



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Revised Total Coliform Rule Level 2 Assessment Form

PWS ID#:	PWS Name:	Town:
System Type: CWS NTNC TNC	Date Assessment Form Completed: <i>This form must be completed and returned no later than 30 days after the Assessment Trigger Date.</i>	
Assessment Trigger Date:		
Assessment Trigger:	<i>E. coli</i> MCL violation Second Level 1 Assessment in a rolling 12-month period Voluntary Level 2 Assessment	

Instructions: *Review and evaluate all of the elements for possible sanitary defects. Indicate Yes or No if any sanitary defects are identified or N/A if the element is not applicable to the water system. All sections of this form must be completed. If a potential sanitary defect is identified, provide a description of the defect along with the actions taken or proposed to correct the defect. Indicate the date that the corrective action was completed or the proposed corrective action date if not yet corrected. Use the space provided following each section to provide more detail if needed. Please attach additional pages and include any supporting documentation where necessary.*

1	General Questions	Potential Defect	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
1.1	Are there any unresolved significant deficiencies from the last CT DPH Sanitary Survey?	Y N N/A		
1.2	Are there any unresolved sanitary defects identified in prior Level 1 or 2 Assessments?	Y N N/A		
1.3	Have there been any community illnesses suspected of being waterborne? (e.g., Do community public health officials indicate that an outbreak has occurred?)	Y N N/A		
1.4	Have there been any visible or physical indicators of unsanitary conditions?	Y N N/A		
1.5	Have there been any signs of vandalism or forced entry to water system components or facilities?	Y N N/A		
1.6	Have there been any other water quality issues within distribution or plumbing systems (color, turbidity, taste, and odor)?	Y N N/A		
1.7	Have there been any fire-fighting events, flushing activities, water main breaks or service line breaks which may have contributed to the bacteriological contamination?	Y N N/A		



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2	Operational Changes	Potential Defect	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
2.1	Has there been any other source of supply used or placed into operation that is not normally used?	Y N N/A		
2.2	Have there been any general repairs, operational changes or maintenance activities on the water system?	Y N N/A		
2.3	Was there a failure to follow adequate disinfection practices following any repairs or maintenance activities on the system?	Y N N/A		
2.4	If this is a seasonal system, were there any problems during the most recent start-up procedure?	Y N N/A		

3	Sampling Sites	Potential Defect	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
3.1	Does the area surrounding each sampling tap appear to be unsanitary?	Y N N/A		
3.2	Are there sampling taps that are not routinely used or not identified in the system's Sampling Site Plan?	Y N N/A		



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4	Sampling Protocol	Potential Defect	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
4.1	Was the sample taken in an improper sample container?	Y N N/A		
4.2	Were there any sampling or handling errors (i.e. human error)?	Y N N/A		
4.3	Were any of the sampling locations equipped with an auto sensing, swivel-or single-spout type faucet?	Y N N/A		
4.4	Were there any sample holding time or storage temperature exceedances?	Y N N/A		
4.5	Did the laboratory report any testing errors?	Y N N/A		
4.6	Was there a failure to follow appropriate collection procedures when samples were collected?	Y N N/A		
4.7	Have there been any special samples taken from a water treatment plant, well, tank or distribution system as part of the investigation that have confirmed the bacteriological contamination?	Y N N/A		



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5	Distribution	Potential Defect	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
5.1	Have there been any incidents of low or inadequate pressure (<25 psi)?	Y N N/A		
5.2	Have there been any distribution plumbing installations, water service line breaks or main breaks?	Y N N/A		
5.3	Were there any events that may have caused flows in excess of normal?	Y N N/A		
5.4	Have all cross connection violations been corrected?	Y N N/A		
5.5	Are there any dead end or low flow sections within the distribution system or plumbing system?	Y N N/A		
5.6	Are there any automatically operating air vacuum, air release or combination air release/air vacuum valves having a discharge port connected to drain, not screened or that may have been submerged in water?	Y N N/A		
5.7	Were there low disinfection residuals?	Y N N/A		



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PWS ID#:		PWS Name:		Town:	
Source of Supply			Source Type:		
6	Source Name:		Potential Defect	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
	Source Facility ID:				
6.1	Have there been any recent activities (i.e. septic or sewer releases, construction, waste discharges) in the vicinity of the source?		Y N N/A		
6.2	Are there any holes or unprotected openings in the well casing?		Y N N/A		
6.3	Does the well casing terminate less than 6 inches below established grade or well pit floor?		Y N N/A		
6.4	Does the well casing terminate less than ten feet below the surface or do the casing sections not appear to be joined watertight?		Y N N/A		
6.5	Is the cover of the dug well watertight and sealed watertight to the casing?		Y N N/A		
6.6	Is the well located in a depressed area where water may collect or is subject to flooding, and has any flooding or ponding occurred?		Y N N/A		
6.7	Is the sanitary seal or well cap improperly installed to the casing and electric conduit, or are they in an unsatisfactory condition?		Y N N/A		
6.8	Does the well lack a vent?		Y N N/A		
6.9	Is the well vent not shielded or properly screened?		Y N N/A		
6.10	Is the well pit currently flooded or is there any indication that water collects in the pit?		Y N N/A		
6.11	Is the well pit drain line directly connected to a septic, sewer or storm drain system?		Y N N/A		
6.12	Is the source in compliance with separation distance requirements associated with a potential bacterial source?		Y N N/A		
6.13	Does the spring box have any breaches, holes or unprotected openings?		Y N N/A		
6.14	Are all spring box hatches appropriately sealed and overflow vents appropriately shielded and screened?		Y N N/A		
6.15	Does the source have a history of bacteriological contamination?		Y N N/A		

Attach additional page for each source of supply: Page ___ of ___



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PWS ID#:		PWS Name:		Town:	
Treatment Facility			PWS does not have any treatment facilities		
7	Facility Name:		Potential Defect	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
	Treatment Facility ID:				
7.1	Has there been any by-pass in the disinfection treatment process?		Y N N/A		
7.2	Is the filter backwash discharge line directly connected to a drainage pipe or sewer/septic line?		Y N N/A		
7.3	Have there been any interruptions in disinfection treatment (UV, chlorine, etc.)?		Y N N/A		
7.4	Has there been any recent installation or repair to the treatment process?		Y N N/A		
7.5	Have there been any low or inadequate disinfection residual levels?		Y N N/A		
7.6	Is there any evidence of filter or media contamination?		Y N N/A		
7.7	For ultraviolet (UV) disinfection systems, is the well(s) discharge flow rate (pre-UV) above the rated manufacturer's capacity of the UV unit?		Y N N/A		
7.8	For surface water treatment plants was the required inactivation CT being achieved during the time of the recent coliform positive test results?		Y N N/A		
7.9	Is the water treated with a phosphate inhibitor without the system being chlorinated?		Y N N/A		

Attach additional page for each treatment facility: Page ___ of ___



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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	Is the overflow not equipped with an air gap?	Y N N/A		
8.6	Was the last atmospheric tank inspection performed more than 10 years ago or does its interior need cleaning or repainting?	Y N N/A		
8.7	Does the air compressor for the hydro-pneumatic storage tank lack an air filter or is the air filter in poor condition?	Y N N/A		
8.8	Is there any evidence of tank failure?	Y N N/A		
8.9	Has there been any work or maintenance conducted on the tank (i.e. cleaning, inspection, repairs, painting, etc.) after which it was not disinfected?	Y N N/A		
8.10	Does the in-ground storage tank not meet minimum separation distance requirements to drains, septic or sewer components?	Y N N/A		

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



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PWS ID#:		PWS Name:		Town:	
RCTR Level 2 Assessor Information					
Salutation	First Name		Last Name		RCTR Level 2 Credential Number
Business Phone	(Ext.) ()	E-mail Address			
Check here to certify that the RCTR Level 2 Assessor is not an employee of the public water system identified on this form.					
Contact Information for the Public Water System					
Salutation	First Name		Last Name		
Organization			Job Title		
Mailing Address Line One			Mailing Address Line Two		
City		State		ZIP Code	
Business Phone	(Ext.) ()	Fax	Mobile Phone	Emergency Phone	E-mail Address
Certification					
I certify that the information contained herein which is being submitted to the Connecticut Department of Public Health for a drinking water regulatory compliance purpose is complete and accurate and understand that any false statement contained herein is punishable as a criminal offense under section 53a-157b of the Connecticut General Statutes.					
Signature of Water System Owner/Legal Contact: _____				Date: _____	
Printed Name of Water System Owner/Legal Contact: _____					

Form to be completed based on an examination of the distribution system, water sources, treatment facilities, storage facilities and relevant operational practices data and documents available to the PWS and returned to the department as soon as practical but no later than 30 days after the system has identified that it had exceeded a level 2 treatment technique trigger.

Please return this form to the Drinking Water Section at:

Mail: State of Connecticut
Department of Public Health
Drinking Water Section
410 Capitol Avenue, MS# 51WAT
P.O. Box 340308
Hartford, CT 06134-0308

Email: dwdcompliance@ct.gov

Fax: 860-509-7359

DWS USE ONLY					
DWS Reviewer:					
RTCR Level 2 Assessment Accepted: YES		NO		PWS has corrected the defect (s): YES	
				NO	
DWS/PWS Consultation Date if needed:					
Corrective Action Plan Approved: YES		NO		N/A	
				Compliance Schedules Added: YES	
				NO	
Comments:					