

Public Water Supply Level I Assessment for Total Coliform Rule

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Public Water System Name: _____		PWS ID: _____
Completed by: _____ <small style="text-align: center;">Name and Title</small>	ELEMENTS FOR ASSESSMENT	Date completed: _____
Signature: _____	1. Sample site and procedures 5. Distribution 2. Water quality data 6. Storage tank(s) 3. Operations & Maintenance 7. PH & Treatment 4. Environmental Events 8. Water Source(s)	Trigger Event: - Positive total coliform (circle one) - Failure to take repeats

Criteria	Reviewer	OK NA	Description of Deficiency	Corrective Actions Taken & Date Completed <u>OR</u> Corrective Actions Planned & Completion Date
1a. Sample site evaluation. -condition or location of tap -regular use of connection -vacuum breaker -weather conditions				
1b. Sample protocol followed and reviewed. -flush/flame tap -chlorine residual taken: Free _____ Total _____ -fresh sample bottles -sample storage acceptable				
2. Water quality data -review bacteria sample history sources/distribution				
3. Operations and maintenance -any interruptions in the treatment process? -any reported loss of pressure events (20 psi)? -O&M activities that could have introduced TC? -reported vandalism and/or unauthorized access? -visible indicators of unsanitary conditions reported? -possible fire, flushing issue, sheared hydrant, etc.? -heavy rainfall, flooding, well yield, power loss?				
4. Operational changes to the system? -sources introduced -treatment or operational changes -potential sources of contamination -staff or equipment issues				
5. Distribution system -system pressure/water hammer -cross connection -pump station -air relief valves -fire hydrants or blow off -breaks/repairs				

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Criteria	Reviewer	OK NA	Description of Deficiency	Corrective Actions Taken & Date Completed <u>OR</u> Corrective Actions Planned & Completion Date
6. Storage Tank(s) -screens -security -access opening -condition of tank, inspection report -vent -drain overflow -pressure tank -O&M				
7. Treatment Facilities -interruptions -treatment supplies -O&M -cross-connections in treatment area -unsanitary conditions				
8a. Water source (groundwater) -sanitary seal -vent screened -air gap -cross connection -security -casing integrity -recent well work				
8b. Water source (surface water) -heavy rainfall -algae bloom				

Note: Form to be completed based on data and documents available to the PWS's certified operator of record, maintained on file and returned to MSDH within 30 days of triggering the assessment.

Please summarize any outstanding items and your proposed date for correction and notification to MSDH:

Return completed form by mail, fax, or email to:

Bureau of Public Water Supply
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