

KENTUCKY DIVISION OF WATER

REVISED TOTAL COLIFORM RULE Level 1 Assessment Form

Rev. 07/02/2014

Form to be completed based on data and documents available to the PWS operator in charge, maintained on file and submitted to the Primacy agency within 30 days of the trigger date.

General Information

PWSID: System Name: Population Served:
System Type: Source:

Sample Collection and Handling

Was the sample collected using proper protocol? Yes No

(e.g. flush tap, remove aerator, no swivel, fresh sample bottles, sample storage acceptable)

Who collected the samples? PWS Lab

Did sample collection and handling factors contribute to contamination? Yes No

Were there visible indicators of unsanitary conditions? Yes No

Other/Explain:

Corrective Actions
(list date completed)

Treatment Change/Problems

Have any of the following occurred at relevant facilities prior to collection of TC Samples? Yes No

(check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Problem with clearwell operation | <input type="checkbox"/> Increased filter effluent turbidity | <input type="checkbox"/> Filters operated beyond capacity |
| <input type="checkbox"/> Abnormal influent turbidity | <input type="checkbox"/> Coagulation/sedimentation problems | <input type="checkbox"/> Excessive filter run-time |
| <input type="checkbox"/> Treatment process interruptions | <input type="checkbox"/> Abnormal flow rates/short circuiting | <input type="checkbox"/> Security/Vandalism issues |
| <input type="checkbox"/> Disinfectant added/changed | <input type="checkbox"/> Sludge blanket/carryover | <input type="checkbox"/> Chemical feed problems |
| <input type="checkbox"/> Operation & maintenance problems | <input type="checkbox"/> Other/Explain: <input type="text"/> | |

Corrective Actions
(list date completed)

Source Quality

Did source water quality factors contribute to contamination? Yes No

(check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Point or non-point source contamination | <input type="checkbox"/> Security/Vandalism issues | <input type="checkbox"/> Heavy rainfall or snowmelt |
| <input type="checkbox"/> New source placed on-line | <input type="checkbox"/> Cross connection | <input type="checkbox"/> Lake or reservoir turnover |
| <input type="checkbox"/> Stream flow rates/reservoir level higher than normal | <input type="checkbox"/> Stream flow rates/reservoir level lower than normal | <input type="checkbox"/> Long term drought |
| <input type="checkbox"/> Other/Explain: <input type="text"/> | <input type="checkbox"/> Inadequate well construction | |

Corrective Actions
(list date completed)

Distribution System

Did distribution system factors contribute to contamination? Yes No
(check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Flushing (routine or compliant) | <input type="checkbox"/> Fires or hydraulic disturbance | <input type="checkbox"/> Valves/air relief valves in vicinity |
| <input type="checkbox"/> Disinfectant residual lower than normal | <input type="checkbox"/> Pressure loss (<20 psi) | <input type="checkbox"/> Breaks or line replacements |
| <input type="checkbox"/> Location/type/condition of tap | <input type="checkbox"/> Softeners/POE/POU devices | <input type="checkbox"/> Security/Vandalism issues |
| <input type="checkbox"/> Cross connection | <input type="checkbox"/> Operation & maintenance problems | <input type="checkbox"/> Pump/Booster Station malfunction |
| <input type="checkbox"/> Fire Hydrant Issues | <input type="checkbox"/> Other/Explain: <input type="text"/> | |

Corrective Actions
(list date completed)

Storage Tank Operations

Did water storage operations/factors contribute to contamination? Yes No
(check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Tank removed from service | <input type="checkbox"/> Screens/Vents inadequate or damaged | <input type="checkbox"/> Condition of storage tank |
| <input type="checkbox"/> Tank cleaned/maintenance | <input type="checkbox"/> Security/Vandalism issues | <input type="checkbox"/> Inadequate water level fluctuations |
| <input type="checkbox"/> Excessive tank draw-down | <input type="checkbox"/> Pressure tank malfunction | <input type="checkbox"/> Disinfectant residual low in tank |
| <input type="checkbox"/> Other/Explain: <input type="text"/> | | |

Corrective Actions
(list date completed)

Additional Comments

Certification: I certify under penalty of law that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Completed by: Certification #:

Signature: Date:

Reserved for State

Assessment has been successfully completed? Yes No

Likely reason for total coliform-positive occurrence is established.

System has corrected the problem? Yes No

Was a reset requested and/or granted? Rationale? Yes No

Name of State Reviewer: