



**Delaware Office of Drinking Water**  
Level 1 Assessment Form

<b>PWS ID#:</b>	<b>PWS Name:</b>	<b>Principle City Served:</b>
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**Compliance Period (mm/yy)**

**INSTRUCTIONS:**

In **Section A “General,”** review and evaluate the listed elements typically found in a Public Water System (PWS). Check (√) all elements reviewed and check “Issue(s) identified” if any potential causes of contamination were identified, check “No issues” if potential causes of contamination were not identified, or check “N/A” if the section is not applicable to your PWS. In **Section B “Description of Occurrence,”** provide an explanation if any issues were identified. In **Section C “Corrective Action,”** provide proposed corrective action(s) if any issues were identified in Section B. **Return this form within 30 days** after determination of exceeding the Total Coliform Maximum Contaminant Level.

**Section A**

<b>1. GENERAL</b>	<input type="checkbox"/> No issues identified	<input type="checkbox"/> Issues identified
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Have any of the following occurred at sample sites prior to collecting bacteria samples?

- |  |  |
|--|--|
| <input type="checkbox"/> Low/inadequate disinfectant residual        | <input type="checkbox"/> Loss of pressure (less than 25 psi)         |
| <input type="checkbox"/> Operation/maintenance activities            | <input type="checkbox"/> Visible indicators of unsanitary conditions |
| <input type="checkbox"/> Firefighting event/flushing/sheared hydrant | <input type="checkbox"/> Water quality parameters out of range       |
| <input type="checkbox"/> Signs of vandalism/forced entry*            | <input type="checkbox"/> Other: _____                                |

\* The discovery of malicious intent or an act of vandalism must be reported to ODW within 24 hours.

<b>2. SOURCE CHANGES</b>	<input type="checkbox"/> No issues	<input type="checkbox"/> Issues identified
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- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Alternate source used prior to sampling | <input type="checkbox"/> New source added | <input type="checkbox"/> Other: _____ |
|--|---|---------------------------------------|

<b>3. SAMPLING SITES</b>	<input type="checkbox"/> No issues	<input type="checkbox"/> Issues identified
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- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Unclean or unsuitable sample tap | <input type="checkbox"/> Change in conditions at sample site | <input type="checkbox"/> Not on plan |
| <input type="checkbox"/> Non-preferred sampling location  | <input type="checkbox"/> Other: _____                        |                                      |

<b>4. SAMPLING PROTOCOL</b>	<input type="checkbox"/> No issues	<input type="checkbox"/> Issues identified
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- |  |   |
|--|---|
| <input type="checkbox"/> Improper sample container | <input type="checkbox"/> Inadequate tap flushing                |
| <input type="checkbox"/> Aerator was removed       | <input type="checkbox"/> Improper storage temperature           |
| <input type="checkbox"/> Sampler error             | <input type="checkbox"/> Auto sensing faucet/swivel-type faucet |
| <input type="checkbox"/> Other: _____              |   |

<b>5. TREATMENT PROCESS</b>	<input type="checkbox"/> No issues	<input type="checkbox"/> Issues identified	<input type="checkbox"/> N/A**
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- |  |   |
|--|---|
| <input type="checkbox"/> Change in flow rates                | <input type="checkbox"/> Recent installation/repair           |
| <input type="checkbox"/> Inadequate disinfection             | <input type="checkbox"/> O & M procedures not followed        |
| <input type="checkbox"/> Turbidity measurements out of range | <input type="checkbox"/> New source added                     |
| <input type="checkbox"/> Treatment added or changed          | <input type="checkbox"/> Interruption in treatment/power loss |
| <input type="checkbox"/> Other: _____                        |   |

<b>6. DISTRIBUTION SYSTEM</b>	<input type="checkbox"/> No issues	<input type="checkbox"/> Issues identified
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- |   |  |
|---|--|
| <input type="checkbox"/> Power loss   | <input type="checkbox"/> Operation of isolation valves resulting in breakage |
| <input type="checkbox"/> Standing water/debris in valve vault                 | <input type="checkbox"/> Flushing of fire hydrants or blow-offs              |
| <input type="checkbox"/> Low disinfection residuals                           | <input type="checkbox"/> Improper operation of air-relief/air-vacuum valves  |
| <input type="checkbox"/> Pump or valve failure                                | <input type="checkbox"/> Installation of new mains or construction activity  |
| <input type="checkbox"/> Pressure loss/inadequate pressure (less than 25 psi) | <input type="checkbox"/> Improper operation of pumps/valves                  |
| <input type="checkbox"/> Improper surge control                               | <input type="checkbox"/> Illegal use of hydrants                             |
| <input type="checkbox"/> Main breaks  | <input type="checkbox"/> Leaks   |
| <input type="checkbox"/> Unprotected cross connection                         | <input type="checkbox"/> Improper operation of valves                        |
| <input type="checkbox"/> Other: _____   |  |

<b>7. STORAGE TANKS</b>	<input type="checkbox"/> No issues	<input type="checkbox"/> Issues identified
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- |   |  |
|---|--|
| <input type="checkbox"/> Improper maintenance practices   | <input type="checkbox"/> Low disinfectant residual |
| <input type="checkbox"/> Presence of dead animals/insects   | <input type="checkbox"/> Hatch not sealed          |
| <input type="checkbox"/> Incorrect operation of level control valves, altitude valves, and related appurtenances                    | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> Deterioration, rust, holes, or other breaches in vent, overflow pipe, access hatch, screens, ladders, etc. |  |
| <input type="checkbox"/> Water-logged bladder tank(s)   |  |

\*\* N/A (not applicable) should be checked if there are no issues related to individual sections or if PWS does not have that component (e.g. no springs)

<b>8. SOURCES - Well</b>		<input type="checkbox"/> No issues	<input type="checkbox"/> Issues identified
<input type="checkbox"/> Defective/damaged well cap/well seal		<input type="checkbox"/> Damaged well casing	
<input type="checkbox"/> Floodwater/run-off inundation		<input type="checkbox"/> Damaged/unscreened vent	
<input type="checkbox"/> Missing/damaged grout seal		<input type="checkbox"/> Unprotected opening in pump/pump assembly	
<input type="checkbox"/> Damaged pitless adaptor		<input type="checkbox"/> Other:	
If Ground Water Rule (GWR) source sample(s) were TC positive, you should contact ODW to determine if further action is required.			
<b>Surface Water Supply</b>		<input type="checkbox"/> No issues	<input type="checkbox"/> Issues identified
<input type="checkbox"/> Potential source of contamination	<input type="checkbox"/> Rapid snowmelt		<input type="checkbox"/> N/A**
<input type="checkbox"/> Change in sources	<input type="checkbox"/> Flooding	<input type="checkbox"/> Other:	<input type="checkbox"/> Heavy rainfall

**Section B - Description of Occurrence:** Use this space to provide additional information that supports your findings (e.g., water quality and pressure monitoring data). Include corresponding dates with your findings.

Check if you did not find any causes for the contamination.

**Section C - Corrective Action:** Use this space to describe corrective action taken or proposed corrective action with corresponding dates.

Initial Detection Date:	Initial Laboratory Notification Date:	Initial ODW Consultation Date:
Total # routine and repeat samples:	Total # coliform positive samples:	Total # <i>E. coli</i> positive samples:
# of coliform detections in past 12 months:	# of coliform violations in past 12 months:	

Certified Operator (print name):	
Sample Collector(s) ( <input type="checkbox"/> same as Certified Operator):	
Sample Collector(s):	Sample Collector(s):

**Certification:** I certify 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.

Print Name: _____	Title: _____
Signature: _____	Date: _____
Phone #: _____	Email: _____

Please return this form to the **Delaware Office of Drinking Water** at: 43 South DuPont Highway, Dover, DE 19901  
 Phone: 302-741-8630, Fax: 302-741-8631

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**ODW USE ONLY:** Date received: \_\_\_\_\_ ODW Reviewer: \_\_\_\_\_

ODW phone interview  Additional information: