



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Division of Water Supply and Geoscience
 Bureau of Safe Drinking Water
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Office Use Only Reviewed by: Date:

REVISED TOTAL COLIFORM RULE LEVEL 1 ASSESSMENT FORM
 Public Water Systems **Less than or Equal** (\leq)1000 Persons

Review and evaluate all the elements for possible sanitary defects. Indicate Yes, No, or N/A if the element is not applicable to the water system. **All sections of this form must be completed and all applicable checkboxes must be marked.** 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. Please attach additional pages and include any supporting documentation (i.e. invoices, estimates, receipts) where necessary. Return form within thirty (30) days after learning your system has exceeded a treatment technique trigger in accordance with N.J.A.C. 7:10-5.8 (b). The form can be sent by mail or e-mail via: watersupply@dep.nj.gov. Failure to submit a completed assessment and supporting documentation as indicated above may result in a violation.

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

Public Water System ID#: NJ _____	Site Visit Date:*
Public Water System Name:	
System Type: <input type="checkbox"/> Community Water System <input type="checkbox"/> Nontransient Noncommunity <input type="checkbox"/> Transient Noncommunity	
Level 1 Trigger: <input type="checkbox"/> Confirmed TC+ <input type="checkbox"/> TC+ with insufficient repeat samples	
Month/Year of Treatment Technique Trigger: _____	

***Site Visit Date is the day when the on-site inspection was completed.**

Certification: I certify under penalty of law 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 and belief. I certify that I have filled out this form in its entirety, and failure to complete and submit this form will result in the issuance of a treatment technique violation.

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

Water System Owner:

Name:		
Signature:		Date:
Contact Name:	Contact Email:	Contact Phone#:

For all questions answered “yes,” provide a description.

1	General		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
1.1	Has there been any vandalism and/or unauthorized access to facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
1.2	Have there been any interruptions to electrical power?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
1.3	Other comments on the general water system information including identification of performed corrective actions:				

For all questions answered “yes,” provide a description.

2	Source		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
2.1	Have any new/emergency/inactive sources recently been introduced into the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.2	How many wells were in operation within 7 days prior to and/or during the sampling event?	# In Use	Well Permit number(s):		
2.3	Are all the wells indicated included in the NJDEP’s Drinking Water Watch website?				
2.4	Are there any abandoned wells nearby?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.5	Is there any visible damage to the wells?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.6	Is the wellhead(s) flush to grade or under 12” above grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.7	Are well field(s) prone to flooding?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.8	Is there evidence of standing water near the wellhead(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.9	Has the system failed to secure the wellhead(s) from unauthorized access?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.10	Have there been any spills or contaminants released nearby?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spill/Contaminant Type:		

For all questions answered “yes,” provide a description.

2	Source	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
2.11	Has any recent repair/work been performed to the source(s) or components? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.12	Are there any other observations of well construction/operation that would bear on observed positives? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.13	Other Comments on the source including identification of performed corrective actions:			

For all questions answered “yes,” provide a description.

3	Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No If no, move to Section 4.	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
3.1	List all your treatment processes: (if necessary, use the other comments section of this section and/or in a separate attachment)			
3.2	Have there been any interruptions in the treatment process? (e.g. lapses in chemical feed, disinfection)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3.3	Are any treatment devices <u>not</u> operational and maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3.4	Has there been any recent installment or repair of treatment equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3.6	Were there any recent changes in the treatment process? (e.g. addition of a process, change in chemical or dosage) <input type="checkbox"/> Yes <input type="checkbox"/> No			
3.7	Are there any visible signs of contamination from animals or insects around the tanks, facility, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3.8	Are maintenance records kept on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3.9	Other comments on the treatment process including identification of performed corrective actions:			

For all questions answered “yes,” provide a description.					
4	Distribution System		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
4.1	Is there evidence that the system experienced low or negative pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.2	Are there any cross connections that were identified during a visual inspection (e.g. irrigation, industrial process water, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.3	Have there been any plumbing repairs or additions?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.4	Last pump maintenance/service date:				
4.5	Is there any evidence of intentional contamination in the distribution system?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.6	Is there evidence of loss of disinfection or other potential sources of contamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.7	Have there been any sites/areas with low or inadequate disinfectant residual?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.8	Other comments on the distribution system including identification of performed corrective actions:				

For all questions answered “yes,” provide a description.					
5	Storage/Pressure Tanks		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
5.1	How many storage tanks are in the system?		Identify tank(s) and the type of tank(s):		
5.2	Has the system failed to secure the facilities to prevent unauthorized access?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.3	Was there any observed leaks or physical deterioration of the tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

For all questions answered “yes,” provide a description.				
5	Storage/Pressure Tanks	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
5.4	Is there any evidence of vandalism or intentional contamination at the storage tanks? Has there been any evidence of unauthorized access? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5.5	When was last tank inspection/service date(s)?			
5.6	Are there any other observations of tank construction/operation that could contribute to the positive sample results? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5.7	Other comments on the tank facilities including identification of performed corrective actions:			

For all questions answered “yes,” provide a description.				
6	Sampling	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
6.1	Were the samples <u>not</u> collected according to the RTCR Sampling Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6.2	Was the RTCR Sampling Plan revised prior to the collection of positive samples? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate the date of the last revision:		
6.3	Have conditions changed at the sample site since last sample collection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6.4	Was the sample taken from an outside spigot or tap? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6.5	Was the sample taken from a swivel faucet? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6.6	Is the tap an automatic faucet that combines hot and cold water? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6.7	Did the sample tap(s) have a point of use treatment on it? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6.8	Were there any visible indicators of unsanitary conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6.9	What is the condition of the tap(s)?			
6.9A	<input type="checkbox"/> Clean/sanitary			

For all questions answered "yes," provide a description.				
6	Sampling	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
6.9B	<input type="checkbox"/> Corroded			
6.9C	<input type="checkbox"/> Unclean/unsanitary			
6.9D	<input type="checkbox"/> Recently replaced			
6.9E	<input type="checkbox"/> Improper construction			
6.9F	<input type="checkbox"/> No problems seen			
6.9G	<input type="checkbox"/> Other			
6.10	Was the tap <u>not</u> flushed to ensure that a representative sample was collected? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6.11	Was the aerator <u>not</u> removed before collection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6.12	Other comments on sampling including identification of performed corrective actions:			

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Summary

Prior approval from the State 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

Identify and summarize the issues that were found during the assessment. Using the selection below, check all that apply and briefly summarize the corrective action performed as a result of these findings.

Describe issues found and corrective actions, including completed timeframes. Please attach any necessary documentation (i.e. lab reports, chain of custody forms, repair receipts, etc. regarding implemented corrective actions.

Sanitary Defect(s) Identified:

- Source Treatment Distribution System Storage Tanks/Pumps 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*.

Please be sure to complete and submit this form in its entirety. Failure to complete and submit this form in its entirety shall result in the issuance of a treatment technique violation.

Summary and list attachments:

NJDEP USE ONLY

****Only document insufficient and/or inadequate responses in the "For Official State Use Only" column using an "X" and provide additional information in the comment section below.**

PWSID#: _____ **Date of Level 1 Trigger:** _____ **NJEMS RTC#:** _____

Signature of NJDEP Reviewer: _____ **Date:** _____

Level 1 Assessment Adequate: Yes No Corrective Actions Completed: Yes No

SDWIS Updated: Yes No Date: _____

Signature of NJDEP Supervisor: _____ **Date:** _____

Level 1 Assessment Adequate: Yes No Corrective Actions Completed: Yes No

Comments on inadequacies (if any):

Comments (additional):