



Alaska Department of Environmental Conservation

Revised Total Coliform Rule - Level 1 Assessment Form

**** Return this form to DW Program within 30 days of notification of the Level 1 Assessment requirement ****

I. General Information	
PWS Name:	PWSID #:
Contact Name:	Phone #:
PWS Address:	
E-mail:	
Inspector Name and Title/Position:	
Date Assessment Completed:	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 the Drinking Water Program within 30 days of notification of the Level 1 Assessment requirement.

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?	Yes	No	Corrective Action	Completed	Scheduled
Have any of the following issues been identified?	YES	NO	N/A	Date	
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. 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?	Yes	No	Corrective Action	Completed	Scheduled
Have any of the following issues been identified?	YES	NO	N/A	Date	
1. Visible indicators of unsanitary conditions	*				
2. Signs of vandalism/forced entry that could contribute to contamination	*				
3. Power loss/electrical outage	*				
4. New source added	*				
5. Change in water system operator(s)	*				
6. Operation/maintenance activities were performed prior to collecting sample	*				
7. 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		Completed	Scheduled
			YES	NO		
Wells - Ground Water & Ground Water Under Direct Influence of Surface Water (GWUDISW)						
1. Have any potential source(s) of bacterial contamination been identified?		*				
2. Does the well have a properly sealed sanitary well cap/well seal?		*				
3. Does the exposed portion of the well casing have any damage?		*				
4. Does the well have a missing or damaged ground seal or grout?		*				
5. Are vents turned downward and screened?		*				
6. Is the well in a pit?		*				
7. Are there any signs of vandalism that could contribute to contamination?		*				
8. Has the well casing been affected by floodwater or run-off?		*				
9. Has there been any change in source(s)?		*				
10. Other:						
Corrective Action - Use this space to describe corrective action taken or proposed corrective action with completion dates.						

Surface Water / Rain Catchment	YES	NO	N/A	Corrective Action		Completed	Scheduled
				YES	NO		
1. Have any potential source(s) of bacterial 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	N/A	Corrective Action		Completed	Scheduled
				YES	NO		
1. Have any potential source(s) of bacterial 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?	Yes	No	Corrective Action			Completed	Scheduled
			YES	NO	N/A		
Have any of the following issues been identified?							
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?	Yes	No	Corrective Action			Completed	Scheduled
			YES	NO	N/A		
What is the condition of the storage tank(s)?							
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?	Yes	No	Corrective Action			Completed	Scheduled
			YES	NO	N/A		
Have any of the following issues been identified?							
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

555 Cordova Street
Anchorage, AK 99501

Fax: 269-7650

DEC.DWData.Anchorage@alaska.gov

Soldotna DEC Office

43335 K-Beach Road
Suite 11

Soldotna, AK 99669

Fax: 262-2294

dec.dwdata.soldotna@alaska.gov

Fairbanks DEC Office

610 University Ave.
Fairbanks, AK 99709

Fax: 451-2188

DEC.DWData.fairbanks@alaska.gov

Wasilla DEC Office

1700 E. Bogard Road
Building B, Suite 103

Wasilla, AK 99654

Fax: 376-2382

DEC.DWData.wasilla@alaska.gov

DEC USE ONLY

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: ____ / ____ / ____

Date Received (stamp):

LEVEL 1 ASSESSMENT HISTORY

Was the PWS required to complete a Level 1 Assessment in the prior 12 months?

Yes No

If YES, was a reset issued?

Yes No N/A

If YES, did the PWS cite the same issues/defects on this current assessment as the source of contamination from the previous Level 1 Assessment where a reset was issued?

Yes No N/A

NOTE: If the PWS notes the same issues as the previous Level 1 Assessment, a reset cannot be issued.

ASSESSMENT

Assessment has been sufficiently completed:

Yes No

Likely reason(s) for total coliform positive sample(s) has been identified:

Yes No

Circle all Defects identified:

List Issues identified (ex: sampling technique):

SD-SECU SD-SDMN SD-MCTN SD-FCRN
SD-LEAK SD-SEAL SD-SCRN SD-WLSC
SD-FLOW SD-SPBX SD-STRG SD-FTOA
SD-CCEX SD-DRNG SD-STSA SD-GSEA
SD-PVWO SD-CCDD SD-STWL SD-PGOC
SD-FFIL SD-CCPE SD-BKPW SD-CFSD
SD-CFPC SD-EQOM SD-SWTD

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? (*Supervisor approval is required*)

Yes No

Is system on Quarterly Monitoring? Yes No

YES, please evaluate whether the PWS needs to be placed on increased monitoring, see CFR 141 Subpart Y for specific criteria or discuss with your supervisor.

Comments:

State Reviewer Signature: _____

Date: ____ / ____ / ____