



**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION**

Division of Water Supply and Geoscience  
Bureau of Safe Drinking Water  
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**REVISED TOTAL COLIFORM RULE LEVEL 2 ASSESSMENT FORM**

Public Water Systems **Greater Than (>)** 1000 Persons and Surface Water Systems

An approved party must review and evaluate all the elements of the water system for possible sanitary defects by completing this assessment form. **All sections of this form must be completed, and all applicable checkboxes must be marked.** Indicate *Yes, No, or N/A* if the section/question is not applicable to the water system.

- If a potential sanitary defect is identified, provide a description of the defect, corrective actions taken or proposed, and the date that the corrective action was completed or proposed to be completed. **If the system triggered the Ground Water Rule in addition to the RTCR, the system cannot perform any corrective actions without consulting with and receiving Bureau approval. Failure to do so, will result in a Ground Water Rule violation.**
- Attach additional pages, a copy of the water system's most recent RTCR Sampling Plan (if a sanitary defect/corrective action identified involves the RTCR Sampling Plan), and supporting documentation (e.g., analytical reports, invoices, estimates, receipts) when applicable.
- When completing this form refer to the water system's records (e.g., operation and maintenance records, tank inspection reports, and information related to the physical condition of the water system components) **from at least one year prior to the site visit date.**
- If more than one assessment has been triggered within a one-year timeframe, it is recommended to focus on the timeframe from the last negative RTCR sampling event through the collection of the positive RTCR sampling event.
- When determining appropriate corrective actions, evaluate and compare incident dates identified during the assessment to the RTCR sampling trigger dates.
- **The supplier of water is required to submit the completed form within thirty (30) days** after learning the system has exceeded a treatment technique trigger (not from receipt of the Bureau of Safe Drinking Water's letter) in accordance with N.J.A.C. 7:10-5.8 (b). The completed form can be sent by e-mail via: [watersupply@dep.nj.gov](mailto:watersupply@dep.nj.gov), reference your PWSID No., "L2A", and the form number in the subject line. *Failure to submit a completed assessment and supporting documentation in their entirety, as indicated above, may result in the issuance of a treatment technique violation.*

For more information on the Revised Total Coliform Rule, visit our website at <http://www.nj.gov/dep/watersupply/dws-sampreg.html>.

<b>Site Visit Date:*</b>	<b>System Name:</b>	<b>PWSID#:</b>
<b>System Type:</b> <input type="checkbox"/> CWS <input type="checkbox"/> NTNC <input type="checkbox"/> TNC		
<b>Level 2 Trigger:</b>		
<input type="checkbox"/> <i>E. coli</i> MCL violation <input type="checkbox"/> Second Level 1 trigger in a rolling 12-month period <input type="checkbox"/> Voluntary Level 2 Assessment (including request for sample reduction)		
Month/Year of Treatment Technique Trigger: _____		
Name of State Approved Party: _____ Certification/License #: _____		
<input type="checkbox"/> Licensed Operator <input type="checkbox"/> Licensed Professional Engineer <input type="checkbox"/> Licensed Well Driller <input type="checkbox"/> Licensed Pump Installer <input type="checkbox"/> State/County Official		
<input type="checkbox"/> If a sanitary defect/corrective action identified involves the RTCR Sampling Plan, most recent RTCR Sampling Plan is attached.		

\*Site Visit Date is the day when the Approved Party completed the on-site inspection.

PWSID #:  System Name:

**Approved Party:**

**Certification:** I certify under penalty of law that I am the person authorized to perform a Level 2 Assessment, and the information contained herein is true, accurate and complete to the best of my knowledge and belief. I certify that I was present and the General, Source, Treatment, Distribution, Storage/Pressure Tanks, Sampling, and Summary sections were evaluated in their entirety. Failure to comply with N.J.A.C. 7:10-5.8(d) may result in the issuance of a state violation and being referred to Compliance and Enforcement for penalties and enforcement action.

Performed by:	Certification/License #:
Signature:*	Date:
Email:	Phone#:
<b>*This must be signed and dated by an approved party, or the assessment is considered incomplete and the system will incur a treatment technique violation per 40 CFR 141.860(b).</b>	

**Water System Owner or Water System’s Licensed Operator of Record (i.e., Supplier of Water):**

**Certification:** I certify under penalty of law that I am the person authorized to complete and submit a Level 2 Assessment form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief. I certify that I have filled out and/or reviewed this form, in the presence of the approved party indicated above, in its entirety and failure to complete and submit this form will result in the issuance of a treatment technique and state violations. I acknowledge, upon issuance of a violation, I will be referred to Compliance and Enforcement for penalties and enforcement action.

Name:	<input type="checkbox"/> I certify that the approved party was on site the date indicated in the site visit field.	
Title: <input type="checkbox"/> Water System Owner <input type="checkbox"/> Water System’s Licensed Operator of Record		
Signature:*	Date:	
Contact Name:	Contact Email:	Contact Phone#:
<b>*This must be signed and dated by the water system owner or licensed operator of record, or the assessment is considered incomplete and the system will incur a treatment technique violation per 40 CFR 141.860(b).</b>		

1	General		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
1.1	Has there been vandalism and/or unauthorized access to any water system facilities within the last year? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Description(s) of incident: Corrective action(s):	
1.2	Has there been any community illness suspected of being waterborne (e.g., the public health official has determined an outbreak occurred) within the last year? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Description(s) of incident:	
1.3	Has there been any customer complaints of taste or odor problems within the last year? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of complaint: Description(s) of complaint: Corrective action(s):	
1.4	Does the system have a septic system? If yes, provide the details listed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last time the system was pumped: Date of last inspection: Distance between septic & well(s):	
1.5	Is the distance between the septic and well less than 50 feet and/or does not meet building specifications for wells below the allowable limit? If yes, provide all copies of approval issued by well permitting and/or water quality. <i>Per N.J.A.C 7:10-11.7(b)(2), wells are prohibited within 50 feet of a septic tank and within 100 feet of a septic disposal field except as described under N.J.A.C.7:9D.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Issued approval attached	
1.6	Is the septic system routinely maintained or inspected? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Description:	
1.7	Was maintenance performed or repairs made to the septic or sewer system recently? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date(s) of service: Description(s) of service:	
1.8	Have there been any interruptions to electrical power within the last year? If yes, provide the date(s) of occurrence and description. <i>If the outage is due to an area wide power outage, those specific date(s) and time(s) should be available from the power supplier.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Description(s) of incident:	
1.9	Other comments on the general information water system information:			

2	Source – Groundwater <input type="checkbox"/> Yes <input type="checkbox"/> No If no, move to Section 3.	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/ Proposed
2.1	How many wells were in operation within 7 days prior to and/or during the sampling event? Provide the well permit number(s), if known, and the water state facility code(s), e.g., WL001001. To find well permit number, instructions are provided below. <sup>1</sup>	# In Use:  Well permit number(s): State facility code(s):	
2.2	Were any new, emergency, or inactive wells in operation/ introduced into the system within 7 days prior to and/or during the sampling event? If yes, provide a description including the facility code(s) (e.g., WL001001) and well permit numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No  Facility code(s): Well permit number(s):	
2.3	Are there any abandoned wells (wells not in use and not properly decommissioned per N.J.A.C. 7:9D, Sub. 3) on the property? If yes, provide the number of abandoned wells, their location, and a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No  Number of abandoned wells: Location(s): Corrective action(s):	
2.4	Is there evidence of standing water near the wellhead(s)? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No  Corrective action(s):	
2.5	Is the well field(s) prone to flooding? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No  Description:	
2.6	Is the sanitary seal(s) intact? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No  Corrective action(s):	
2.7	Is the well cap(s) vented? If no, provide a corrective action. If N/A, provide reason. <i>In accordance with N.J.A.C. 7:9D-2.3(b)(2)(ii), wells are required to be equipped with a down-facing casing vent, screened to prevent the entry of insects and located at least 12 inches above the grade, except for (1) wells located within the 100-year flood elevation or (2) flowing wells.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Corrective action(s):	
2.8	Is the vent(s) screened? If no, provide a corrective action. If N/A, provide reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Corrective action(s): Reasoning:	
2.9	Is the casing vent facing down? If no, provide a corrective action. If N/A, provide reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Corrective action(s): Reasoning:	

2	Source – Groundwater <input type="checkbox"/> Yes <input type="checkbox"/> No If no, move to Section 3.		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/ Proposed
2.10	Is the wellhead(s) flush to grade or under 12" above grade? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
2.11a	Is the wellhead(s) in a pit? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
2.11b	If yes to 2.11a, is the pit the wellhead(s) is in dry? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Corrective action(s):	
2.12	Is the wellhead(s) secured from unauthorized access? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
2.13	Is the wellhead(s) physically protected? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
2.14	Is the installed groundwater source tap on each well immediately followed by a check valve prior to any treatment, storage/pressure tank, and/or distribution system component? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
2.15a	Were any interconnection(s) or alternate source(s) of water in operation/ introduced into the system within 7 days prior to and/or during the sampling event? If yes, provide description including interconnection identification number (e.g., CC001001) or name of system connected with.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
2.15b	If yes to 2.15a, is the interconnection(s) or alternate source(s) secured from unauthorized access?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2.16	Have there been any sewer overflows, chemical spills, contaminants, or other disturbances nearby within the last year? If yes, provide a description, including dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Description(s) of incident:	
2.17	Has any repair/work been performed to the source(s) or its components within the last year? If yes, provide a description including dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of service: Description(s) of service:	

2	<b>Source – Groundwater</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, move to Section 3.</b>		<b>Description of Defect and Corrective Action Taken/Proposed</b>	<b>Date Corrected/Proposed</b>
2.18	Has any repair/work been performed to the source(s) or its components within the last year? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of service: Description(s) of service:	
2.19	Are there any other observations of well construction/operation that would bear on observed positives? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description: Corrective action(s):	
2.20	Other comments on the source, including identification of proposed corrective actions.			

<sup>1</sup>To find a well permit number, use Date Miner tool located at <https://www13.state.nj.us/DataMiner> and conduct the following steps: (1) Select Search by Category, (2) Choose Water Supply and Geoscience from the drop down box, (3) Scroll down to Water System Infrastructure section to WS WELL PERMITS, and (4) Select how you would like to search for the well, (e.g., Find Wells by Block and Lot, Find Wells by County – Municipality and Date, Find Wells by Street Address, etc.).

3	<b>Source – Surface Water</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes: <input type="checkbox"/> River <input type="checkbox"/> Reservoir <input type="checkbox"/> GUDI <input type="checkbox"/> Lake/Pond</b> <b>If purchased, move to Section 4.</b>		<b>Description of Defect and Corrective Action Taken/Proposed</b>	<b>Date Corrected/Proposed</b>
3.1	Were any issues found with the condition of the intake? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
3.2	Are all surface water intakes screened and maintained? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
3.3	Have there been any sewer overflows, chemical spills, contaminants, or other disturbances or sources of contamination nearby within 30 days prior to the assessment being triggered? If yes, provide a description and status.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Description(s) of incident:	
3.4	Is the intake and intake pump house secure to prevent unauthorized access? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
3.5	Have there been any significant or atypical environmental events at the source within 30 days prior to the assessment being triggered? If yes, check all that apply: <input type="checkbox"/> Algal bloom(s) <input type="checkbox"/> Water capacity decrease (e.g., drought) <input type="checkbox"/> Excessive rain or snow <input type="checkbox"/> Increased source water turbidity <input type="checkbox"/> Surface water turnover <input type="checkbox"/> Water capacity increase (e.g., flooding) <input type="checkbox"/> Extremes in heat or cold	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Corrective action(s):	

PWSID #:

System Name:

3.6	Was there a change in source(s)/ contribution of source water within 30 days? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
3.7	Other comments on the surface water supply, including identification of proposed corrective actions.			

4	<b>Source – Purchased Water</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, move to Section 5.</b>		<b>Description of Defect and Corrective Action Taken/Proposed</b>	<b>Date Corrected/ Proposed</b>
4.1	Indicate which interconnections or alternate source(s) of water were in operation/ introduced into the system within 7 days prior to and/or during the sampling event. Provide description including interconnection identification number (e.g., CC001001), name of contact from the selling water system and their PWSID number.		Description:	
4.2	Is the interconnection(s) or alternate source(s) secured from unauthorized access? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action:	
4.3	Did the selling system have any positive total coliform sample results (compliance or operational) within two months of the assessment being triggered? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
4.4	Were additional coliform bacteria or chlorine residual measurement samples collected at the interconnection as part of this investigation? If yes, provide the results.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Results attached	
4.5	Are all interconnections free of leaks? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
4.6	Are there any other observations of interconnection(s) construction/operation that would bear on observed positives? If yes, provide a description and corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description: Corrective action(s):	
4.7	Has any repair/work been performed to the interconnection(s) or its components within the last year? If yes, provide a description including dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of service: Description(s) of service:	

4	<b>Source – Purchased Water</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, move to Section 5.</b>	<b>Description of Defect and Corrective Action Taken/Proposed</b>	<b>Date Corrected/Proposed</b>
4.8	Did line breaks and repairs, or large firefighting events occur within the selling system within 2 months of the assessment being triggered? If yes, provide a description. <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
4.9	Is the distribution system pressure maintained within the selling system? If no, provide a description. <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
4.10	Did the selling system receive any water related customer complaints within the last two months prior to the assessment being triggered? If yes, provide a description. <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
4.11	Other comments on the purchased water supply, including identification of proposed corrective actions.		

5	<b>Treatment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, move to Section 6.</b>	<b>Description of Defect and Corrective Action Taken/Proposed</b>	<b>Date Corrected/Proposed</b>																												
5.1	Have there been any interruptions in any treatment processes (e.g., lapses in chemical feed, disinfection) within 30 days prior to the assessment being triggered? If yes, provide a description. <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Description(s) of incident:																													
5.2	Have treatment devices been operating normally within the last year? If no, provide corrective actions. <input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):																													
5.3	Have treatment units been routinely maintained? If no, provide a description. <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:																													
5.4	List the last service date for all treatment devices, the service performed (including recent repairs), and the servicer: <i>Attach additional pages as needed.</i>	<table border="1"> <thead> <tr> <th data-bbox="649 1579 873 1654">Device:</th> <th data-bbox="873 1579 1096 1654">Service Date:</th> <th data-bbox="1096 1579 1318 1654">Servicer:</th> <th data-bbox="1318 1579 1539 1654">Service Performed:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Device:	Service Date:	Servicer:	Service Performed:																								
Device:	Service Date:	Servicer:	Service Performed:																												



5	Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No If no, move to Section 6.	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/ Proposed
5.5	Has there been any installation of treatment equipment within 30 days prior to the assessment being triggered? If yes, provide a description, including what treatment device(s) and date(s)  <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of installation:  Treatment device(s):	
5.6	Were there any changes in the treatment process (e.g., rearrangement to the order, change in chemical or dosage) within the last year? If yes, provide a description including dates.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of change: Description(s) of change:	
5.7	Is disinfection the last treatment process in the system? If no, provide a corrective action. <i>This should be consistent with the treatment train sketch in 5.24. In accordance with N.J.A.C. 7:10-11.16(b)(2), chlorination shall be the last treatment process in a treatment plant with multiple treatment processes. Pre-chlorination may be practiced if it is applied in conjunction with post-chlorination.</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Corrective action(s):	
5.8	What was the chlorine residual measured at the entry point for the day of the site visit? (Base on system's average time of travel.)  <input type="checkbox"/> N/A <small>(System doesn't have chlorine disinfection)</small>	Total: Free: Date: Time:	
5.9	Does water quality data collected within 30 days prior to the triggering of the assessment from the entry point indicate inadequate or inappropriate treatment of water? If yes, explain and provide a corrective action.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
5.10	What was the UV intensity measured for the day of the site visit?  <input type="checkbox"/> N/A <small>(System doesn't have UV)</small>	Value: Date: Time:	
5.11a	Was the water flow rate above the rated capacity for the disinfection treatment device(s)? If yes, provide a description, including the water flow rate.  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date(s) of incident: Elevated flow rate(s) recorded: Corrective action(s):	
5.11b	If yes to 5.11a, provide the flow rate capacity for the treatment device(s) or attach the treatment device(s) permit showing the flow rate capacity.  <input type="checkbox"/> N/A	<input type="checkbox"/> Permit attached Capacity:	
5.12	Does the UV system indicate the need to clean or replace the bulb? If yes, provide the date the bulb was last replaced.  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date UV bulb last replaced:	

5	<b>Treatment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, move to Section 6.</b>	<b>Description of Defect and Corrective Action Taken/Proposed</b>	<b>Date Corrected/Proposed</b>
5.13	Are appropriate backflow prevention devices installed, maintained, and tested on all cross connections? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <small>(System doesn't have cross connections)</small>	Corrective action(s):
5.14	Are all treatment drain lines and monitoring equipment waste lines equipped with an air gap? If no, provide a corrective action. <i>Air gaps should be at least twice the diameter of the supply line.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):
5.15	Did treatment plant flow rates exceed the permitted capacity at any time during the 30 days prior to the assessment being triggered. If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Elevated flow rate(s) recorded: Description: Corrective action(s):
5.16	Provide the flow rate capacity or attach the permit showing the flow rate capacity.	<input type="checkbox"/> Permit attached Capacity:	
5.17	<p><b>For groundwater systems</b>, did the treatment plant continuously meet the 5-minute contact time to produce the minimum free chlorine residual or 30-minute contact time to produce the minimum combined chlorine residual as per N.J.A.C. 7:10-11.16(e)? If no, provide a corrective action.</p> <p><b>For surface water systems</b>, did the treatment plant meet the 30-minute contact time to produce the minimum chlorine residual as per N.J.A.C. 7:10-11.16(e)? If no, provide a corrective action.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):
5.18	<p><b>For surface water systems</b>, within 30 days of the triggering event were there any failures to meet CT requirements for any length of time? If yes, provide corrective actions, date NJDEP was contacted, and if applicable the emergency case number. <i>The Surface Water Treatment Rule has established CT values for chlorine, chlorine dioxide, ozone, and chloramines which will achieve at least a 99.9% (3-log) inactivation of Giardia lamblia cysts</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: Length of time: Date NJDEP contacted: Emergency case # (if applicable): Corrective action:

5	<b>Treatment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, move to Section 6.</b>	<b>Description of Defect and Corrective Action Taken/Proposed</b>	<b>Date Corrected/Proposed</b>
	<i>and at least a 99.99% (4-log) inactivation of viruses. These CT values are located at 40 CFR 141.74 Tables 1.1-1.6, 2.1, and 3.1.</i>		
5.19	<b>For groundwater systems required to provide 4-log virus treatment, did any permitted 4-log removal treatment fail to meet 4-log inactivation of viruses for any length of time during the 30 days prior to the assessment being triggered? If yes, provide corrective actions and date NJDEP was contacted.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date NJDEP contacted: Corrective action:
5.20	<b>Were filters operating normally? Was there a deviation from typical average filter run times or filter backwash times? If yes, provide a description.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <small>(System doesn't have filters)</small>	Description:
5.21	<b>Was a filter turbidity profile conducted? If yes, attach a summary of the outcome.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <small>(System doesn't have filters)</small>	<input type="checkbox"/> Summary of turbidity profile attached
5.22	<b>After reviewing the turbidity data, were any anomalies revealed? If yes, provide a description.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
5.23	<b>Is there any treatment installed that is currently not in use? If yes, provide description including why it is not in use.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment currently not in use:  Description why not in use:
5.24	<b>List the last backwash date for all treatment units besides filters:</b>	<input type="checkbox"/> N/A <small>(System doesn't have additional treatment that requires backwash)</small>	Device: Date:  Device: Date:
5.25	<b>Provide the frequency at which all treatment devices are backwashed:</b>	<input type="checkbox"/> N/A <small>(System doesn't have treatment that requires backwash)</small>	Device: _____ times per _____  Device: _____ times per _____  Device: _____ times per _____

PWSID #:

System Name:

<b>5.26</b>	Sketch and label the water system's treatment train that consists of all units and processes in order from the source to the point of entry sample tap (including the raw water sample tap). <i>Attach additional sheets if necessary.</i>		
<b>5.27</b>	Other comments on the treatment system including proposed corrective actions:		

<b>6</b>	<b>Distribution</b>		<b>Description of Defect and Corrective Action Taken/Proposed</b>	<b>Date Corrected/Proposed</b>
<b>6.1</b>	Was the sample collected in a hydraulically isolated area of the distribution system (e.g., separate pressure zone, dead-end, prolonged stagnated areas)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
<b>6.2</b>	Is there evidence that the system experienced low (<20 psi) or negative pressure? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of Incident: Description of incident:	

6	Distribution		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
6.3	Do all connections between the water system's public potable water supply and unapproved water supplies have NJDEP physical connection permits? If no, provide description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <small>(System doesn't have cross connections)</small>	Description:	
6.4a	Have there been any water main repairs, removals, or additions within 30 days prior to the assessment triggering? If yes, provide a description including dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s): Description(s) of work:	
6.4b	If yes for question 6.4a, were the water main(s) and all surfaces in contact with potable water disinfected in accordance with AWWA standards? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Description: Corrective action(s):	
6.4c	If yes for question 6.4a, were total coliform samples taken from the affected area? If yes, provide the results.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Results attached	
6.5	Were any leaks or main breaks discovered during the investigation? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
6.6	Is there any evidence of intentional contamination in the distribution system? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description: Corrective action(s):	
6.7	Are there areas where it is difficult to maintain a residual (e.g., dead-ends)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Description: Corrective action(s):	
6.8	Have there been any operating issues with control valves (i.e., pressure reducing valves, altitude) within 30 days of the assessment triggering? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Description(s) of incident: Corrective action(s):	
6.9	Are the system's components in the distribution system (e.g., storage tanks, access points, booster stations, sampling stations, etc.) secured to prevent unauthorized access? If no, provide corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
6.10	Provide the most recent maintenance/service date for the pump in the distribution system (e.g., booster pump).	<input type="checkbox"/> N/A	Date of service: Description of service:	

6	Distribution		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
6.11	Are the valve vault(s) prone to flooding and/or terminate below grade? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Description: Corrective action(s):	
6.12	Are fire hydrants/blow offs located in an area with high water table or pits? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Description:	
6.13	Was there known unauthorized use of the fire hydrant(s)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Description:	
6.14	Provide the date when the re-chlorination or re-chloramination pump station(s) were last inspected.	<input type="checkbox"/> N/A	Station(s): Date(s) re-chlorinated or re-chloraminated:	
6.15	Has there been any operating issues at any of the re-chlorination or re-chloramination pump station(s) within 30 days of the assessment triggering? If yes, provide a description and corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Description: Corrective action(s):	
6.16	Is there a current flushing program? If yes, provide a description of the area and date of the last flush prior to the coliform positive.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description: Date of last flush:	
6.17	Other comments on the distribution system including proposed corrective actions:			

7	Storage Tanks <i>Address all storage facilities. Storage facilities questions pertain to all types of storage reservoirs (e.g., below ground, above ground, elevated, indoor, outdoor, opened, closed, gravity, pneumatic, etc.). If more than one storage facility exists, provide responses for each unique storage facility.</i>		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
7.1	How many storage tanks are in use in the system?	# In use:	Identify each tank(s) and the type of tank(s):	
7.2	How many storage tanks are NOT in use? If storage tanks are not in use, provide description.	# Not in use:	Description:	
7.3	Provide whether the tanks in the distribution system have a single inlet/outlet or if there are separate inlet and outlet lines.		Tank____ : <input type="checkbox"/> Single <input type="checkbox"/> Separate Tank____ : <input type="checkbox"/> Single <input type="checkbox"/> Separate Tank____ : <input type="checkbox"/> Single <input type="checkbox"/> Separate Tank____ : <input type="checkbox"/> Single <input type="checkbox"/> Separate Tank____ : <input type="checkbox"/> Single <input type="checkbox"/> Separate	

7	<p style="text-align: center;"><b>Storage Tanks</b></p> <p style="text-align: center;"><i>Address all storage facilities. Storage facilities questions pertain to all types of storage reservoirs (e.g., below ground, above ground, elevated, indoor, outdoor, opened, closed, gravity, pneumatic, etc.). If more than one storage facility exists, provide responses for each unique storage facility.</i></p>		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
7.4	Are the facilities secured from unauthorized access? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
7.5	Do the access openings have proper gaskets and/or seal tightly? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
7.6	Was there any observed leaks or physical deterioration (e.g., rust) of the tank(s)? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
7.7	Could the physical condition of the tank(s) be a source of contamination including leaks? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
7.8	Has there been any evidence of vandalism or intentional contamination at the storage tank(s)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description: Corrective action(s):	
7.9	Are the overflow and vents screened? If no, provide corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Corrective action(s):	
7.10	Are the vents turned down and/or maintaining an air gap at the termination point? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Corrective action(s):	
7.11	Are there any unsealed openings in the storage facilities such as access doors, vents, or joints? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Corrective action(s):	
7.12	Do the drains/overflow lines fail to provide the minimum of a 12" air gap? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Corrective action(s):	
7.13	Is the overflow pipe directly connected to a tank drain, sanitary sewer, or storm drain? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Corrective action(s):	
7.14	Have the storage or pressure tanks been properly operated and/or maintained? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of maintenance: Corrective action(s):	

7	<p style="text-align: center;"><b>Storage Tanks</b></p> <p style="text-align: center;"><i>Address all storage facilities. Storage facilities questions pertain to all types of storage reservoirs (e.g., below ground, above ground, elevated, indoor, outdoor, opened, closed, gravity, pneumatic, etc.). If more than one storage facility exists, provide responses for each unique storage facility.</i></p>		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
7.15	Has there been any tank maintenance (e.g., painting/coating or repairs) within the last year? If yes, provide a description, including which tank(s), maintenance and date performed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tank: Maintenance performed: Date performed:  Tank: Maintenance performed: Date performed:	
7.16	When was the last tank inspection(s) date(s)? If any deficiencies were identified at the time, provide them with the applicable tank.		Tank: Date of last inspection: Deficiencies identified: Corrective action(s):  Tank: Date of last inspection: Deficiencies identified: Corrective action(s):	
7.17	When was the last date the storage tank(s) was cleaned?  If any deficiencies were identified at the time, provide them with the applicable tank.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tank: Date cleaned:  Tank: Date cleaned:  Tank: Date cleaned:	
7.18	Is the bladder in the pressure tank waterlogged? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (System doesn't have a pressure tank)	Corrective action(s):	



7	<p align="center"><b>Storage Tanks</b></p> <p align="center"><i>Address all storage facilities. Storage facilities questions pertain to all types of storage reservoirs (e.g., below ground, above ground, elevated, indoor, outdoor, opened, closed, gravity, pneumatic, etc.). If more than one storage facility exists, provide responses for each unique storage facility.</i></p>		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
7.19	Did the pressure tanks deviate from normal operating pressure? If yes, provide a description, including what the normal operating pressure is and the operating pressure the tank deviated to.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Normal operating pressure: Deviated operating pressure:	
7.20	Has the tank water level been taken down lower than normal? If yes, provide a description, including what is normal level and the lower level it was taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Normal water level: Lower water level:	
7.21	Has the tank(s) turnover time deviated from normal? If yes, provide description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
7.22	Was there high water age in the tank (infrequent water use)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
7.23	Is the tank inadequately mixed? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Description:	
7.24	Was a special purpose sample collected from the tank and analyzed for total coliform/E. coli? If yes, attach lab report(s) and provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lab report(s) attached Description:	
7.25	Provide the measured chlorine residual (total/free) of the water exiting the storage tanks the day of the site visit.	Tank____: <input type="checkbox"/> Free <input type="checkbox"/> Total Cl____ppm Date:  Tank____: <input type="checkbox"/> Free <input type="checkbox"/> Total Cl____ppm Date:  Tank____: <input type="checkbox"/> Free <input type="checkbox"/> Total Cl____ppm Date:  Tank____: <input type="checkbox"/> Free <input type="checkbox"/> Total Cl____ppm Date:		
7.26	Other comments on the storage system including proposed corrective actions:			

8	<b>Sampling</b> <i>The questions in this section were written so that the lab is not required to complete the assessment form. However, consider calling your lab and asking them to help you answer the questions.</i>		<b>Description of Defect and Corrective Action Taken/Proposed</b>	<b>Date Corrected/Proposed</b>
8.1	Were the total coliform samples collected by a NJDEP certified laboratory? If no, provide the name of the lab and a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of sample collector and lab:  Title:  Description:	
8.2	Were the samples collected according to the RTCR Sampling Plan? If no, provide a description and corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:  Corrective action(s):	
8.3	Was the sampling plan revised prior to the collection of the positive samples? If yes, provide a description and the date the sampling plan was most recently revised.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:  Date of most recent revisions:	
8.4	Have conditions changed at the sample site since last sample collection? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
8.5	Have there been any additional analytical samples, such as special, elective, and/or investigatory, collected, including source samples which were positive? If yes, provide a description and attach the corresponding lab reports.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Corresponding lab reports attached Description:	
8.6	Were there any visible indicators of unsanitary conditions? If yes, provide a description and a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:  Corrective action(s):	
8.7	What are the conditions of the taps? (Use the boxes below)			
8.7a	<input type="checkbox"/> Clean/sanitary/no problem seen			
8.7b	<input type="checkbox"/> Corroded			
8.7c	<input type="checkbox"/> Unclean/unsanitary			
8.7d	<input type="checkbox"/> Recently replaced			
8.7e	<input type="checkbox"/> Improper construction			
8.7f	<input type="checkbox"/> Leaking/Broken			
8.7g	<input type="checkbox"/> Internally threaded			
8.7h	<input type="checkbox"/> Other			
8.8	Was the sample taken from an outside spigot or tap? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	

8	<b>Sampling</b> <i>The questions in this section were written so that the lab is not required to complete the assessment form. However, consider calling your lab and asking them to help you answer the questions.</i>	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
8.9	Was the sample taken from a swivel faucet (a spout that has the capability to swing)? If yes, provide a corrective action.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
8.10	Did the sample tap have a point of use treatment device on it? If yes, provide a corrective action.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
8.11	Was the sample taken from an automatic faucet? If yes, provide a corrective action.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
8.12	Is there potential for hot water to enter the sample tap? If yes, provide a corrective action.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective action(s):	
8.13a	Were you present when the sampling occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8.13b	<b>If yes to 8.13a or recorded on Chain of Custody</b> , was the aerator removed prior to sample collection? If no, provide a description.  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Description:	
8.13c	<b>If yes to 8.13a or recorded on Chain of Custody</b> , was the sample site flushed prior to sample collection? If no, provide a description.  <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
8.13d	<b>If yes to 8.13a</b> , were appropriate sample collection techniques followed? (This includes eliminating water splashing from sink and sampler not touching the inside of the sample bottle.) If no, provide a description and documentation.  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Documentation attached Description:	
8.14	If the laboratory was contacted, provide the date and name of person contacted.  <input type="checkbox"/> N/A	Date contacted: Name of person contacted:	
8.15	Other comments on sampling including proposed corrective actions:		

PWSID #:

System Name:

**7** **Summary**

Using the selection below, **describe all issues found during the assessment and summarize all corrective actions, including completed and proposed timeframes.** Attach all supporting documentation (i.e., lab reports, chain of custody forms, repair receipts/invoices, manuals, photographs, etc.) regarding implemented corrective actions. Within fourteen (14) days of completing any remaining corrective actions, complete and submit the Corrective Actions Completion Certification (WSO-CA-01).

**Sanitary Defect(s) Identified (Check all that apply):**

**General**  **Source**  **Treatment**  **Distribution System/Pumps**  **Storage Tanks**  **Sampling**

If no sanitary defects were found during the assessment, check this box to certify that the assessment was completed in accordance with the EPA *RTCR Assessments and Corrective Actions Guidance Manual*.

*\*Prior approval from the Bureau of Safe Drinking Water is required prior to disinfecting a source (shock chlorination) as a single corrective action (i.e., not following repairs/other corrective actions based on findings) if no sanitary defects are identified and addressed under the assessment. Disinfection must be conducted in accordance with N.J.A.C. 7:10-11.6, 7, &10 for community water systems and N.J.A.C. 7:10-12.11 for noncommunity water systems.*

Water System Owner or Water System’s Licensed Operator of Record:

**Certification: I hereby certify that the Corrective Actions listed below in Section 7 indicated as completed have been completed as applicable and were completed in accordance with corresponding plans, specifications, other supporting information, and applicable state and federal regulations.**

Name:   I certify that the corrective actions indicated as complete have been completed on the documented date.

Title:  Water System Owner  Water System’s Licensed Operator of Record

Signature:  Date:

Email:  Phone#:

**\*This must be signed and dated by the water system owner or licensed operator of record, or the corrective action completion certification is considered incomplete.**

PWSID #:

System Name:

Sanitary Defect Identified	Corrective Action	Corrective Action Completion Date or Proposed Completion Date

If all corrective actions were completed and shock chlorination was performed, provide the details below: *\*As previously indicated, prior approval from the Bureau of Safe Drinking Water is required prior to disinfecting a source (shock chlorination) as a single corrective action (i.e., not following repairs/other corrective actions based on findings) if no sanitary defects are identified and addressed under the assessment. Disinfection must be conducted in accordance with N.J.A.C. 7:10-11.6, 7, &10 for community water systems and N.J.A.C. 7:10-12.11 for noncommunity water systems.*

Date of chlorination and party that conducted the chlorination	Product Used	NSF/ANSI 60 certified Y or N	Residual at POE	Residual at furthest point in Distribution System	Contact time (number of hours)	Flush Date