



Alaska Department of Environmental Conservation

Revised Total Coliform Rule - Level 1 Assessment Form

*** Return this form to DEC within 30 days of notification of the Level 1 Assessment Trigger ***

I. General Information

PWS Name:	PWSID #:
Contact Name:	Phone #:
PWS Address:	
E-mail:	
Name of Inspector:	Assessment Date:
Assessment due date:	

II. Form Instructions

- * Answer each of the following questions by putting a check in either the "Yes" column, the "No" column, or the "N/A" (Not Applicable) column.
- * **Each answer you check that has an asterisk (*), indicates a potential sanitary defect or a contributing factor to the total coliform positive sample(s).** Any issues that have been identified will require corrective action, include the date and status in the "Corrective Action Date" column. If you have completed a corrective action, enter the date it was completed and check the "Completed" box. If you're not able to complete a corrective action before the date you must submit this form, enter the date it is scheduled to be completed, and check the "Scheduled" box.
- * Describe completed or scheduled corrective action(s) in the applicable Corrective Action section.
- * Provide a Summary of Findings in Section V.
- * Return this form to your DEC Drinking Water Program Office within 30 days of notification of the Level 1 Assessment Trigger.

III. Assessment Questions - If issues are identified, explain further in the Notes section.

A. SAMPLING SITES & SAMPLING PROTOCOL

Did sample collection and handling factors contribute to contamination? Have any of the following issues been identified?	Yes	No	Corrective Action Date	Completed	Scheduled
	YES	NO			
1. Unclean or unsuitable sample tap	*				
2. Swivel-type faucet/auto-sensing faucet	*				
3. Aerators were removed		*			
4. Improper disinfection/sterilization of sample tap	*				
5. Inadequate tap flushing	*				
6. Change in conditions at sample site	*				
7. Other sample collection error	*				
8. Improper sample container	*				
9. Improper hold time/storage temperature	*				
10. Other:					
Corrective Action - Use this space to describe corrective action taken or proposed corrective action with completion dates.					

B. SYSTEM CONDITION/ OPERATIONAL CHANGES

Did changes to operation contribute to contamination? Have any of the following issues been identified?	Yes	No	Corrective Action Date	Completed	Scheduled
	YES	NO			
1. Potential source of contamination	*				
2. Visible indicators of unsanitary conditions	*				
3. Signs of vandalism/forced entry that could contribute to contamination	*				
4. Power loss/electrical outage	*				
5. New source added	*				
6. Change in water system operator(s)	*				
7. Operation/maintenance activities were performed prior to collecting sample	*				
8. Other:					
Corrective Action - Use this space to describe corrective action taken or proposed corrective action with completion dates.					

C. SOURCES - Answer questions for source types that apply to your system.

Did source water quality factors contribute to contamination?	Yes		No		Corrective Action Date	Completed	Scheduled
	YES	NO	N/A				
Wells - Ground Water & Ground Water Under Direct Influence of Surface Water (GWUDISW)							
1. Does the well have a properly sealed sanitary well cap/well seal?		*					
2. Does the exposed portion of the well casing have any damage?		*					
3. Does the well have a missing or damaged ground seal or grout?		*					
4. Are vents turned downward and screened?			*				
5. Is the well in a pit?		*					
6. Are there any signs of vandalism that could contribute to contamination?		*					
7. Has the well casing been affected by floodwater or run-off?		*					
8. Has there been any change in source(s)?		*					
9. Other:							
Corrective Action - Use this space to describe corrective action taken or proposed corrective action with completion dates.							

Surface Water / Rain Catchment	Yes		No		Corrective Action Date	Completed	Scheduled
	YES	NO	N/A				
1. Has any/new potential source(s) of contamination been identified?		*					
2. Are there any signs of vandalism that could contribute to contamination?		*					
3. Has rapid snowmelt, heavy rainfall, flooding, or reservoir turnover occurred?		*					
4. Has there been any change in source(s)?		*					
5. Is the surface water intake screened and maintained?			*				
6. Are rain catchment cisterns being inspected, cleaned, and maintained regularly?			*				
7. Other:							
Corrective Action - Use this space to describe corrective action taken or proposed corrective action with completion dates.							

Spring	Yes		No		Corrective Action Date	Completed	Scheduled
	YES	NO	N/A				
1. Has any/new potential source(s) of contamination been identified?		*					
2. Are there any signs of vandalism that could contribute to contamination?		*					
3. Has rapid snowmelt, heavy rainfall, or flooding occurred?		*					
4. Has the spring been affected by infiltration of surface run-off?		*					
5. Has the spring box been properly developed and maintained?			*				
6. Are overflow vents and drain pipes screened?			*				
7. Has there been any change in source(s)?			*				
8. Other:							
Corrective Action - Use this space to describe corrective action taken or proposed corrective action with completion dates.							

D. TREATMENT PROCESS

Did water treatment operations contribute to contamination? Have any of the following issues been identified?	Yes	No	Corrective Action			Completed	Scheduled
			YES	NO	N/A		
1. Interruption in treatment			*				
2. Inadequate disinfection (if required to disinfect)			*				
3. Turbidity measurements out of range			*				
4. Operations & Management (O&M) procedures were followed				*			
5. Recent installation/repair/modifications were completed			*				
6. Change in flow rates			*				
7. Treatment added or changed			*				
8. New source added that is not properly treated			*				
9. Unprotected cross connection(s), inadequate air gap(s), pump to waste lines, etc.			*				
10. Water quality parameters out of range			*				
11. Other:							
Corrective Action - Use this space to describe corrective action taken or proposed corrective action with completion dates.							

E. STORAGE TANKS / PRESSURE TANKS

Did water storage operations/factors contribute to contamination? What is the condition of the storage tank(s)?	Yes	No	Corrective Action			Completed	Scheduled
			YES	NO	N/A		
1. All vents and overflow pipes are screened and turned downward				*			
2. Tank/pressure tank properly maintained				*			
3. Tank/pressure tank structurally sound, free of rust, holes, and leaks				*			
4. Hatch was locked in sealed position				*			
5. Incorrect operation of level control valves or related components				*			
6. Presence of dead animals, insects, or other contamination				*			
7. Signs of vandalism that could contribute to contamination				*			
8. Pressure tank maintains pressure				*			
9. Other:							
Corrective Action - Use this space to describe corrective action taken or proposed corrective action with completion dates.							

F. DISTRIBUTION / PLUMBING SYSTEM

Did distribution system factors contribute to contamination? Have any of the following issues been identified?	Yes	No	Corrective Action			Completed	Scheduled
			YES	NO	N/A		
1. Installation of new mains or construction activity				*			
2. Recent repairs completed				*			
3. Line breaks or leaks				*			
4. Pressure loss/inadequate pressure (<20 psi)				*			
5. Low/inadequate disinfectant residual (if required to disinfect)				*			
6. Unprotected cross connection(s) (i.e., cross connection without appropriate backflow prevention)				*			
7. Flushing of mains/fire hydrants/blow-offs				*			
8. Firefighting event/damaged hydrant				*			
9. Improper/illegal use of fire hydrants				*			
10. Pump or valve failure				*			
11. Improper operation of pumps or valves				*			
12. Standing water/debris in valve vault				*			
13. Improper operation of air-relief/air-vacuum valves				*			
14. Other:							
Corrective Action - Use this space to describe corrective action taken or proposed corrective action with completion dates.							

IV. Notes - Use this space to describe additional problems or concerns.

V. Summary of Findings - Use this space to summarize the results of the assessment and any additional information on the corrective actions taken or planned to be taken. **For any corrective actions that have been completed documentation must be provided** (photos, sample results, detailed description of correction, etc.)

Check box if cause(s) for the contamination is identified.

If your system requires a certified operator, please fill out this section:	
Certified Operator (print name): _____	Certification #: _____
Please list person(s) who collected positive sample(s):	

Certification: I certify under penalty of law that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Print Name: _____ Title: _____
 Signature: _____ Date: _____

Please return this form to your DEC Drinking Water Program Office within 30 days of notification of a Level 1 Assessment Trigger, by mail, fax, or e-mail. A copy of this completed form must be maintained on file at the PWS.

Anchorage DEC Office

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DEC USE ONLY		Date Received (stamp):	
Reason for Assessment	Multiple TC+ samples	Missed Repeat Samples	
Dates			
Initial Detection: _____	_____	Lab Notification Date: _____	
Repeat Samples Collected: _____	_____	Lab Notification Date: _____	
Date PWS notified of triggered assessment: _____	_____		
COMPLIANCE HISTORY			
Was the PWS required to complete a Level 1 Assessment in the prior 12 months?	Yes	No	
If YES, was the source of contamination identified?	Yes	No	N/A
If issues were identified in the prior assessment, were they all corrected?	Yes	No	N/A
If YES all issues were corrected, was a "reset" issued/approved?	Yes	No	N/A
ASSESSMENT			
Assessment has been sufficiently completed:	Yes	No	
Likely reason(s) for total coliform positive occurrence is established:	Yes	No	
System has corrected the problem(s):	Yes	No	N/A
If system corrected problem, was appropriate documentation provided?	Yes	No	N/A
Will a "reset" be issued? (<i>Supervisor approval is required</i>)	Yes	No	
Is system on Quarterly Monitoring?	Yes	No	
If YES, please review the questions below to determine if monthly monitoring may need to be required			
Is this the second level 1 assessment triggered in the past 12 months?	Yes	No	
Has the PWS received a monitoring violation in the past 12 months?	Yes	No	
<i>*If you answered YES to either of these questions the system may need to begin monthly monitoring. Consult the CRF 141 Subpart Y for specific criteria or discuss with your supervisor.</i>			
Was an invalidation of the TC+ sample(s) requested and/or granted? If so, note rationale:	Yes	No	N/A
<i>*Consult invalidation policy found on the DW Program intranet policy page.</i>			
Comments:			
State Reviewer Signature: _____			Date: _____ / _____ / _____