



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

**Revised Total Coliform Rule Level 2 Assessment Form**

<b>PWS ID#:</b>		<b>PWS Name:</b>		<b>Town:</b>	
<b>Treatment Facility</b>			<b>PWS does not have any treatment facilities</b>		
<b>7</b>	Facility Name:		<b>Potential Defect</b>	<b>Description of Defect and Corrective Action Taken/Proposed</b>	<b>Date Corrected/Proposed</b>
	Treatment Facility ID:				
<b>7.1</b>	Has there been any by-pass in the disinfection treatment process?		Y N N/A		
<b>7.2</b>	Is the filter backwash discharge line directly connected to a drainage pipe or sewer/septic line?		Y N N/A		
<b>7.3</b>	Have there been any interruptions in disinfection treatment (UV, chlorine, etc.)?		Y N N/A		
<b>7.4</b>	Has there been any recent installation or repair to the treatment process?		Y N N/A		
<b>7.5</b>	Have there been any low or inadequate disinfection residual levels?		Y N N/A		
<b>7.6</b>	Is there any evidence of filter or media contamination?		Y N N/A		
<b>7.7</b>	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		
<b>7.8</b>	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		
<b>7.9</b>	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 \_\_\_