

Public Water Supply Level II Assessment for Total Coliform Rule

MSDH Bureau of Public Water Supply Assessments (Page 1 of 4)

Public Water System Name, Town:		PWS ID:
Completed by: _____ <small>(Must be Certified Operator different than Level I Assessor)</small>	ELEMENTS FOR ASSESSMENT	
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)
	Date completed:	
	Trigger Event: (circle one) <ul style="list-style-type: none"> - Positive Total Coliform - Sampling Reduction Request - <i>E.coli</i> detection 	

Questions	Y / N or NA	Description	Corrective Actions Taken and date completed OR Corrective Actions planned and planned completion date
1. Sample site and sampling procedures			
Describe your sample collection procedure.	----		
What is the location and type of faucet used? Note that hot water taps should not be used.			
How far above the floor or ground is the sample tap?			
Is the tap used regularly?			
Are there any treatment devices AFTER the sample tap?			
Are there any sample site concerns?			
Were the sample bottles clean, sealed, not expired?			
Were samples kept cool and delivered to the lab on time?			
Who collected the sample?			
Have you collected additional samples that were positive for coliform? When and where?			
When was your last clean sample? Where was it taken?			
Have you received any monitoring or reporting violations in the past year? What was the reason?			
Other sample site or sampling procedure comments:			
2. Water quality data review			
Review bacteria sample history including all sources and distribution data, note trends and comments:			
3. Operations and maintenance changes			
Were there any changes in operations or maintenance activities that could have introduced bacteria?			
Were there any interruptions in the treatment process?			
Were there any unsanitary conditions?			
Have there been any plumbing changes or new construction? When and what was repaired/changed?			

Public Water Supply Level II Assessment for Total Coliform Rule

MSDH Bureau of Public Water Supply Assessments (Page 2 of 4)

Questions	Y / N or NA	Description	Corrective Actions Taken and date completed OR Corrective Actions planned and planned completion date
Have there been any plumbing breaks or failures?			
Other operational or maintenance comments:			
4. Environmental Events			
Has there been heavy rainfall and flooding?			
Have you noticed any changes in source yields?			
Have there been any interruptions to electrical power? When and for how long?			
Are you aware of any illnesses reported in the community?			
5. Distribution system			
Has the system experienced leaks or low pressures?			
Are there any possible cross connections such as irrigation lines or frost-free hydrants?			
Have there been any water main breaks or repairs?			
Has there been any system flushing? When?			
Are existing backflow devices tested? If so, when was the last test date and did it pass?			
Is the fire sprinkler system fed by the drinking water supply? If yes, is there a backflow device installed?			
Other Distribution system comments:			
6. Storage tank(s)			
Has there been any tank maintenance or recent work?			
Is the tank hatch locked?			
Does the access hatch have the proper gasket and seal?			
Are there any unsealed openings (water level probe, vents, joints or fittings)?			
Are the overflow and vents screened and secured?			
Is the vent turned down? Is there an air gap at the vent termination point?			
Does the tank drain/overflow line terminate at a minimum of 12-inch air gap?			
For pressure storage, what is the pressure gauge reading?			
Is tank structural integrity questionable?			
Is there observed physical deterioration of the tank?			

Public Water Supply Level II Assessment for Total Coliform Rule

MSDH Bureau of Public Water Supply Assessments (Page 3 of 4)

Questions	Y / N or NA	Description	Corrective Actions Taken and date completed OR Corrective Actions planned and planned completion date
Were there any leaks?			
Is there any indication of intentional contamination?			
Is the emergency fill pipe capped securely?			
Have there been any bulk water deliveries?			
Does the tank have separate inlet and outlet lines?			
If using chlorine, what is the chlorine residual leaving the storage tank today?			
Other comments regarding the storage tank(s):			
7. Treatment facilities			
Are there unsanitary conditions?			
Are there signs of animal activity?			
Is there an air gap on all lines going to the floor drain?			
Any cross-connections (irrigation, fire suppression)?			
Is the pumphouse subject to flooding?			
Is the pumphouse used for any other purposes such as storage or other, please explain.			
When was last pump maintenance/service date?			
Is there evidence of unauthorized entry?			
Are there any uncovered openings in windows, doors where animals may enter?			
Has new treatment been added? If yes, what and when?			
Are all treatment devices operating and maintained?			
Has there been any recent maintenance or repair of treatment equipment?			
Were there any interruptions in treatment? If yes, what part, when, and for how long?			
If chlorine is used, what was the free chlorine residual at the bacteria sample site location?			
Other pumphouse and treatment comments:			
8a. Surface water source			
Has intake been compromised? Any changes or new activities in the watershed? Flooding at the source?			
8b. Well sources			
Is the well cover and sanitary seal intact?			

Public Water Supply Level II Assessment for Total Coliform Rule

MSDH Bureau of Public Water Supply Assessments (Page 4 of 4)

Questions	Y / N or NA	Description	Corrective Actions Taken and date completed OR Corrective Actions planned and planned completion date
Is the well cap vent protected with a fine mesh screen?			
Is there a frost-free hydrant on the well line?			
Have any backup well sources been turned on?			
What is the well casing height aboveground?			
If there is a well casing extension, is it welded?			
Is the well in a vault? If so, does the vault have a drain?			
What type of well(s) do you have (drilled, dug, point)			
Is there evidence of standing water near the wellhead?			
Is the well close to any surface water body or wetlands? If so, what distance?			
Is rainwater directed away from the wellhead?			
Is the wellhead area secured by fencing?			
Are there any potential contamination sources or hazards in the sanitary protective area (SPA)? (Septic system, dumpsters, fuels or fuel tanks, debris, etc)			
Are there animals in the SPA?			
Was there any work done on the well?			
Other source comments:			

Additional comments: _____

Please summarize all outstanding items and your proposed date for correction and notification to DES:

ITEM DESCRIPTION	PROPOSED CORRECTION DATE

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

MSDH Bureau of Public Water Supply
 PO Box 1700 Jackson, MS 39215

Fax: (601) 576-7518
 Email: charles.shultis@msdh.ms.gov