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| PWS ID#:      PWS Name: |
| Primary Operator (print name):      Phone:  Assessment trigger date:       Date Assessment Completed:  SEASONAL: YES  NO  Reason for Assessment: |

|  | **Assessment Elements** | **Issues?** | | | **Issue Description** | **Corrective Action Taken or Planned to be Taken and Date** |
| --- | --- | --- | --- | --- | --- | --- |
| **Y** | N | N/A |
| **1.** | **Review of the sample sites** |  |  |  | **Indicate Element number being described.** |  |
| **1.1** | Was the sample taken at the routine coliform site? |  |  |  |  |  |
| **1.2** | Was the tap area unsanitary at the time of sampling? |  |  |  |
| **1.3** | Was this sample taken from an outside faucet? |  |  |  |
| **1.4** | Was the sample taken from a swivel tap? |  |  |  |
| **1.5** | Did the tap have a point of use treatment device on it? |  |  |  |
| **1.6** | Does the building where the sample was taken have a point of entry device? |  |  |  |
| **1.7** | Has this location undergone any plumbing replacements or repairs? |  |  |  |
| **1.8** | Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)? |  |  |  |
| **1.9** | Is this location near a storage tank or dead end? |  |  |  |
| **1.10.** | Any other sample site issues not previously mentioned? |  |  |  |
| **2.** | **Review of sample protocol** |  |  |  |  |  |
| **2.1** | Is the sampler a regular, trained sampler? |  |  |  |  |  |
| **2.2** | Was a laboratory-provided TC sample bottle used? |  |  |  |
| **2.3** | Was the aerator removed? |  |  |  |
| **2.4** | Was the water tap flushed for at least 5 minutes? |  |  |  |
| **2.5** | Was the tap disinfected or flamed? |  |  |  |
| **2.6** | Did the sample get too warm prior to being placed on ice? |  |  |  |
| **2.7** | Was there other sampler error? Describe |  |  |  |
| **2.8** | If it is a seasonal system, were there any problems during the most recent start-up procedure? |  |  |  |  |  |
| **2.9** | Any other sample protocol issues not previously mentioned? |  |  |  |
| **3.** | **Review of the distribution system.** |  |  |  |  |  |
| **3.1** | Have any mains been recently replaced or service lines recently added? |  |  |  |  |  |
| **3.2** | Have fire hydrants or blow offs been recently flushed? |  |  |  |
| **3.3** | Have valves been recently exercised to direct flow? |  |  |  |
| **3.4** | Any leaks or main breaks noted? |  |  |  |
| **3.5** | Are all of the backflow prevention devices operational and maintained? |  |  |  |
| **3.6** | Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when? |  |  |  |
| **3.7** | Any areas of the distribution with low disinfectant levels (<0.2 mg/L)? |  |  |  |
| **3.8** | Any recent pump station failures or repairs? |  |  |  |
| **3.9** | Air relief valve leaking? |  |  |  |
| **3.10** | Standing water or debris in valve vault? |  |  |  |
| **3.11** | Any recent power loss? |  |  |  |
| **3.12** | Any unprotected cross connections (including yard hydrants and stock tanks)? |  |  |  |
| **3.13** | Any other distribution issue not previously mentioned? |  |  |  |  |  |
| **4.** | **Review of storage tank(s)**  **(Note the specific facility if any issues are found)** |  |  |  |  |  |
| **4.1** | Is there a presence of animals or insects in the tank(s)? |  |  |  |  |  |
| **4.2** | Are there breaches or holes of any sort into tank(s)? |  |  |  |
| **4.3** | Is there any presence of animal droppings around openings, vents or overflows? |  |  |  |
| **4.4** | Is there sediment buildup and floating debris in tank(s)? |  |  |  |
| **4.5** | Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned. |  |  |  |
| **4.6** | Is there a #24 mesh screen installed on vents and overflows? |  |  |  |
| **4.7** | Is the #24 mesh screen damaged or not properly installed? |  |  |  |
| **4.8** | Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain? |  |  |  |
| **4.9** | Does the hatch have a solid, water proof, shoebox type lid that is properly sealed? |  |  |  |
| **4.10** | Was the hatch locked or secured? |  |  |  |
| **4.11** | Has the tank been accidently drained? |  |  |  |
| **4.12** | Have there been high flows through the tank? |  |  |  |
| **4.13** | Was there high water age in the tank (infrequent water use)? |  |  |  |
| **4.14** | Was the sample taken when the tank was at the low level mark? |  |  |  |
| **4.15** | Failure or improper operation on tank telemetry/altitude valves/controls? |  |  |  |
| **4.16** | Any recent repairs on the tank(s)? |  |  |  |
| **4.17** | Was there any power loss? |  |  |  |
| **4.18** | Was the tank vandalized or subject to tampering? |  |  |  |
| **4.19** | Any other storage tank issues not previously mentioned above? |  |  |  |
| **5.** | **Review of treatment process (if applicable)** |  |  |  |  |  |
| **5.1** | Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long? |  |  |  |  |  |
| **5.2** | Have there been any new treatment processes added or new equipment installed? |  |  |  |
| **5.3** | Have there been any recent repairs of major unit processes or treatment equipment? |  |  |  |
| **5.4** | Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred. |  |  |  |
| **5.5** | Has a coagulant been added at all times the plant has been filtering water? |  |  |  |
| **5.6** | Have there been changes in raw water quality? |  |  |  |
| **5.7** | Was the finished water turbidity increasing? |  |  |  |
| **5.8** | Have filter clogging algae caused more frequent backwashing? |  |  |  |
| **5.9** | Has a disinfectant been added at all times or have there been any failures in adding disinfectant for any length of time? |  |  |  |
| **5.10** | Has there been any vandalism or tampering at the plant? |  |  |  |
| **5.11** | Any other treatment plant issues not previously mentioned above? |  |  |  |  |  |
| **6.** | **Sources – Well(s)**  **(Note the specific facility if any issues are found)** |  |  |  |  |  |
| **6.1** | Is the sanitary seal intact? |  |  |  |  |  |
| **6.2** | Is the well cap defective or damaged or not water tight? |  |  |  |
| **6.3** | Does the vent have a #24 mesh screen? |  |  |  |
| **6.4** | Is the vent screen damaged or not installed properly? |  |  |  |
| **6.5** | Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground? |  |  |  |
| **6.6** | How is the well used? (Circle if applicable) |  |  | Primary Backup Emergency | | |
| **6.7** | Are there any unprotected cross connections at the wellhead? Are there any unprotected openings in the pump or pump assembly? |  |  |  |  |  |
| **6.8** | Is the pitless adapter damaged? |  |  |  |
| **6.9** | Is there a missing or damaged grout seal? |  |  |  |
| **6.10** | Has there been any recent work performed on the pump? |  |  |  |
| **6.11** | Is the wellhead secured to prevent unauthorized access? |  |  |  |
| **6.12** | Have there been any sewer spills, source water spills or other disturbances near the well? |  |  |  |
| **6.13** | Is the well pit in standing water or evidence of flooding? |  |  |  |
| **6.14** | Any other well issues not previously mentioned above? |  |  |  |
|  | **Sources- Spring(s)**  **(Note the specific facility if any issues are found)** |  |  |  |
| **6.15** | Is there evidence of flooding or infiltration of surface water runoff around the spring? |  |  |  |
| **6.16** | Is the spring box improperly developed or poorly maintained? |  |  |  |
| **6.17** | Are there dead animals near the spring? |  |  |  |
| **6.18** | Any other issues about springs not previously mentioned above? |  |  |  |
|  | **Sources-purchased water** |  |  |  |  |  |
| **6.19** | Water quality issues with supplier? |  |  |  |  |  |
| **6.20** | Low disinfectant residual from supplier (typically <0.02 mg/L)? |  |  |  |  |  |
| **6.21** | Any other purchased water issues not previously mentioned above? |  |  |  |  |  |
|  | **Applicable to all sources** |  |  |  |  |  |
| **6.22** | Has an unapproved source been used? |  |  |  |  |  |
| **6.23** | Has there been a change in sources? |  |  |  |  |  |
| **6.24** | Has there been recent rapid snowmelt, heavy rainfall or flooding? |  |  |  |  |  |
| **6.25** | Any evidence of animals near the source? |  |  |  |  |  |
| **6.26** | Have there been algae blooms? |  |  |  |  |  |
| **6.27** | Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination. |  |  |  |  |  |
| **6.28** | Any other source issues not previously mentioned above? |  |  |  |  |  |
| **7.** | **Significant Deficiencies** |  |  |  |  |  |
| **7.1** | Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action. |  |  |  |  |  |

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| **Additional Comments:** |
| **Name of Assessor completing the form (PRINTED):**  **Signature:**  **Date:**  **Water system responsible party (PRINTED):**  **Signature: Date:** |

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| **Reserved for EPA R8 Review** | | | |
|  | **Yes** | **No** | **Comments** |
| **1. Has assessment been successfully completed?** |  |  |  |
| **2. Likely reason for EC+ occurrence has been found.** |  |  |  |
| **3. System has corrected the problem.** |  |  |  |
| **4. Corrective Action Approved?** |  |  |  |