



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Revised Total Coliform Rule Level 2 Assessment Form

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 ___