

TCR Triggered Assessment Form - Level 2
DRAFT

CONCEPT EXAMPLE

LEVEL 2 ASSESSMENT FORM

System Name:	System Type:	PWSID#
System Source:	System Size:	
Operator in Responsible Charge (ORC):	Phone:	PWS Address:
County:		
City, State:		
Person(s) that collected TC samples if different than ORC:	Phone:	
Address, City, State, Zip:		
Date Assessment Completed:		

Questions	Review	Issue Identified	Applicable	Issue Description	Corrective Action Taken (Date)
1. Have any of the following occurred prior to collection of TC samples at a relevant facility?	<input type="checkbox"/>	Y N	Y N		
a. Were there any operation and maintenance activities that could have introduced total coliforms?	<input type="checkbox"/>	Y N			
b. Have there been any interruptions in the treatment process?	<input type="checkbox"/>	Y N			
c. Has the system lost pressure to less than 5 psi?	<input type="checkbox"/>	Y N			
d. Has there been any vandalism and/or unauthorized access to facilities?	<input type="checkbox"/>	Y N			
e. Are there any visible indicators of unsanitary conditions observed?	<input type="checkbox"/>	Y N			
f. Have there been any analytical results or any additional samples collected, including source samples which were positive (not for compliance)?	<input type="checkbox"/>	Y N			
g. Has there been any community illness suspected of being waterborne (e.g., Does the community public health official indicate that an outbreak has occurred.)	<input type="checkbox"/>	Y N			
h. Did the water system receive any TCR monitoring violations in the past 12 months? If yes, when.	<input type="checkbox"/>	Y N			
i. What was the most recent date on which satisfactory total coliform samples were taken?	<input type="checkbox"/>	Y N			
j. Have there been any fire fighting events, flushing operation, sheared hydrant, etc.		Y N			
Other comments on records and maintenance?					

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2. Have there been any recent treatment or operational changes?	<input type="checkbox"/>	Y N	Y N		
a. Have any inactive sources recently been introduced into the system (e.g., auxiliary systems)?	<input type="checkbox"/>	Y N			
b. Have there been any new sources introduced into the system?	<input type="checkbox"/>	Y N			
c. Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, etc.)?	<input type="checkbox"/>	Y N			
3. Evaluate sample site.	<input type="checkbox"/>	Y N	Y N		
a. What is the condition of the sample tap?					
b. What is the location of the sample tap?					
c. What is the regular use of the sample tap?					
d. (If applicable) Have there been any plumbing changes or construction? If yes, when and what was the repair or change?	<input type="checkbox"/>	Y N			
e. (If applicable) Have there been any plumbing breaks or failure? If yes, when?	<input type="checkbox"/>	Y N			
f. (If applicable) List any identified cross connections after the service connection or in premise plumbing.					
g. (If applicable) Were all of the backflow prevention devices present, operational and maintained?	<input type="checkbox"/>	Y N			
h. (If applicable) Were there any low pressure events or changes in water pressure after the service connection or in the premise plumbing? If yes, when?	<input type="checkbox"/>	Y N			
i. Is there any treatment device after the service connection or in premise?	<input type="checkbox"/> Point of Entry (POE) Point of Use (POU) <input type="checkbox"/>				
Other comments on sample site?					
4. Sample protocol followed and reviewed		Y N			
(Remove aerator, flush tap, disinfect tap, flush again, no swivel, fresh sample bottles, sample storage acceptable)					
5. Distribution System.	<input type="checkbox"/>	Y N	Y N		
a. System pressure: Is there evidence that the system experienced low or negative pressure? If yes, when?	<input type="checkbox"/>	Y N			
b. List any identified cross connections within five service connections of the positive sample site(s).					
c. Pump station (if applicable): Are there any sanitary defects in the pump station? Are pump(s) operable?	<input type="checkbox"/>	Y N			

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d. Last pump maintenance/service date.	Date:			What was done?
e. Air relief valves: Is the valve vault subject to flooding or does the vent terminate below grade?	<input type="checkbox"/>	Y N		
f. Fire hydrant/blow off: Are any located in an area with a high water table or pits?	<input type="checkbox"/>	Y N		
g. Is the distribution system secured to prevent unauthorized access?	<input type="checkbox"/>	Y N		
h. Are the backflow prevention devices at high risk sites present, operational and maintained?	<input type="checkbox"/>	Y N		
i. Have there been any water main repairs or construction? If yes when, and what was the repair or construction?	<input type="checkbox"/>	Y N		
j. Have there been any water main breaks? If yes, when?	<input type="checkbox"/>	Y N		
k. Was there any scheduled flushing of the distribution system? If yes, when?	<input type="checkbox"/>	Y N		
l. Is there any evidence of intentional contamination in the distribution system?	<input type="checkbox"/>	Y N		
Other comments on the distribution system.				
6. Storage Facilities	<input type="checkbox"/>	Y N	Y N	
a. Are the overflow and vents properly screened?	<input type="checkbox"/>	Y N		
b. Is the facility secured to prevent unauthorized access?	<input type="checkbox"/>	Y N		
c. Does the Access opening have the proper gasket and seal tightly?	<input type="checkbox"/>	Y N		
d. Could the physical condition of tank be a source of contamination?	<input type="checkbox"/>	Y N		
e. Is the Vent turned down and maintained with an approved air gap at the termination point?	<input type="checkbox"/>	Y N		
f. Does the Drain/overflow line terminate with a minimum of 12" air gap?	<input type="checkbox"/>	Y N		
g. If present, Is the pressure tank maintaining an appropriate minimum pressure?	<input type="checkbox"/>	Y N		
h. Is proper O&M being performed?	<input type="checkbox"/>	Y N		
i. Was there any observed physical deterioration of the tank?	<input type="checkbox"/>	Y N		
j. Were there any observed leaks?	<input type="checkbox"/>	Y N		

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k. Is there any evidence of intentional contamination at the storage tank?	<input type="checkbox"/>	Y N		
l. Has there been any recent facility maintenance? (i.e. painting/coating) If yes, when?	<input type="checkbox"/>	Y N		
m. Is facility maintenance occurring per appropriate schedule?				
n. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?	<input type="checkbox"/>	Y N		
o. (If applicable) What is the measured chlorine residual (total/free) of the water exiting the storage tank today?	Residual:			
p. Are there any unsealed openings in the storage facility such as access doors, vents or joints?	<input type="checkbox"/>	Y N		
Other comments on the storage system				
7. Treatment Process. (If applicable)	<input type="checkbox"/>	Y N	Y N	
a. Are treatment processes operational and maintained?	<input type="checkbox"/>	Y N		
b. Is there any recent installation or repair of treatment equipment?				
c. Were there any recent changes in the treatment process? If yes, when, what was the change?	<input type="checkbox"/>	Y N		
d. Were there any interruptions of treatment (lapses in chemical feed, turbidity excursions, disinfection)? If yes which part, when and for how long?	<input type="checkbox"/>	Y N		
e. What is the free chlorine residual measured at the point of entry to the distribution system? Immediately downstream from the point of application?	Residual:			
f. Did a review of the filter turbidity profiles reveal any anomalies?		Y N		
g. Were there any failures to meet the CxT calculations?		Y N		
h. Were the flow rates above the rated capacity?		Y N		
i. Were there any anomalies on the filtered water turbidities?		Y N		
j. Other comments on the treatment system.				
8. Source - Well		Y N	Y N	
a. Is the sanitary seal intact?		Y N		
b. Is the vent screened?		Y N		
c. Does the vent and pump to waste terminate in an approved air gap?		Y N		

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	d. Are there any unprotected cross connections at the wellhead?		Y N			
	e. How is the well used?	Primary	Backup	Emergency	Not a PWS	Not Drinking Water
	f. How far does the casing extend above grade?	Height: _____			Comments:	
	g. Is the well cap vented?		Y N			
	h. Is there evidence of standing water near the wellhead?		Y N			
	i. Is the wellhead secured to prevent unauthorized access?		Y N			
	a. Have there been any sewer spills, source water spills or other disturbances?		Y N			
	d. Other comments on the well system. (Are there aspects of well construction and operation that would bear on observed positives.)					
9.	Source - Spring		Y N	Y N		
	a. What is the condition of the spring development?					
	b. What is the condition of the spring box?					
	c. Is the spring secured to prevent unauthorized access?		Y N			
	d. Other comments on the spring system.					
11	Source - Surface Water Supply		Y N			
	a. Have there been any sewer spills, source water spills or other disturbances?		Y N			
	b. Have there been any Algal blooms?		Y N			
	c. Has source water turnover occurred?		Y N			
	d. Other source water comments					
11	Environmental Events		Y N			
	a. Has there been heavy rainfall?		Y N			
	b. Has there been any rapid snow melt or flooding?		Y N			
	c. Have there been changes in available source water (e.g., significant drop in water table, well levels, reservoir capacity, etc.)					
	d. Have there been any interruptions to electrical power?		Y N			

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e. Have there been any extremes in heat or cold?		Y N			
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Print name of person completing form: _____

Date: _____

Signature: _____

Reserved for State

1 Assessment has been successfully completed.

Name of State Reviewer: