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|  |  | | **Massachusetts Department of Environmental Protection**  Bureau of Resource Protection – Drinking Water Program RTCR-1  **Coliform Bacteria Level 1 Assessment** | | | | | | | | | | | | | | | | |
| **PWS ID#:** | | | **PWS Name:** | | | | | | | **City/Town:** | | | | | | | | |
| **System Type:** COM  NTNC  TNC | | | | | | | | **Compliance Period:** Month | | | | | | | | | Year | |
| **Assessment Trigger Date:** | | | | | | | | **Date Assessment Completed:** | | | | | | | | | | |
| **NOTE**: Form to be completed based on data and documents available to the PWS and returned to MassDEP as soon as practical but no later than 30 days after the collection date of the sample that triggered the assessment | | | | | | | | | | | | | | | | | | |
| **Section A:** Review and evaluate all the listed elements typically found in a PWS. Check any potential causes of contamination identified or check “NA” if the section is not applicable to the PWS. **Each section requires a response**. | | | | | | | | | | | | | | | | | | |
| **1.** GENERAL | | | | | | | | | | | | | | **Issue identified**: YES  NO | | | | |
| Have any of the following occurred prior to collecting bacteria samples? | | | | | | | | | | | | | | | | | | |
| low/inadequate disinfectant residual | | | | | | | | pressure loss/inadequate pressure (<20 psi)\* | | | | | | | | | | |
| signs of vandalism/forced entry† | | | | | | | | visible indicators of unsanitary conditions | | | | | | | | | | |
| water quality parameters out of range | | | | | | | | power loss | | | | | | | | | | |
| system does not provide disinfection | | | | | | | |  | | | | | | | | | | |
| other: |  | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |  |
| **2.** OPERATIONAL CHANGES | | | | | | | | | | | | | | **Issue identified**: YES  NO | | | | |
| source added/removed | | | | | | | operation/maintenance activities | | | | | | power loss | | | | | |
| other: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **3.** SAMPLING SITES | | | | | | | | | | | | | | **Issue identified**: YES  NO | | | | |
| unclean or unsuitable sample tap | | | | | | change in conditions at sample site | | | | | | | | hot water intrusion | | | | |
| unapproved/alternate site | | | | | | POE/POU treatment identified | | | | | | | | | | | | |
| other: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **4.** SAMPLING PROTOCOL | | | | | | | | | | | | | | | **Issue identified**: YES  NO | | | |
| improper sample container | | | | | | sampler error | | | | | auto sensing faucet/swivel-type faucet | | | | | | | |
| aerator was not removed | | | | | | inadequate tap flushing | | | | | improper hold time/storage temperature | | | | | | | |
| lab indicates possible error | | | | | | change in sample collector | | | | |  | | | | | | | |
| other: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **5.** TREATMENT PROCESS | | | | | | | | | | | | **Issue identified**: YES  NO  NA | | | | | | |
| O & M procedures not followed | | | | | | unprotected by-pass in treatment process\* | | | | | | | | | | inadequate disinfection | | |
| turbidity measurements out of range | | | | | | filter or media contamination | | | | | | | | | |  change in flow rates | | |
| treatment added or changed | | | | | | interruption in treatment/power loss | | | | | | | | | | recent installation/repair | | |
| phosphate barrels Cl2 less than 10 mg/L free chlorine residual (not applicable when the phosphate contains zinc) | | | | | | | | | | | | | | | | | | |
| other: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **6.** DISTRIBUTION SYSTEM | | | | | | | | | | | | **Issue identified**: YES  NO  NA | | | | | | |
| low flow/dead end | | | | | main breaks | | | | operation of isolation valves resulting in breakage | | | | | | | | | |
| standing water/debris in valve vault | | | | | leaks | | | | flushing of fire hydrants or blow-offs | | | | | | | | | |
| low disinfection residuals | | | | illegal use of hydrants | | | | | improper operation of air-relief/air-vacuum valves | | | | | | | | | |
| known bio-film accumulation | | | | improper surge control | | | | | installation of new mains or construction activity | | | | | | | | | |
| unprotected cross connection\* | | | | booster pump failure | | | | | fire fighting event/flushing/sheared hydrant | | | | | | | | | |
| improper operation of gate valves | | | | |  | | | |  | | | | | | | | | |
| other: | | | | | | | | | | | | | | | | | | |
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|  | **7.** STORAGE TANKS | | | **Issue identified**: YES  NO  NA | | | |
| recent work on tank | | evidence of contamination from animals | | | | |
| low disinfectant residual | | presence of dead animals/insects | | | | |
| lack of maintenance, cleaning, or inspection | | unauthorized access/signs of vandalism† | | | | |
| standing water/debris in control vault | | hatch not sealed | | Tank(s) out of service | | |
| incorrect operation of level control valves/altitude valves/related appurtenances | | | | water age/inadequate turnover | | |
| tank design issues (overflow, vent, hatch, screen size, etc.) | | | | unaddressed inspection findings | | |
| deterioration, rust, holes, or other breaches in vent, overflow pipe, access hatch, screens, ladders, etc.\* | | | | | | |
| other: | | | | | | |
|  | | | | | | |
|  | **8.** SOURCES | | | **Issue identified**: YES  NO  NA | | | |
|  | damaged pitless adaptor | well pit with standing water or evidence of flooding\* | | | | | |
|  | flooding/run-off inundation\* | improper development/poorly maintained spring box | | | | | |
| missing/damaged grout seal | defective/damaged well cap/well seal\* | | | | damaged well casing\* | |
| recent work on pump | damaged/unscreened vent\* | | | | unapproved source\* |
| ground slopes towards well | activities in Zone I and/or Zone II | | | | change in sources | |
|  recent heavy rainfall/snowmelt | unprotected opening in pump/pump assembly | | | | well cap not water tight | |
| other: | | | | | | |
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\* Indicates Groundwater Rule Significant Deficiency

† 310 CMR 22.15(9)(b)1.d. requires the discovery of malicious intent or an act of vandalism be reported to MassDEP within two hours.

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| **Section B - Issue Description** Use this space to describe the event and provide additional information on potential causes of contamination identified during the assessment. Include corresponding dates with your findings (attach additional pages if needed). Include dates of sample collection, disinfection, flushing, photographs showing system components, etc. with your findings. |
| Check if PWS did not find any causes for the contamination. |
| **Section C - Corrective Action Taken or to be Taken** Use this space to describe corrective actions completed, a proposed timetable for any corrective actions not already completed, and any interim measures the PWS plans to implement prior to the completion of any corrective actions, including specific milestone dates for doing so (attach additional pages if needed). Include photographs showing system components. Failure to meet milestone dates is subject to enforcement and public notice provisions. |
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| **Section D - Compliance History** | | | |
| 1. Was the PWS required to complete a Level 1 Assessment in the last 12 months? Yes  No  If Yes, was the source of contamination identified? Yes  No | | | |
| 2. Was the PWS required by MassDEP during the last survey, inspection or other communication to address any issue(s)? Yes  No | | | |
| If yes, date issue was identified       . Were all corrective actions completed? Yes  No | | | |
| If no, describe the issue and indicate your plan and a proposed timetable for any corrective actions. (attach additional pages if needed) | | | |
|  | | | |
| **NOTE:** The PWS is responsible for correcting all open violations. Contact your MassDEP Regional Office for assistance with violation and enforcement actions. | | | |
| **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. | | | |
| Print Name: |  | Title: |  |
| Signature: |  | Date: |  |
| Phone #: |  | Email: |  |

Please returnthis form to your **MassDEP Drinking Water Program** regional office

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| --- | --- | --- | --- | --- |
| **DWP USE ONLY**: MassDEP Reviewer: | | |  |  |
| Level 1 Assessment Accepted: YES  NO  PWS has corrected the problem:  YES  NO | | | | |
| MassDEP Consultation Date if needed : | | |  |  |
| Corrective Action Plan approved: YES  NO  NA   Approved With Changes (attached) | | | | |
| Comments: | |  | | |
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