is the vent screened?	<input type="checkbox"/>								
3.3 Does the vent and pump to waste terminate in an approved air gap?	<input type="checkbox"/>								
3.4 Are there any unprotected cross connections at the wellhead?	<input type="checkbox"/>								
3.5 How is the well used? (Circle if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Backup	Emergency			Not a PWS	Not Drinking Water
3.6 How far does the casing extend above grade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Height: _____	
3.7 Is there evidence of standing water near the wellhead?	<input type="checkbox"/>								
3.8 Is the wellhead secured to prevent unauthorized access?	<input type="checkbox"/>								
3.9 Have there been any sewer spills, source water spills or other disturbances?	<input type="checkbox"/>								
3.10 Other comments on the well system. (Are there aspects of well construction and operation that would bear on observed positives?)	<input type="checkbox"/>								
4. Source - Surface Water Supply									
4.1 Have there been any sewer spills, source water spills or other disturbances?	<input type="checkbox"/>								
4.2 Have there been any algal blooms?	<input type="checkbox"/>								
4.3 Has source water turnover occurred?	<input type="checkbox"/>								
4.4 Other source water comments	<input type="checkbox"/>								
5. Environmental Events									
5.1 Has there been heavy rainfall / flooding / rapid snowmelt?	<input type="checkbox"/>								
5.2 Have there been changes in available source water (e.g., significant drop in water table, well levels, reservoir capacity, etc.)	<input type="checkbox"/>								
5.3 Have there been any extremes in heat or cold?	<input type="checkbox"/>								
6. Evaluate sample site.									
6.1 Describe the location and condition of the tap	<input type="checkbox"/>								
6.2 What is the regular use of the connection? (Provide comments)	<input type="checkbox"/>								
6.3 Describe any plumbing breaks, changes or construction in vicinity of sample site.	<input type="checkbox"/>								
6.4 Are there any identified cross connections after the service connection or in premises plumbing. Describe if present.	<input type="checkbox"/>								
6.5 Were all of the backflow prevention devices at the sample location operational and maintained?	<input type="checkbox"/>								
6.6 Were there any low pressure events or changes in water pressure after the service connection or in the premises plumbing? If yes, when?	<input type="checkbox"/>								
6.7 Describe any treatment devices after the service connection or in the premises of the sample site?	<input type="checkbox"/>								

Assessment Elements	Reviewed?			Issues?		Issue Description	Corrective Action Taken and Date
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7. Sample protocol followed and reviewed. -flush tap -remove aerator -no swivel -fresh sample bottles -sample storage acceptable	<input type="checkbox"/>						
8. Treatment Process (if applicable)							
8.1 Have there been any interruptions in treatment processes from power outages or other causes? If yes, provide details for which part, when and for how long?	<input type="checkbox"/>						
8.2 Are treatment devices operational and maintained?	<input type="checkbox"/>						
8.3 Has there been any recent installation or repair of treatment equipment?	<input type="checkbox"/>						
8.4 Were there any recent changes in the treatment process (e.g., addition of a process, change in chemical or dosage)? If yes, provide details for the change and when it occurred?	<input type="checkbox"/>						
8.5 What is the free chlorine residual measured immediately downstream from the point of application?						Residual: _____	
8.6 Did a review of the filter turbidity profiles reveal any anomalies?	<input type="checkbox"/>						
8.7 Were there any failures to meet the C x T calculations?	<input type="checkbox"/>						
8.8 Were the flow rates above the rated capacity?	<input type="checkbox"/>						
8.9 Were there any anomalies of the settled water turbidities?	<input type="checkbox"/>						
8.10 Other comments on the treatment system.	<input type="checkbox"/>						
9. Distribution System							
9.1 System pressure: Is there evidence that the system experienced low or negative pressure prior to sampling ? If yes, describe event and when it occurred.	<input type="checkbox"/>						
9.2 Have there been any water main breaks? If yes, when?	<input type="checkbox"/>						
9.3 List any identified unprotected cross connections.	<input type="checkbox"/>						
9.4 Pump station: Are there any significant deficiencies in the pump station? Are pump(s) operable?	<input type="checkbox"/>						
9.5 Last pump maintenance/service date.	<input type="checkbox"/>						
9.6 Air relief valves: Is the valve vault subject to flooding or does the vent terminate below grade?	<input type="checkbox"/>						
9.7 Fire hydrant/blow off: Are any located in an area with a high water table or pits?	<input type="checkbox"/>						
9.8 Is the distribution system secured to prevent unauthorized access?	<input type="checkbox"/>						
9.9 Are the backflow prevention devices at high risk sites present, operational and maintained?	<input type="checkbox"/>						
9.10 Have there been any water main repairs or additions? If yes when, and what was the repair or addition?	<input type="checkbox"/>						
9.11 Was there any scheduled flushing of the distribution system? If yes, when?	<input type="checkbox"/>						
9.12 Is there any evidence of intentional contamination in the distribution system?	<input type="checkbox"/>						
9.13 Other comments on the distribution information.	<input type="checkbox"/>						

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10. Storage Tank							
10.1 Are the overflow and vents properly screened?	<input type="checkbox"/>						
10.2 Is the facility secured to prevent unauthorized access?	<input type="checkbox"/>						
10.3 Does the access opening have the proper gasket and seal tightly?	<input type="checkbox"/>						
10.4 Does the drain/overflow line terminate at a minimum of 12" air gap?	<input type="checkbox"/>						
10.5 Is the vent turned down and maintaining an approved air gap at the termination point?	<input type="checkbox"/>						
10.6 Were there any observed leaks? Are there any unsealed openings in the storage facility, such as access doors, vents or joints?	<input type="checkbox"/>						
10.7 Was there any observed physical deterioration of the tank? Could the physical condition of tank be a source of contamination?	<input type="checkbox"/>						
10.8 If present, is the pressure tank maintaining an appropriate minimum pressure?	<input type="checkbox"/>						
10.9 Has proper O&M been performed per appropriate schedule?	<input type="checkbox"/>						
10.10 Has there been any recent facility maintenance (i.e. painting/coating)? If yes, when?	<input type="checkbox"/>						
10.11 Does the tank "float" on the distribution system or are there separate inlet and outlet lines?	<input type="checkbox"/>						
10.12 What is the measured chlorine residual (total/free) of the water exiting the storage tank today?	<input type="checkbox"/>						
10.13 Is there any evidence of intentional contamination at the storage tank?	<input type="checkbox"/>						
10.14 Other comments on the storage system	<input type="checkbox"/>						

Additional Comments:

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 SHS, Augusta, ME 04333**

Reserved for ME DWP Review

	Yes	No	Comments
1. Has assessment been successfully completed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Likely reason for TC+ occurrence has been found.	<input type="checkbox"/>	<input type="checkbox"/>	
3. System has corrected the problem.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Name of DWP reviewer:			