



**LEVEL 1 ASSESSMENT –
TRANSIENT PUBLIC WATER SYSTEM (PWS)**

State Form 52999 (R / 9-16)
Indiana Department of Environmental Management
Office of Water Quality – Drinking Water Branch



PWSID Number:	SYSTEM NAME:
Section A - Review and evaluate: 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.	
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"/> 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"/> new faucet or spigot installed <input type="checkbox"/> new treatment device added (e.g. softener)	<input type="checkbox"/> new well/pump installed or old well abandoned <input type="checkbox"/> recent repairs to plumbing
4. DISTRIBUTION SYSTEM	Issue identified: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> loss of power recently <input type="checkbox"/> loss of water pressure or low pressure	<input type="checkbox"/> visible problems (e.g. leaks; cross connections*) <input type="checkbox"/> signs of vandalism or unauthorized access
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"/> softener waste line plumbed directly to sewer (no air gap)	<input type="checkbox"/> other cross connection* issue(s) <input type="checkbox"/> filter needs to be replaced <input type="checkbox"/> softener is out of salt
6. STORAGE / BLADDER TANK(S)	Issue identified: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> tank(s) is damaged, rusty, or has holes <input type="checkbox"/> tank bladder(s) is water logged	<input type="checkbox"/> evidence of contamination <input type="checkbox"/> standing water/debris around tank
7. SOURCE – WELL(S) (include hand-pump wells)	Issue identified: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> cracked, broken, or missing well cap <input type="checkbox"/> cracked or broken well casing <input type="checkbox"/> well vent screen missing or damaged <input type="checkbox"/> well pump not cycling properly	<input type="checkbox"/> evidence of contamination <input type="checkbox"/> flooding or standing water near well <input type="checkbox"/> ground slopes toward well casing <input type="checkbox"/> well head is buried or has space around casing

* 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).

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: _____ Title: _____

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: _____

IDEM Consultation Date (if needed) (month, day, year): _____

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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