



**LEVEL 1 ASSESSMENT –
NON-TRANSIENT NON-COMMUNITY (NTNC) OR
COMMUNITY PUBLIC WATER SYSTEM (PWS)**

State Form 52998 (R2 / 6-22)
Indiana Department of Environmental Management
Office of Water Quality – Drinking Water Branch



PWSID Number:	SYSTEM NAME:
Section A - Review and evaluate: <i>Check for any potential causes of contamination identified or check "N/A" if the section is not applicable to your system. Each section requires a response.</i>	
1. SAMPLING SITES	Issue identified: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> unclean or unsuitable tap <input type="checkbox"/> change or damage to sampling location <input type="checkbox"/> <input type="checkbox"/> low disinfection residual (if applicable)	<input type="checkbox"/> unapproved sampling location <input type="checkbox"/> other:
2. SAMPLING PROTOCOL	Issue identified: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> tap wasn't flushed (prior to sampling) <input type="checkbox"/> tap wasn't disinfected (prior to sampling) <input type="checkbox"/> aerator or screen damaged or corroded <input type="checkbox"/> improper hold time / storage temperature	<input type="checkbox"/> old sample bottle / bottle seal broken <input type="checkbox"/> new person collected water sample <input type="checkbox"/> sample error (e.g. touched inside of cap/bottle) <input type="checkbox"/> other:
3. OPERATIONAL CHANGES	Issue identified: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> water quality parameters out of range <input type="checkbox"/> new sample tap installed <input type="checkbox"/> new treatment device added <input type="checkbox"/> source added / abandoned	<input type="checkbox"/> visible indicators of unsanitary conditions <input type="checkbox"/> recent repairs to distribution system <input type="checkbox"/> loss of power <input type="checkbox"/> other:
4. DISTRIBUTION SYSTEM	Issue identified: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> low flow / dead end main <input type="checkbox"/> low disinfection residual (if applicable) <input type="checkbox"/> main breaks <input type="checkbox"/> low pressure (less than 20 psi) <input type="checkbox"/> water leaks <input type="checkbox"/> installation of new mains/construction	<input type="checkbox"/> cross connection* issue(s) <input type="checkbox"/> illegal use of hydrants <input type="checkbox"/> flushing of fire hydrants or blow-offs <input type="checkbox"/> loss of water pressure <input type="checkbox"/> booster pump failure <input type="checkbox"/> other:
5. TREATMENT (if applicable)	Issue identified: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<input type="checkbox"/> treatment device malfunctioning <input type="checkbox"/> treatment added or changed <input type="checkbox"/> cross connection* issue(s) <input type="checkbox"/> inadequate disinfection <input type="checkbox"/> interruption in treatment / power loss <input type="checkbox"/> chemical feed rate problems	<input type="checkbox"/> filter or media contamination <input type="checkbox"/> chemical day tanks empty / inadequately sealed <input type="checkbox"/> maintenance schedules not followed <input type="checkbox"/> evidence of contamination <input type="checkbox"/> turbidity measurements out of range <input type="checkbox"/> other:

* A cross connection is any actual or potential connection between a potable water supply and a non-potable source (e.g. water softener waste line plumbed directly to floor drain with no air gap).

6. STORAGE / BLADDER TANK(S)Issue identified: YES NO

- | | |
|--|---|
| <input type="checkbox"/> tank(s) is damaged, rusty, or has holes | <input type="checkbox"/> evidence of contamination |
| <input type="checkbox"/> tank bladder(s) is water logged | <input type="checkbox"/> standing water / debris around tank |
| <input type="checkbox"/> hydropneumatic tank malfunctioning | <input type="checkbox"/> access hatch not sealed |
| <input type="checkbox"/> vent / overflow screen missing or damaged | <input type="checkbox"/> water age / inadequate turnover |
| <input type="checkbox"/> signs of vandalism / unauthorized access | <input type="checkbox"/> lack of maintenance, cleaning, or inspection |
| <input type="checkbox"/> recent work or repair of tank | <input type="checkbox"/> other: |

7a. SOURCE – WELL(S) (if applicable)Issue identified: YES NO N/A

- | | |
|---|---|
| <input type="checkbox"/> cracked, broken, or missing well cap | <input type="checkbox"/> evidence of contamination |
| <input type="checkbox"/> cracked or damaged well casing | <input type="checkbox"/> flooding or standing water near well |
| <input type="checkbox"/> well vent screen missing or damaged | <input type="checkbox"/> standing water / flooding in well pit |
| <input type="checkbox"/> missing or damaged grout seal | <input type="checkbox"/> ground slopes toward well casing |
| <input type="checkbox"/> recent work on pump | <input type="checkbox"/> air relief valve missing screen and / or air gap |
| <input type="checkbox"/> well pump cycling properly | <input type="checkbox"/> well head is buried or has space around casing |
| <input type="checkbox"/> unprotected opening in pump assembly | <input type="checkbox"/> other: |

7b. SOURCE – SURFACE WATER (if applicable)Issue identified: YES NO N/A

- | | |
|---|--|
| <input type="checkbox"/> increased raw water turbidity readings | <input type="checkbox"/> intake structure damage |
| <input type="checkbox"/> temperature changes | <input type="checkbox"/> raw water indicates potential for contamination |
| <input type="checkbox"/> rain events | <input type="checkbox"/> other: |

Section B - Issue Description: *Use this space to provide additional information on potential causes of contamination identified during the assessment. If possible, include corresponding dates with your findings. Attach additional pages as necessary.*

- Check if you 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 that you plan to implement. Attach additional pages as necessary.

Check if you did **not** find any causes for the contamination.

Certification: I certify, *under penalty of law*, that this document was prepared by me, and the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am also aware that there are significant penalties for submitting false information.

Print Name: _____ License Number (if applicable): _____

Signature: _____ Date (month, day, year): _____

Email: _____ Telephone: _____

Please save a copy and return this form to the Indiana Department of Environmental Management.

IDEM Use Only: IDEM Reviewer: _____

Level 1 Assessment Accepted: YES NO

PWS has corrected the problem: YES NO

Corrective Action Plan approved: YES NO

Approved with changes: YES NO

Comments: _____

Mail, email, or fax this form and any supporting documents to the Drinking Water Branch of:

Indiana Department of Environmental Management

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