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|  | **LEVEL 2 ASSESSMENT – TRANSIENT PUBLIC WATER SYSTEM**State Form 55983 (R6 / 4-23)INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENTOFFICE 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 46204E-mail: 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******.***

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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 |