

Revised Total Coliform Rule Level 1 Assessment Form

System Name:		Source Water:		PWSID#			
System Type:		Population Served:		PWS Address: Street: City: Zip: County: Phone: Contact Person:			
Operator of Record:		Phone:				Mobile:	
Operator's Address:							
City:		State:				Zip:	
Name of TC sample collector:						Phone:	
Address:		City:				State:	
Date Assessment Completed:						Zip:	
Questions 1-5			Reviewed and Checked? ("✓" if completed or "N/A")		Issue(s) Found? Check One	Issue Description	Corrective Action Taken (include date)
1. Have any of the following occurred at relevant facilities prior to collection of TC Samples? a) any interruption in treatment process b) any reported loss of pressure event(< 20 psi) c) operation and maintenance activities that could introduce total coliform d) reported vandalism and/or unauthorized access to facilities e) visible indicators of unsanitary conditions reported f) fire fighting event, flushing operations, damaged hydrants, etc.			Completed	N/A	Y or N		
2. Have there been any recent operational changes to the system? a) new water sources introduced b) treatment or operational changes c) potential sources of contamination							
3. Evaluate sample site. a) condition and location of tap b) regular use of sample connection							
4. Sample protocol a) SOP exist and followed b) flush tap c) remove aerator d) no swivel e) fresh sample bottles f) collected sample storage and transportation acceptable							
5. Distribution System a) system pressure fluctuations b) known/suspected cross connections c) air relief valves clear/clean d) fire hydrants or blow offs properly maintained e) loss of disinfection agent residual in system f) line breaks g) any repairs made							

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Questions 6-10	Reviewed and Checked? ("✓" if completed or "N/A")	Issue(s) Found? <small>Check one</small>	Issue Description	Corrective Action Taken (include date)
6. Storage Tank a) Screens in good working order/clear and secure b) security around tanks c) access manway opened at any time d) overall condition of tank e) loss of disinfection residual at this point f) overflow drains properly placed and maintained g) pressure tank problems or operational issues	Completed N/A	Y or N		
7. Treatment process a) any treatment process interruptions b) POE/POU devices c) secondary treatment equipment functioning properly d) loss of disinfection agent residual at this point				
8. Source-Well a) sanitary seal b) vent screened c) well pad: construction design and current condition acceptable d) any cross connection e) security of well f) lube line				
9. Disinfection System a) problems with chlorinator b) loss of chlorine residual c) loss of disinfection product or feed				
10. Source- Surface Water Supply a) excessive rainfall b) structural integrity c) notable abnormal raw water condition d) treatment problems e) filter issues f) pre-treatment problems				

Note: Form must be completed based on data and documents available to the PWS Operator of Record, maintained on file and original sent to FL-DEP within Z days.

Additional Comments:

Print Name of person Completing form _____ Signature: _____ Date: _____

Reserved for State of Florida DEP

- 1) Assessment has been successfully completed. _____
- 2) Most likely reason for total coliform positive-occurrence is identified. _____
- 3) System has corrected the problem. _____
- 4) Was a re-test requested and/or granted? (rationale) _____
- 5) Name of FL-DEP reviewer. _____