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|  | **LEVEL 2 ASSESSMENT – TRANSIENT PUBLIC WATER SYSTEM**  State Form 55983 (R6 / 4-23)  INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  OFFICE OF WATER QUALITY – DRINKING WATER BRANCH | **Mail or e-mail this form and supporting documents to: INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  **DRINKING WATER BRANCH** 100 North Senate Avenue, Room N1201  Indianapolis, IN 46204 E-mail: [CapCert@idem.in.gov](mailto:CapCert@idem.in.gov) |

*INSTRUCTIONS: A Certified Level 2 Assessors 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)***.***

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| Public Water System Identification (PWSID) number | Name of system |
| Name of system representative | How representative is affiliated with the system |

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| **1. SAMPLING SITES** | **Issue(s) Found?** | **Description of Issue** | **Corrective Action(s) you are required to make and expected completion date** |
| Unclean, leaking, damaged or unsuitable tap | Yes  No |  |  |
| Changed sampling location | Yes  No |
| Unapproved or unsuitable sampling location | Yes  No |
| Low / inadequate disinfection residual | Yes  No |
| Plumbing changes or additions | Yes  No |
| Plumbing breaks or failure | Yes  No |
| Cross connection adjacent sampling site (such as, but not limited to, reverse osmosis unit) | Yes  No |
| Untested backflow device(s) adjacent sample site | Yes  No |
| Other: | Yes  No |

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| **2. SAMPLING PROTOCOL** | **Issue(s) Found?** | **Description of Issue** | **Corrective Action(s) you are required to make 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 |

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| **2. SAMPLING PROTOCOL *(continued)*** | **Issue(s) Found?** | **Description of Issue** | **Corrective Action(s) you are required to make and expected completion date** |
| Old sample bottle | Yes  No |  |  |
| Bottle seal broken | Yes  No |
| New person collected water sample | Yes  No |
| Sampling error | Yes  No |
| Improper hold time | Yes  No |
| Improper storage temperature | Yes  No |
| Other: | Yes  No |

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| **3. OPERATIONAL CHANGES** | **Issue(s) Found?** | **Description of Issue** | **Corrective Action(s) you are required to make and expected completion date** |
| New sample tap installed | Yes  No |  |  |
| New treatment device added | Yes  No |
| Source added | Yes  No |
| Source abandoned | Yes  No |
| New storage tank added | Yes  No |
| Visible indicators of unsanitary conditions | Yes  No |
| Recent repairs to water lines | Yes  No |
| Water system was NOT disinfected / flushed following plumbing construction or repairs | Yes  No |
| Loss of power | Yes  No |
| Other: | Yes  No |

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| **4. DISTRIBUTION SYSTEM** | **Issue(s) Found?** | **Description of Issue** | **Corrective Action(s) you are required to make and expected completion date** |
| Low flow / dead end main | Yes  No |  |  |
| Low disinfection residuals (if applicable) review systems records, sample (if needed) | Yes  No |
| Water line breaks | Yes  No |
| Loss of pressure or low pressure  (less than 20 psi) | Yes  No |
| Water leaks | Yes  No |
| Construction or installation of plumbing | Yes  No |
| Cross connection issue(s) including but not limited to softener waste lines, irrigation, boiler make-up, baptismal, fire suppression, mop sinks, manufacturing process systems | Yes  No |
| Untested backflow device(s) | Yes  No |
| Inadequate flushing of water lines due to inactivity or closure of the facility | Yes  No |
| Evidence of vandalism | Yes  No |
| Other: | Yes  No |

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| **5. TREATMENT** | **N/A** | **Issue(s) Found?** | **Description of Issue** | **Corrective Action(s) you are required to make 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 contamination | | Yes  No |

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| **5. TREATMENT *(continued)*** | **N/A** | **Issue(s) Found?** | **Description of Issue** | **Corrective Action(s) you are required to make and expected completion date** |
| Maintenance schedules not followed | | Yes  No |  |  |
| Chemical day tanks empty / inadequately sealed (e.g. softener out of salt) | | Yes  No |
| Evidence of short circuiting in treatment process | | Yes  No |
| Evidence of contamination | | Yes  No |
| Other: | | Yes  No |

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| **6. STORAGE TANK** | **N/A** | **Issue(s) Found?** | **Description of Issue** | **Corrective Action(s) you are required to make and expected completion date** |
| Tank(s) is damaged, rusty, or has holes | | Yes  No |  |  |
| Tank bladder(s) is waterlogged | | 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 around tank | | Yes  No |
| Debris around tank | | Yes  No |
| Water age / inadequate turnover | | Yes  No |
| Lack of maintenance or inspection | | Yes  No |
| Other: | | Yes  No |

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| **7. SOURCE - WELLS** | **Issue(s) Found?** | **Description of Issue** | **Corrective Action(s) you are required to make and expected completion date** |
| Cracked, broken, or missing well cap | Yes  No |  |  |
| Cracked or damaged well casing | Yes  No |
| If well casing is cracked, is the protective barrier missing? | Yes  No |
| Well screen missing or damaged | Yes  No |
| Missing or damaged grout seal (voids around well allowing contaminates into well) | Yes  No |
| Recent work on pump | Yes  No |
| Well pump cycling improperly | Yes  No |
| Pump assembly leaking / damaged (jet pump or vertical turbine only) | 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 |

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

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| **CERTIFICATION** | | |
| I certify, under penalty of law*,* that I am a Certified Level 2 Assessor, and 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 | License number(s) *(if applicable)* |
| Telephone number  (     ) | E-mail address | |

***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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| ***FOR IDEM USE ONLY*** | | | | | |
| Name of IDEM reviewer | | | | Date of IDEM consultation *(if needed)* *(month, day, year)* | |
| Document preparer completed INWBC  Yes  No | 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 | | | | | |