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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 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***](mailto: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.*** |
|  |

**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](mailto: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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