



LEVEL 2 ASSESSMENT – NTNC OR COMMUNITY PUBLIC WATER SYSTEM

State Form 55981 (R2 / 4-23)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY – DRINKING WATER BRANCH



INSTRUCTIONS: A Certified Level 2 Assessor or agent of the State **must** complete this form. The goal of this assessment is to resolve this system's total coliform contamination. The assessor will provide a determination of the cause of this total coliform contamination by checking "Yes" on the appropriate checkboxes below. With each issue checked "Yes", the assessor will follow with a narrative in the "Issue Description" AND "Corrective Action" columns. If any question or section does not apply, simply strike through or mark as N/A.

The system representative listed below is responsible for implementing the corrective actions identified within thirty (30) days of this assessment and will provide documentation (photos or receipts) of the corrective actions to IDEM at CapCert@idem.in.gov.

PWSID NUMBER:

SYSTEM NAME:

SOURCE WATER (Check all that apply):

Ground

Surface

Purchase from:

CERTIFIED OPERATOR or OWNER:

LICENSE TYPE and NUMBER (if applicable):

Review and evaluate. Review every item in each section and note any issues and corrective actions taken. Each item requires a response. If any question or section does not apply, simply strike through or mark as N/A.

1. SAMPLING SITES	Issue(s) Found?	Issue Description	Corrective Actions you are required to take and expected completion date
Unclean or unsuitable tap	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Change or damage to sampling location	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Low / inadequate disinfection residual	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Plumbing changes or additions	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Plumbing breaks or failure	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cross connection w / premise plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Untested backflow device(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unapproved sampling location	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unmaintained treatment device(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PWSID NUMBER:

SYSTEM NAME:

2. SAMPLING PROTOCOL	Issue(s) Found?	Issue Description	Corrective Actions you are required to take and expected completion date
Tap wasn't flushed (prior to sampling)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tap wasn't disinfected (prior to sampling)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Aerator or screen damaged or corroded	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Old sample bottle / bottle seal broken	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New person collected water sample	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sampling error	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Improper hold time / storage temperature	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. OPERATIONAL CHANGES	Issue(s) Found?	Issue Description	Corrective Actions you are required to take and expected completion date
Water quality parameters out of range	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New sample tap installed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New treatment device added	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Source added / abandoned	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New storage tank added	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New high service or booster pump installed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Visible indicators of unsanitary conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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SYSTEM NAME:

3. OPERATIONAL CHANGES (continued)	Issue(s) Found?	Issue Description	Corrective Actions you are required to take and expected completion date
Recent repairs to distribution system	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss of power	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. DISTRIBUTION SYSTEM	Issue(s) Found?	Issue Description	Corrective Actions you are required to take and expected completion date
Low flow / dead end main	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Low disinfection residuals	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Main breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss of pressure or low pressure (less than 20 psi)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Water leaks	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Installation of new mains / construction	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cross connection issue(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Illegal use of hydrants	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Flushing of fire hydrants or blow-offs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Evidence of vandalism	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Booster pump failure	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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5. TREATMENT <input type="checkbox"/> N/A	Issue(s) Found?	Issue Description	Corrective Actions you are required to take and expected completion date
Treatment device malfunctioning	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment added or changed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cross connection issue(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inadequate disinfection	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Interruption in treatment/power loss	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Chemical feed rate problems	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Filter or media contamination	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Chemical day tanks empty / inadequately sealed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Maintenance schedules not followed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Evidence of contamination	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Turbidity measurements out of range	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Change in raw water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Evidence of short circuiting in treatment process	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Flow rate above rated capacity	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Failure to meet Contact Time calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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6. STORAGE TANK <input type="checkbox"/> N/A	Issue(s) Found?	Issue Description	Corrective Actions you are required to take and expected completion date
Tank(s) is damaged, rusty, or has holes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tank bladder(s) is water logged	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hydropneumatic tank malfunctioning	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vent/overflow screen damaged/missing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Signs of vandalism / unauthorized access	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Recent work or repair of tank	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Evidence of contamination	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Standing water / debris around tank	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Access hatch not sealed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Water age / inadequate turnover	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lack of maintenance or inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. SOURCE – WELL(S) <input type="checkbox"/> N/A	Issue(s) Found?	Issue Description	Corrective Actions you are required to take and expected completion date
Cracked, broken, or missing well cap	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cracked or damaged well casing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Well screen missing or damaged	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Missing or damaged grout seal	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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7. SOURCE – WELL(S) <i>(continued)</i> <input type="checkbox"/> N/A	Issue(s) Found?	Issue Description	Corrective Actions you are required to take and expected completion date
Recent work on pump	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Well pump cycling improperly	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unprotected opening in pump assembly	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Evidence of contamination	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Flooding or standing water near well	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Standing water / flooding in well pit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ground slopes toward well casing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air relief valve missing screen and / or air gap	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. SOURCE – SURFACE <input type="checkbox"/> N/A	Issue(s) Found?	Issue Description	Corrective Actions you are required to take and expected completion date
Source water spill, sewer spill, or other disturbance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Algal bloom	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Source water turnover	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Heavy rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rapid snowmelt or flooding	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Damage to intake structure	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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8. SOURCE – SURFACE (continued) <input type="checkbox"/> N/A	Issue(s) Found?	Issue Description	Corrective Actions you are required to take and expected completion date
Change in available source (drop in water table or reservoir capacity)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Failure to submit the required information will result in a Treatment Technique violation and may result in a referral to IDEM's Enforcement.

Please save a copy of this form and return the original form along with a copy of your training information (including, but not limited to, an Indiana Water Basics Course (INWBC) certificate of completion) to the Indiana Department of Environmental Management. It is important to provide the system representative with a copy of this document. The drinking water system is responsible for completion of all corrective action(s) identified within thirty (30) days of this assessment.

PWSID NUMBER:

SYSTEM NAME:

Certification: I certify, under penalty of law, that this document was prepared by me or under my direction, 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.

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

Printed Name _____ Title: _____

PWSID Number where you are currently employed: _____ License Number(s): _____

E-mail Address: _____ Telephone Number: _____

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): _____

Level 2 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 email this form and any supporting documents to the Drinking Water Branch of Indiana Department of Environmental Management
100 N Senate Ave IGCN 1201
Indianapolis, IN 46204
E-mail: CapCert@idem.in.gov