

*Please remove and recycle these instructions prior to sending the completed form to DEP*

## Instructions for Level 1 Assessment Form

### GENERAL INFORMATION

Pennsylvania's Revised Total Coliform Rule (RTCR) requires all public water supply systems (PWS) to complete a Level 1 Assessment in response to the triggers identified in 25 Pa. Code Chapter 109.202(c)(5). The purpose of the Level 1 Assessment is to identify the possible presence of sanitary defects and defects in distribution system coliform monitoring practices. The Level 1 Assessment must be conducted by personnel qualified to operate and maintain the water system's facilities (Assessor); this may include the system owner or responsible official.

A sanitary defect is a defect that could provide a pathway of entry for microbial contamination into the distribution system or that is indicative of a failure or imminent failure in a barrier that is already in place. If a sanitary defect is identified during the assessment, the Assessor must describe the sanitary defect, what corrective actions were completed, and a proposed timetable for corrective actions not yet completed.

Level 1 Assessments must be submitted to the Department of Environmental Protection (DEP) within 30 days of a PWS triggering the assessment. If upon review, DEP determines that the assessment is insufficient, DEP will send the PWS written notification. The system is required to consult with DEP within 14 days of receiving notification of an insufficient assessment.

### ITEM-BY-ITEM INSTRUCTIONS

#### **Section I. General Information**

Section I is to identify the public water system that is submitting the Level 1 Assessment form.

**PWS Name:** Name of the public water system (PWS).

**PWS ID:** The seven-digit PWS identification number assigned by DEP.

**Contact Name:** Name of the person who is the point of contact for the PWS.

**Phone #:** Phone number of the PWS contact person.

**PWS Address:** Mailing address of the PWS.

**E-mail:** E-mail address for the PWS contact person.

**Name of Assessor:** Name of the individual conducting the Level 1 Assessment for the water system.

**Date Completed:** Date that the Level 1 Assessment was completed.

#### **Section II. Positive Sample Information**

Section II is to identify specific information about any positive RTCR sample results during the monthly monitoring period. This information includes: sample location ID and name, sample date and collector, chlorine residual data, and questions regarding sample collection.

There are four positive sample tables under this section requiring identical information; a separate table should be used for each location that had a positive sample. Therefore, if a system had one positive monthly sample then only one table should be completed. If there were positive results at multiple locations within the distribution system or multiple positive samples at one location, including check samples, then additional tables should be completed. If more than four locations or samples were positive, there are additional tables listed on page 5 of this form.

### Positive Sample Table:

- **Sample Location ID#:** The unique three digit ID # used to identify RTCR sampling locations (specified in the sample siting plan)
- **Sample Location Name:** The name used when referring to the sampling location (e.g. High St. Storage Tank) as specified in the sample siting plan.
- **Positive Sample Date:** The date that the positive sample was collected.
- **Name of Sample Collector:** The name of the individual from either the water system or the laboratory who collected the sample.

*Note: The individual who collected each sample should be interviewed in order to answer the questions in this section.*

- **Chlorine Residual at Time of Sample Collection:** In the first box, check free, total, or not measured to describe the residual monitoring conducted. In the second box, write the residual amount in mg/L that was measured.
- **Was the sample collected according to the Sample Siting Plan?:** Answer this question by checking either YES or NO. Each PWS is required to have a complete RTCR sample siting plan which specifies where and when all samples are to be collected each month, including information for check samples. If the samples were collected in accordance with this plan then the Assessor should check YES. If the samples were NOT collected in accordance with this plan (different location or schedule) then the Assessor should check NO.
- **Was the condition of the sample tap appropriate for collection?:** Answer this question by checking either YES or NO. Any sample tap used for RTCR sample collection should be clean, free of leaks and debris, and be located away from possible sources of bacteriological contamination. If any of these conditions were not met the Assessor should check NO.
- **Were the samples collected in accordance with proper sample collection protocols?:** Answer this question by checking either YES or NO. The sample collector must follow proper collection protocols such as removing the aerator, flushing the tap until water temperature has stabilized, and avoiding contact with the inside of the sample bottle or cap. If sample collection protocols were not properly followed then the Assessor should check NO.

***Note: If the shaded NO box is checked as the answer to any of the three questions listed above, it should be considered an issue and be described in Section IV. Issue Descriptions and Corrective Actions.***

### Section III. Assessment Questions

Section III is broken into six subsections (A-F) relating to the following specific areas of a public water system; source (well, spring, or surface water), treatment process, distribution/plumbing system, and storage tank. Each subsection contains questions specific to that heading which should be answered by checking the box under the appropriate answer (YES, NO, N/A, or Unknown). Any time the answer is checked in a shaded box, the Assessor should consider this to be an issue and should complete a box under *Section IV. Issue Descriptions and Corrective Actions*.

If a subsection does not apply to a public water system (i.e., the “source-well” section would not apply to a PWS with surface water sources only), then the Assessor should check the box above the subsection and continue to the next one. Every PWS should answer the questions in *Subsection E. Distribution / Plumbing System*.

When answering the questions in Subsections A through F the Assessor should answer the question in relation to what was occurring in the system at the time of the positive sample, not what normally occurs or what has occurred in the past. The purpose of these questions is to determine the reason for the positive sample, therefore answering a question with the status of the PWS a year ago will not help determine the problem if things have since changed.

For systems with larger distribution systems and multiple pressure zones, when the Assessor is answering questions in subsection E, they may choose to only look at distribution components in the vicinity of the positive sample. For example, if the positive sample occurred in one pressure zone it may not be necessary to look at fire hydrants and

valves located on the other side of town in another pressure zone. The Assessor must have in depth knowledge of the distribution system to make this determination, if pressure zones and distribution system specifics are unknown, then the entire distribution system should still be assessed.

If the Assessor is unsure of what is being asked or does not know how to answer any of the questions, he/she may contact the local Sanitarian for further assistance.

#### **Section IV: Issue Descriptions and Corrective Actions**

The Assessor must use this section to indicate what issues were found during the assessment, and if necessary what corrective actions will be taken to resolve the issue and in what timeframe. Under this section, there are four charts with three headings. If more than four issues were found, the Assessor should use page 6 of this form to identify additional issues; only one issue should be listed in each box.

##### **Issue Descriptions and Corrective Actions Table:**

- **Issue-Section Letter & Question #:** In this box, the Assessor should indicate in what subsection and what question the issue was determined.

Example: If the Assessor answered YES to question #1 under *Subsection D. Treatment Process* then they should enter D 1 in this box.

- **Issue-Description:** In this box, the Assessor should describe in detail the issue that was determined. This box must be filled in for any answer that was checked in a shaded box.

Example: The PWS may have determined that the UV bulb had burned out prior to the water sample being taken; therefore, the water was not properly disinfected.

Example for description of a shaded box NOT needing a corrective action: The PWS may have checked the box for question A 1, which indicates that the well is located in a pit. The PWS however feels that this issue is not a likely cause of contamination, because the pit has a water tight lid and is always dry. In this case a description is still necessary because a shaded box was checked; however no corrective action would be necessary for this issue.

If the same situation exists where a well is located in a pit and water does enter the pit during weather events, or the pit shows evidence of vermin, then the Assessor should complete the corrective action box of the table.

- **Corrective Action:** In this box, the Assessor should describe the corrective actions that the system has taken or plans to take to correct the issue.

Example: If the UV light bulb had burned out prior to the sample being taken but it has since been replaced, in this box the Assessor would write, "UV bulb was replaced on DATE BULB REPLACED, the intensity meter shows the unit is functioning properly and the solenoid shut off valve is plugged into the intensity meter."

Example: However, if the issue was that the sanitary seal well cap on the well was broken and had not yet been replaced the Assessor would indicate here when the PWS planned to replace the broken well cap. Such as "The PWS has an appointment with XYZ Well Drilling Company to replace the sanitary seal well cap on DATE WELL CAP WILL BE REPLACED."

Note: If no issues were found during the assessment, the Assessor may check the box at the end of this section "No issues were found during the assessment".

**Section V: Verification**

The Assessor must verify that the information provided in the form is accurate and correct. The name of the Assessor should be printed and that individual must sign and date the form.

The completed assessment form must be submitted to the appropriate DEP office within 30 days of the PWS triggering a Level 1 Assessment.

The completed form should be addressed to: PA DEP – Safe Drinking Water, at the address of the appropriate district office having jurisdiction over the water company (from the list on pages 7-8). For counties marked with an asterisk (\*), address to the appropriate County Health Department (CHD), which is an agent of DEP for the Safe Drinking Water Program.

If upon review, DEP determines that the assessment is insufficient, DEP will send the PWS written notification. **The public water supplier must consult with DEP within 14 days of receiving written notification of an insufficient assessment.**

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