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| Seal | **C:\Users\JGuinn\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JB587TUC\idem_logo_06.tiffLEVEL 2 ASSESSMENT – NTNC OR COMMUNITY PUBLIC WATER SYSTEM**State Form 55981 (R2 / 4-23)INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENTOFFICE 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.** |

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| **1. SAMPLING SITES** | **Issue(s) Found?** | **Issue Description** | **Corrective Actions you are required to take and expected completion date** |
| Unclean or unsuitable tap |  [ ]  Yes [ ]  No  |  |  |
| Change or damage to sampling location | [ ]  Yes [ ]  No  |
| Low / inadequate disinfection residual | [ ]  Yes [ ]  No  |
| Plumbing changes or additions | [ ]  Yes [ ]  No  |
| Plumbing breaks or failure | [ ]  Yes [ ]  No  |
| Cross connection w / premise plumbing | [ ]  Yes [ ]  No  |
| Untested backflow device(s) | [ ]  Yes [ ]  No  |
| Unapproved sampling location | [ ]  Yes [ ]  No  |
| Unmaintained treatment device(s) | [ ]  Yes [ ]  No  |
| Other: | [ ]  Yes [ ]  No  |
| **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) | [ ]  Yes [ ]  No  |  |  |
| Tap wasn’t disinfected (prior to sampling) | [ ]  Yes [ ]  No  |
| Aerator or screen damaged or corroded | [ ]  Yes [ ]  No  |  |  |
| Old sample bottle / bottle seal broken | [ ]  Yes [ ]  No  |
| New person collected water sample | [ ]  Yes [ ]  No  |
| Sampling error  | [ ]  Yes [ ]  No  |
| Improper hold time / storage temperature | [ ]  Yes [ ]  No  |
| Other:  | [ ]  Yes [ ]  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 | [ ]  Yes [ ]  No  |  |  |
| New sample tap installed | [ ]  Yes [ ]  No  |  |  |
| New treatment device added | [ ]  Yes [ ]  No  |
| Source added / abandoned | [ ]  Yes [ ]  No  |
| New storage tank added | [ ]  Yes [ ]  No  |
| New high service or booster pump installed | [ ]  Yes [ ]  No  |
| Visible indicators of unsanitary conditions | [ ]  Yes [ ]  No  |  |  |
| **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 | [ ]  Yes [ ]  No  |  |  |
| Loss of power | [ ]  Yes [ ]  No  |  |  |
| Other: | [ ]  Yes [ ]  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 | [ ]  Yes [ ]  No  |  |  |
| Low disinfection residuals  | [ ]  Yes [ ]  No  |
| Main breaks | [ ]  Yes [ ]  No  |
| Loss of pressure or low pressure (less than 20 psi) | [ ]  Yes [ ]  No  |
| Water leaks | [ ]  Yes [ ]  No  |
| Installation of new mains / construction | [ ]  Yes [ ]  No  |
| Cross connection issue(s) | [ ]  Yes [ ]  No  |
| Illegal use of hydrants | [ ]  Yes [ ]  No  |
| Flushing of fire hydrants or blow-offs | [ ]  Yes [ ]  No  |
| Evidence of vandalism | [ ]  Yes [ ]  No  |
| Booster pump failure | [ ]  Yes [ ]  No  |
| Other: | [ ]  Yes [ ]  No  |
| **5. TREATMENT** **[ ]  N/A** | **Issue(s) Found?** | **Issue Description** | **Corrective Actions you are required to take and expected completion date** |
| Treatment device malfunctioning | [ ]  Yes [ ]  No  |  |  |
| Treatment added or changed | [ ]  Yes [ ]  No  |
| Cross connection issue(s) | [ ]  Yes [ ]  No  |
| Inadequate disinfection | [ ]  Yes [ ]  No  |
| Interruption in treatment/power loss | [ ]  Yes [ ]  No  |
| Chemical feed rate problems | [ ]  Yes [ ]  No  |
| Filter or media contamination | [ ]  Yes [ ]  No  |  |  |
| Chemical day tanks empty / inadequately sealed | [ ]  Yes [ ]  No  |
| Maintenance schedules not followed | [ ]  Yes [ ]  No  |
| Evidence of contamination | [ ]  Yes [ ]  No  |
| Turbidity measurements out of range | [ ]  Yes [ ]  No  |
| Change in raw water quality | [ ]  Yes [ ]  No  |
| Evidence of short circuiting in treatment process | [ ]  Yes [ ]  No  |
| Flow rate above rated capacity | [ ]  Yes [ ]  No  |
| Failure to meet Contact Time calculations | [ ]  Yes [ ]  No  |
| Other: | [ ]  Yes [ ]  No  |
| **6. STORAGE TANK** **[ ]  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 | [ ]  Yes [ ]  No  |  |  |
| Tank bladder(s) is water logged | [ ]  Yes [ ]  No  |
| Hydropneumatic tank malfunctioning | [ ]  Yes [ ]  No  |
| Vent/overflow screen damaged/missing | [ ]  Yes [ ]  No  |
| Signs of vandalism / unauthorized access | [ ]  Yes [ ]  No  |
| Recent work or repair of tank | [ ]  Yes [ ]  No  |
| Evidence of contamination | [ ]  Yes [ ]  No  |
| Standing water / debris around tank | [ ]  Yes [ ]  No  |  |  |
| Access hatch not sealed | [ ]  Yes [ ]  No  |
| Water age / inadequate turnover | [ ]  Yes [ ]  No  |
| Lack of maintenance or inspection | [ ]  Yes [ ]  No  |
| Other: | [ ]  Yes [ ]  No  |
| **7. SOURCE – WELL(S)** **[ ]  N/A** | **Issue(s) Found?** | **Issue Description** | **Corrective Actions you are required to take and expected completion date** |
| Cracked, broken, or missing well cap | [ ]  Yes [ ]  No  |  |  |
| Cracked or damaged well casing | [ ]  Yes [ ]  No  |
| Well screen missing or damaged | [ ]  Yes [ ]  No  |
| Missing or damaged grout seal | [ ]  Yes [ ]  No  |
| **7. SOURCE – WELL(S) [ ]  N/A*****(continued)*** | **Issue(s) Found?** | **Issue Description** | **Corrective Actions you are required to take and expected completion date** |
| Recent work on pump | [ ]  Yes [ ]  No  |  |  |
| Well pump cycling improperly | [ ]  Yes [ ]  No  |  |  |
| Unprotected opening in pump assembly | [ ]  Yes [ ]  No  |  |  |
| Evidence of contamination  | [ ]  Yes [ ]  No  |  |  |
| Flooding or standing water near well | [ ]  Yes [ ]  No  |  |  |
| Standing water / flooding in well pit | [ ]  Yes [ ]  No  |  |  |
| Ground slopes toward well casing | [ ]  Yes [ ]  No  |  |  |
| Air relief valve missing screen and / or air gap | [ ]  Yes [ ]  No  |  |  |
| Other: | [ ]  Yes [ ]  No  |  |  |
| **8. SOURCE – SURFACE** **[ ]  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 | [ ]  Yes [ ]  No  |  |  |
| Algal bloom | [ ]  Yes [ ]  No  |  |  |
| Source water turnover | [ ]  Yes [ ]  No  |  |  |
| Heavy rainfall  | [ ]  Yes [ ]  No  |  |  |
| Rapid snowmelt or flooding | [ ]  Yes [ ]  No  |  |  |
| Damage to intake structure | [ ]  Yes [ ]  No  |  |  |
| **8. SOURCE – SURFACE [ ]  N/A*****(continued)***  | **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) | [ ]  Yes [ ]  No  |  |  |
| Other: | [ ]  Yes [ ]  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.***

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| **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.*** |
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**IDEM Use Only:**

**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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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