



Level 1 Site Assessment Form

Completion and submittal of this form is required following two or more positive total coliform samples within one month or when an inadequate number of repeat samples are collected following a total coliform positive routine sample.

Drinking Water and Groundwater Protection Division

System Information

System Name:	WSID #:	Class of System: 1A 1B 2 3 4 4A1 4A 4B 4C D (circle class of system)
Date of Assessment:	Type of Water System (circle one): TNC / Community / NTNC	

Instructions

This form must be completed and submitted within 30 days of learning of the requirement to perform the Level 1 Site Assessment.

Review sections 1 through 6 below. Answer every question that applies to the water system by circling "Y" for yes or "N" for no. If a specific question is not applicable to the system, circle "NA" for that question. If an entire section does not apply to the water system (if the system does not have treatment and/or storage) circle "NA" in the gray bar for that section. Then fill out sections 7, 8, and 9 completely.

In order for this form to be complete it must be signed and dated. Submission of forms beyond the 30 day compliance date will result in a violation.

Section 1: Changes or Events

- | | |
|---|--|
| a) NA Y / N changes in operational activity | g) NA Y / N low (below 20 psi) or loss of distribution system pressure |
| b) NA Y / N disinfectant residual lower than expected | h) NA Y / N water quality parameters out of range after treatment |
| c) NA Y / N firefighting event or hydrant flushing | i) NA Y / N new source added or emergency supply used |
| d) NA Y / N signs of vandalism or forced entry | j) NA Y / N flooding; of/around source(s) or distribution system |
| e) NA Y / N rapid snowmelt | k) NA Y / N visible indicators of unsanitary conditions |
| f) NA Y / N heavy rainfall | l) NA Y / N other _____ |

Section 2: Sampling Site(s)/Protocol

- | | |
|---|--|
| a) NA Y / N unclean or unsuitable sample tap | f) NA Y / N potential or actual hot water intrusion |
| b) NA Y / N aerator was not removed prior to sampling | g) NA Y / N other sampler error (be sure to identify the error in section 7 below) |
| c) NA Y / N inadequate tap flushing prior to sampling | h) NA Y / N change in conditions at sample site |
| d) NA Y / N auto sensing faucet/swivel-type faucet | i) NA Y / N other _____ |
| e) NA Y / N sample bottle or lid contacted something unsanitary prior to or while taking sample (describe what happened in Section 7) | |

Section 3: Source(s)

Drilled/Bedrock Well(s)

- | | |
|---|---|
| a) NA Y / N recent maintenance to well and/or well pump | f) NA Y / N potential source of contamination (including surface water) |
| b) NA Y / N well/pump failure (quantity issue/water outage) | g) NA Y / N electrical conduit damaged or connection to well is loose |
| c) NA Y / N well cap missing bolts or gasket | h) NA Y / N damaged or compromised well casing |
| d) NA Y / N defective, damaged, or loose well cap/well seal | i) NA Y / N unprotected opening in pump assembly |
| d) NA Y / N damaged or unscreened cap vent | j) NA Y / N unsanitary source overflow construction |
| e) NA Y / N damaged pitless adapter | k) NA Y / N other _____ |

Spring(s) or Dug Well(s)

- | |
|--|
| a) NA Y / N potential source of contamination |
| b) NA Y / N infiltration of surface water/run-off |
| c) NA Y / N unsanitary spring box or well construction |
| d) NA Y / N unsanitary source overflow construction |
| e) NA Y / N other _____ |

Surface Water

- | |
|---|
| a) NA Y / N potential source of contamination |
| b) NA Y / N recent storm event |
| c) NA Y / N infiltration gallery/wet well conditions unsanitary |
| d) NA Y / N atypical source water quality |
| e) NA Y / N other _____ |

Consecutive Connection(s)

- | | |
|--|--|
| a) NA Y / N flooded valve/meter vault | d) NA Y / N atypical pressure/flow from wholesaler |
| b) NA Y / N damaged interconnection | e) NA Y / N incoming disinfectant residual lower than expected |
| c) NA Y / N inadequate backflow protection | f) NA Y / N other _____ |

Section 4: Treatment Process(es)

NA

- | | |
|---|--|
| a) NA Y / N malfunctioning treatment equipment | e) NA Y / N recent installation or repair of treatment equipment |
| b) NA Y / N interruption in treatment or power loss | f) NA Y / N treatment method(s) added, changed, or bypassed |
| c) NA Y / N change in flow rates (expected or not expected) | g) NA Y / N inadequate treatment equipment or chemicals |
| d) NA Y / N improper maintenance and operating procedures | h) NA Y / N turbidity measurements out of range |
| e) NA Y / N chlorine residual testing reagents expired | i) NA Y / N other _____ |

Section 5: Storage Tank(s)	NA
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- | | |
|--|---|
| a) NA Y / N signs of vandalism or forced entry to tank(s) | g) NA Y / N cover/access hatch not watertight |
| b) NA Y / N disinfectant residual lower than expected in tank(s) | h) NA Y / N vent/overflow construction inadequate/compromised |
| c) NA Y / N Excessive water age in tank/low turnover | i) NA Y / N deterioration, rust, holes, or other breaches in tank |
| d) NA Y / N torn or missing vent and/or overflow screens | j) NA Y / N improper operation or maintenance practices |
| e) NA Y / N presence of dead animals or insects in tank(s) | k) NA Y / N other _____ |
| f) NA Y / N Overdue for cleaning/inspection (within 10 years for new tanks and every 5 years thereafter) | |

Section 6: Distribution

- | | |
|--|---|
| a) NA Y / N disinfectant residual lower than expected | j) NA Y / N actual or potential backflow/cross-connection event |
| b) NA Y / N main breaks or leaks | k) NA Y / N standing water/debris in valve vault |
| c) NA Y / N unprotected cross connection(s) | l) NA Y / N pump or valve failure |
| d) NA Y / N plumbing/piping modifications/improvements | m) NA Y / N improper operation of valves |
| e) NA Y / N inadequate distribution system pressure | n) NA Y / N operation of valves resulting in equipment breakage |
| f) NA Y / N operation of air-relief/vacuum valves | o) NA Y / N waterlogged pressure/bladder tanks |
| g) NA Y / N power loss (pump station) | p) NA Y / N improper surge control |
| h) NA Y / N illegal or unauthorized use of hydrants | q) NA Y / N other _____ |
| i) NA Y / N improper operation of pumps | |

Section 7: Written Description of Sanitary Defect(s) that were Circled Above
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Use this space to provide additional information that supports the findings identified in Sections 1 through 6 above.

Explain those defects that are circled "Yes" above. If no sanitary defects were identified, you must state so below.

REQUIRED

Section 8: Corrective Action(s) and Proposed Timetable
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Use the space below to describe the corrective action(s) taken and the date(s) completed.
If the water system requires additional time to complete the corrective action(s), provide the proposed timetable below.
Water system management and/or owner must be made aware of the proposed timetable for improvement(s).

Date(s) Corrected _____

Description of Corrective Action(s):

Proposed Timetable for completion (if more time is needed):

Section 9: Certification

Print Name _____	Title _____
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Signature _____	Date _____
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Certified Water System Operator

Drinking Water and Groundwater Protection Division Staff

(circle class) Class 1A 1B 2 3 4A1 4A 4B 4C D

I certify that I am the person authorized to fill out this form and that the information contained herein is true, accurate, and complete to the best of my knowledge and ability at the time the assessment was performed.

RETURN COMPLETED FORMS TO:	For Division Use Only:
RTCR Rule Coordinator Drinking Water and Groundwater Protection Division One National Life Drive - Main 2 Montpelier, VT 05620-3521 Fax: 802-828-1541	Reviewed By: _____ Reviewed Date: _____ Approved: Yes / No Approved Date: _____

Complete this form and submit it to the Division within 30 days of learning of the requirement to perform the Level 1 Site Assessment