



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Revised Total Coliform Rule Level 2 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	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 ____