



# Revised Total Coliform Rule – Level 2 Assessment Form

## Florida Department of Environmental Protection

**NOTE:** Form to be completed based on data and documents available to the Public Water System and submitted to the DEP district or DOH county office which has jurisdiction of the water system as soon as practical, but **no later than 30 days** after learning that the PWS has triggered this Level 2 Assessment. Failure to conduct the Assessment and complete corrective actions within these 30 days may result in monthly monitoring. **A Level 2 Assessment is triggered if there is an *E. coli* MCL violation or a second Level 1 trigger in a rolling 12-month period. For systems on annual monitoring, a Level 1 trigger in 2 consecutive years triggers a Level 2.**

PWS ID#: \_\_\_\_\_ PWS Name: \_\_\_\_\_ City/Town: \_\_\_\_\_

System Type:    **Community**    **Non-transient, Non-community**    **Transient, Non-community**    **Seasonal**

Person Conducting Assessment: \_\_\_\_\_ Person's Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Assessment Triggered: \_\_\_\_\_ Date Assessment Completed: \_\_\_\_\_

### Level 2 Triggers:

*E. coli* MCL violation

Second Level 1 Trigger | Person completing first Level 1: \_\_\_\_\_

**Section A:** Review and evaluate elements 1-6. Check any potential causes of contamination identified. **Each section requires a response. Please provide additional explanations in Issue Description.** Use that space to provide additional information on potential causes of contamination identified during your assessment. Include corresponding dates with your findings such as dates of sample collection, low pressure events, extreme weather, etc.

### 1. SAMPLING SITES

**Issues Identified:**    No    If yes, please check below and add additional information in Issue Description.

Unclean/unsuitable sample tap

Change in conditions at sample site

Unapproved sample site

POE/POU site identified

Cross connections around sample site

Hot water intrusion

Other: \_\_\_\_\_

**Issue Description:**

**2. SAMPLING PROTOCOL**

**Issues Identified:**    No    If yes, please check below and add additional information in Issue Description.

Sampling error	Lab indicates possible lab error	Auto sensing faucet/swivel-type faucet
Change in sample collector	Aerator not removed from tap	Improper hold time/storage temperature
Inadequate tap flushing	Improper sample container/preservative	
Tap disinfected/flamed	Seasonal system start-up procedure problems	

Other: \_\_\_\_\_

**Issue Description:****3. TREATMENT PROCESS**

**Issues Identified:**    No    If yes, please check below and add additional information in Issue Description.

O & M procedures not followed	Unprotected by-pass in treatment process	Inadequate disinfection
Turbidity measurements out of range	Filter/media contamination	Raw water changes
Treatment added/changed	Interruption in treatment/power loss	Recent installation/repair
Backwashing increase (algae)	Coagulant added during filtration	Vandalism/Tampering

Change in flow rates/dosages/coagulants

Other: \_\_\_\_\_

**Issue Description:**

**4. DISTRIBUTION SYSTEM**

**Issues Identified:**    No    If yes, please check below and add additional information in Issue Description.

Illegal use of hydrants	Leaks	Operation of isolation valves resulting in breakage
Improper surge control	Low flow	Flushing of fire hydrants/blow-offs
Low disinfectant residual	Main breaks	Improper operation of air-relief/air-vacuum valves
Known bio-film accumulation	Power loss	Installation of new mains/construction activity
Unprotected cross-connection	Flow reversal	Fire-fighting event/sheared hydrant
Improper operation of gate valves	Dead end	Standing water/debris in valve vault
Booster pump failure/repair	Valves exercised to direct flow	
Backflow maintenance	Low pressure/loss of pressure (<20 psi)	

Other: \_\_\_\_\_

**Issue Description:****5. STORAGE TANKS**

**Issues Identified:**    No    If yes, please check below and add additional information in Issue Description.

Low disinfectant residual	Water age/inadequate turnover
Lack of maintenance/cleaning/inspection	Unaddressed inspection findings
Standing water/debris in control vault	Recent work on tank
Tank design issues (overflow, vent, hatch, screen size, etc.)	Hatch not sealed
Unauthorized access/signs of vandalism	Tank(s) out of service
Evidence of contamination from animals/insects	Power loss
High flows through tank (main break/fire event)	Compliant mesh screen properly installed
Sample taken when tank at low-level mark	
Incorrect operation of level control valves/altitude valves/related appurtenances	
Deterioration, rust, holes, or other breaches in vent, overflow pipe, access hatch, screens, ladders, etc.	

Other: \_\_\_\_\_

**Issue Description:**

**6. SOURCES**

**Issues Identified:**    No    If yes, please check below and add additional information in Issue Description.

Damaged pitless adaptor	Defective/damaged/missing well cap/well seal	Damaged well casing
Well flooded/run-off inundation	Damaged/missing/unscreened vent	Unapproved source(s)
Missing/damaged grout seal	Source(s) added/removed	Change in source(s)
Recent work on well pump	Unprotected opening in pump/pump assembly	Algal blooms
Ground slopes towards well	Low disinfectant residual from supplier	Well pump-to-waste
Recent heavy rainfall	Improper development/poorly maintained spring box	Unprotected Cross Connection
Used for backup/emergency	Well pit with standing water/evidence of flooding	Unauthorized access/vandalism
Evidence of animals near source	Disturbances near well (sewer/source water spill)	
Water quality issue with supplier	Source water system <i>E. coli</i> positive	
Other: _____		

**Issue Description:**

**Section B – Corrective Action Taken or to be Taken:** For any possible issues not already being addressed, use this space to describe corrective actions completed at the time of this assessment, a proposed timetable for any corrective actions not already completed, and any interim measures the Public Water System plans to implement prior to the completion of any corrective actions, including specific milestone dates.

Check if PWS did not find any causes for the contamination.

**Section C – Unaddressed Significant Deficiencies:** Are there any unaddressed significant deficiencies? If so, describe:

**Certification:** I, the owner or responsible party for the public water system named above, hereby certify that all statements provided above are true and accurate to the best of my knowledge.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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**DEP/DOH Official Use Only**

DEP/DOH Reviewer: \_\_\_\_\_

PWS corrected problem(s): \_\_\_\_\_

Level 2 Assessment Sufficient: \_\_\_\_\_

Consultation Date: \_\_\_\_\_

Corrective Action Plan Approved: \_\_\_\_\_

Approved with changes (attached): \_\_\_\_\_

Revisions Required: \_\_\_\_\_

**Comments**