



Maine Center for Disease Control and Prevention
An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health & Human Services
Maine Center for Disease Control and Prevention
Drinking Water Program
Coliform Bacteria Level 1 Assessment Form

PWS ID#:

PWS Name:

City/Town:

System Type: COMMUNITY NON TRANSIENT NON COMMUNITY TRANSIENT NON COMMUNITY

Compliance Period (mm/yy):

Assessment Trigger Date:

Date Assessment Completed:

NOTE: Form to be completed based on data and documents available to the PWS and returned to Maine DWP as soon as practical but no later than 30 days after the date the PWS was notified of the trigger.

Section A: Review and evaluate all the listed elements typically found in a PWS. Check any potential causes of contamination identified or check "NA" if the section is not applicable to the PWS. **Each section requires a response.**

1. GENERAL

Issue identified: YES NO NA

Have any of the following occurred prior to collecting bacteria samples?

- low/inadequate disinfectant residual
- signs of vandalism/forced entry
- water quality parameters out of range
- other:
- pressure loss/inadequate pressure (<20 psi)*
- visible indicators of unsanitary conditions
- power loss

2. OPERATIONAL CHANGES

Issue identified: YES NO NA

- source added/removed
- other:
- operation/maintenance activities
- power loss

3. SOURCES

Issue identified: YES NO NA

- damaged pitless adaptor*
- flooding/run-off inundation*
- missing/damaged grout seal
- recent work on pump
- ground slopes towards well
- improper development/poorly maintained spring box
- other:
- defective/damaged well cap/well seal*
- damaged/unscreened vent*
- infiltration of surface run-off
- unprotected opening in pump assembly
- changes in land use near source
- well pit with standing water or evidence of flooding*
- damaged well casing*
- unapproved source*
- change in sources
- well cap not water tight
- recent heavy rainfall/snowmelt

4. SAMPLING SITES

Issue identified: YES NO NA

- unclean or unsuitable sample tap
- unapproved/alternate site
- other:
- change in conditions at sample site
- hot water intrusion

5. SAMPLING PROTOCOL followed and reviewed

Issue identified: YES NO NA

- improper sample container
- aerator was not removed
- lab indicates possible error
- other:
- auto sensing faucet/swivel-type faucet
- change in sample collector
- improper hold time/storage temperature
- sampler error
- inadequate tap flushing

6. TREATMENT PROCESS

Issue identified: YES NO NA

- change in flow rates
- turbidity measurements out of range
- treatment added or changed
- filter or media contamination
- interruption in treatment/power loss
- unprotected by-pass in treatment *
- recent installation/repair
- inadequate disinfection
- O & M procedures not followed

other:

7. STORAGE TANKS

Issue identified: YES NO NA

- | | | |
|--|---|--|
| <input type="checkbox"/> recent work on tank | <input type="checkbox"/> presence of dead animals/insects | <input type="checkbox"/> hatch not sealed |
| <input type="checkbox"/> evidence of contamination from animals | <input type="checkbox"/> water age/inadequate turnover | <input type="checkbox"/> tank design issues |
| <input type="checkbox"/> unauthorized access or vandalism | <input type="checkbox"/> standing water/debris in control vault | <input type="checkbox"/> low disinfectant residual |
| <input type="checkbox"/> unaddressed inspection findings | <input type="checkbox"/> lack of maintenance, cleaning, or inspection | |
| <input type="checkbox"/> incorrect operation of level control valves/altitude valves/related appurtenances | | |
| <input type="checkbox"/> deterioration, rust, holes, or other breaches in vent, overflow pipe, access hatch, screens, ladders, etc.* | | |
| <input type="checkbox"/> other: | | |

8. DISTRIBUTION SYSTEM

Issue identified: YES NO NA

- | | | |
|---|--|---|
| <input type="checkbox"/> low flow/dead end | <input type="checkbox"/> low disinfection residuals | <input type="checkbox"/> main breaks |
| <input type="checkbox"/> standing water in valve vault | <input type="checkbox"/> flushing of fire hydrants or blow-offs | <input type="checkbox"/> leaks |
| <input type="checkbox"/> improper operation of gate valves | <input type="checkbox"/> unprotected cross connection* | <input type="checkbox"/> improper surge control |
| <input type="checkbox"/> illegal use of hydrants | <input type="checkbox"/> known bio-film accumulation | <input type="checkbox"/> booster pump failure |
| <input type="checkbox"/> main installation or construction activity | <input type="checkbox"/> firefighting event/flushing/sheared hydrant | |
| <input type="checkbox"/> improper operation of air-relief/air-vacuum valves | <input type="checkbox"/> isolation valve operation related breakage | |
| <input type="checkbox"/> other: | | |

* Indicates Groundwater Rule Significant Deficiency

Section B - Issue Description Use this space to describe the event and provide additional information on potential causes of contamination identified during the assessment. Include corresponding dates with your findings (attach additional pages if needed). Include dates of sample collection, disinfection, flushing, photographs showing system components, etc. with your findings.

Check if PWS did not find any causes for the contamination.

Section C - Corrective Action Taken or to be Taken Use this space to describe corrective actions completed, a proposed timetable for any corrective actions not already completed, and any interim measures the PWS plans to implement prior to the completion of any corrective actions, including specific milestone dates for doing so (attach additional pages if needed). Include photographs showing system components. Failure to meet milestone dates is subject to enforcement and public notice provisions.

Section D - Compliance History

1. Was the PWS required to complete a Level 1 Assessment in the last 12 months? Yes No
If Yes, was the source of contamination identified? Yes No
2. Was the PWS required by MEDWP during the last survey, inspection or other communication to address any issue(s)?
Yes No
If yes, date issue was identified _____. Were all corrective actions completed? Yes No
If no, describe the issue and indicate your plan and a proposed timetable for any corrective actions. (attach additional pages if needed)

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: _____
Phone #: _____ Email: _____

Please return this form to: **Maine Drinking Water Program, 11 S.H.S., Augusta, ME 04333**

DWP USE ONLY: Maine DWP Reviewer:

Level 1 Assessment Sufficient: YES NO PWS Corrected Problem YES NO
Corrective Action Plan Approved: YES NO NA Approved w/changes (attached)
Consultation DATE: _____ Revisions Required: YES NO

Comments:

DRAFT