



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Revised Total Coliform Rule Level 1 Assessment Form

PWS ID#:	PWS Name:	Town:
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8	Storage Facility	PWS does not have storage facilities		
	Facility Name:	Potential Defect	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
	Storage Facility ID:			
	Storage Type:			
8.1	Are there any holes or unprotected openings in the atmospheric tank(s)?	Y N N/A		
8.2	Is the hatch on the atmospheric tank not sealed properly?	Y N N/A		
8.3	Are the vents on the atmospheric tank <u>not</u> suitably protected and/or screened?	Y N N/A		
8.4	Is the overflow on the atmospheric tank <u>not</u> suitably protected and/or screened?	Y N N/A		
8.5	Has there been any recent work on the tank?	Y N N/A		
8.6	Is there recent evidence of unauthorized access to the tank or associated facilities?	Y N N/A		
8.7	Is there any evidence of contamination from animals?	Y N N/A		
8.8	Is there any evidence of tank failure?	Y N N/A		
8.9	Is there evidence of lack of maintenance, cleaning or inspection?	Y N N/A		

Attach additional page for each storage facility: Page ____ of ____