



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

State Form 52999 (R2 / 4-20)  
Indiana Department of Environmental Management  
Office of Water Quality – Drinking Water Branch



**This assessment will assist you in determining the cause of your total coliform issues. It is important to include water sampling and maintenance staff in the determination of the cause(s) and in the development of corrective actions. A successful assessment will help you to avoid future coliform issues and increased sampling requirements.**

**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:**  YES  NO

- |  |   |
|--|---|
| <input type="checkbox"/> unclean or unsuitable tap             | <input type="checkbox"/> unapproved sampling location |
| <input type="checkbox"/> change or damage to sampling location | <input type="checkbox"/> other:                       |

**2. SAMPLING PROTOCOL** **Issue identified:**  YES  NO

- |   |   |
|---|---|
| <input type="checkbox"/> tap wasn't flushed (prior to sampling)     | <input type="checkbox"/> old sample bottle/bottle seal broken             |
| <input type="checkbox"/> tap wasn't disinfected (prior to sampling) | <input type="checkbox"/> new person collected water sample                |
| <input type="checkbox"/> aerator or screen damaged or corroded      | <input type="checkbox"/> sample error (e.g. touched inside of cap/bottle) |
| <input type="checkbox"/> improper hold time/storage temperature     | <input type="checkbox"/> other:   |

**3. OPERATIONAL CHANGES** **Issue identified:**  YES  NO

- |   |  |
|---|--|
| <input type="checkbox"/> new faucet or spigot installed             | <input type="checkbox"/> new well/pump installed or old well abandoned |
| <input type="checkbox"/> new treatment device added (e.g. softener) | <input type="checkbox"/> recent repairs to plumbing                    |

**4. DISTRIBUTION SYSTEM** **Issue identified:**  YES  NO

- |   |  |
|---|--|
| <input type="checkbox"/> loss of power recently                 | <input type="checkbox"/> visible problems (e.g. leaks; cross connections*) |
| <input type="checkbox"/> loss of water pressure or low pressure | <input type="checkbox"/> signs of vandalism or unauthorized access         |

**5. TREATMENT (if applicable)** **Issue identified:**  YES  NO  N/A

- |   |   |
|---|---|
| <input type="checkbox"/> treatment device malfunctioning                            | <input type="checkbox"/> other cross connection* issue(s) |
| <input type="checkbox"/> softener waste line plumbed directly to sewer (no air gap) | <input type="checkbox"/> filter needs to be replaced      |
|   | <input type="checkbox"/> softener is out of salt          |

**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 |

**7. SOURCE – WELL(S) (include hand-pump wells)** **Issue identified:**  YES  NO

- |   |   |
|---|---|
| <input type="checkbox"/> cracked, broken, or missing well cap | <input type="checkbox"/> evidence of contamination                      |
| <input type="checkbox"/> cracked or broken well casing        | <input type="checkbox"/> flooding or standing water near well           |
| <input type="checkbox"/> well vent screen missing or damaged  | <input type="checkbox"/> ground slopes toward well casing               |
| <input type="checkbox"/> well pump not cycling properly       | <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:** After reviewing the completed check boxes, describe the likely cause(s) of contamination. Include corresponding dates with your findings. Attach additional pages as necessary.

**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.

**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): \_\_\_\_\_

E-mail: \_\_\_\_\_ 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 or e-mail this form and any supporting documents to the**

**Drinking Water Branch of:**

Indiana Department of Environmental Management

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