



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

An approved party must 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. Attach additional pages, a copy of the water system's most recent RTCR Sampling Plan, and include any supporting documentation (e.g. invoices, estimates, receipts) where necessary. **The supplier of water is required to submit the completed form within thirty (30) days** after learning your 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). *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>PWSID#:</b>	<b>PWS Name:</b>	<b>Site Visit Date:*</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"/> <b>Most recent RTCR Sampling Plan is attached.</b>		

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

**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 as the Sections as indicated below were evaluated and filled 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.

Completed by:	Certification/License #:
Signature:*	Date:
Email:	Phone#:
<b>Sections I certify I assessed:</b> <input type="checkbox"/> General <input type="checkbox"/> Source <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution <input type="checkbox"/> Storage/Pressure Tanks <input type="checkbox"/> Sampling <input type="checkbox"/> Summary	
<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>	

PWSID:  System Name:

**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 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 this form, in the presence of the approved party, 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.	
Signature:		Date:	
Contact Name:	Contact Email:	Contact Phone#:	
<p><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></p>			

**Licensed Operator (if applicable):**

Name:		<input type="checkbox"/> I certify that the approved party was on site the date indicated in the site visit field.	
Signature:		Date:	
Contact Email:	Contact Phone#:		

PWSID:  System Name:

1	General	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
1.1	Provide a copy of the licensed operator of record's log for the month prior to and in which the RTCR was triggered.	<input type="checkbox"/> Attached		
1.2	Has there been vandalism and/or unauthorized access to any water system facilities? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
1.3	Has there been any community illness suspected of being waterborne? (e.g., The public health official has determined an outbreak occurred.) If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
1.4	Has there been any customer complaints of taste or odor problems? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
1.5a	Does the system have a septic system? If yes, provide the details listed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last time the system was pumped: Date: _____ Date of last inspection: _____ Distance between septic & well(s): _____	
1.5b	Is the distance between the septic and well less than the allowed distance according to N.J.A.C 7:10-11.7(b)(2) and/or does not meet building specifications for wells below the allowable limit? If yes, provide the next steps to reach compliance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
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		
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:	
1.8	Have there been any interruptions to electrical power? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident:	
1.9	Other comments on the general water system information including identification of proposed corrective actions:			

PWSID:  System Name:

2	Source – Ground Water <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	For official State use only**
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 there is no well permit number, provide the water state facility code(s) instead, e.g. WL001001.	# In Use:		
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		
2.3	Are there any abandoned wells on the property? If yes, provide a number of wells and their location.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.4	Regarding 2.3, were all of these wells properly decommissioned per N.J.A.C. 7:9D, Sub. 3? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2.5	Is there evidence of standing water near the wellhead(s)? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.6	Is the sanitary seal(s) intact? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.7	Is the well cap(s) vented? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2.8	Is the vent(s) screened? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2.9	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		
2.10a	Is the wellhead(s) in a pit? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.10b	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		

PWSID:	<input type="text"/>	System Name:	<input type="text"/>		
2.11a	Is the wellhead(s) secured from unauthorized access? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.11b	Is the wellhead(s) physically protected? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.12	Have there been any sewer overflows, chemical spills, contaminants, or other disturbances nearby? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.13	Has any recent repair/work been performed to the source(s) or its components? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of service:		
2.14	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			
2.15	Is the well field(s) prone to flooding? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.16	Other Comments on the source including identification of proposed corrective actions:				

3	Source –Surface Water <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> River <input type="checkbox"/> Reservoir <input type="checkbox"/> GUDI <input type="checkbox"/> Lake/Pond If no, move to Section 4.	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
3.1a	Were any issues found with the condition of the intake? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.1b	Are all surface water intakes screened and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.2	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		
3.3	Is the intake and intake pump house secure to prevent unauthorized access? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PWSID:	<input type="text"/>	System Name:	<input type="text"/>		
3.4	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"/> Yes <input type="checkbox"/> No	<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		
3.5	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			
3.6	Other comments on the Surface Water supply:				

4	Source – Purchased Surface Water <input type="checkbox"/> Yes <input type="checkbox"/> No If no, move to Section 5.	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
4.1	Did the selling system have any positive sample results within two months of the assessment being triggered? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.2	Were additional coliform bacteria or chlorine residual measurement samples collected at the interconnection as part of this investigation? If yes, are these results indicative of an issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.3	Are all interconnections free of leaks? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.4	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		
4.5	Is the distribution system pressure maintained within the selling system? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.6	Did the selling system receive any water related customer complaints w/in the last two months prior to the assessment being triggered? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PWSID:  System Name:

<b>4.7</b>	Other comments on the Purchased Surface Water supply:			
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<b>5</b>	<b>Treatment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, move to Section 6.</b>	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
5.1	Have there been any interruptions in any treatment processes within 30 days prior to the assessment being triggered (e.g. lapses in chemical feed, disinfection)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident:	
5.2	Are treatment devices operating normally? If yes, provide corrective actions.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.3	Have treatment units been routinely maintained? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.4	Has there been any installation or repair of treatment equipment within 30 days prior to the assessment being triggered? If yes, provide a description including dates of installation/repair.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.5	Were there any recent changes in the treatment process? (e.g. addition of a process, change in chemical or dosage) If yes, provide a description including dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.6	Is disinfection the last step in the treatment process? If no, what is the last step and provide a description. This description should be consistent with the treatment train drawn below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5.7	What was the chlorine residual measured at the treatment plant entry point for the day the water left the plant prior to testing TC and/or EC positive in the distribution system? (Base on the system's average time of travel.)	<input type="checkbox"/> N/A	Total: _____  Free: _____  Date: _____ Time: _____	
5.8	Does water quality data collected from the entry point indicate inadequate/inappropriate treatment of water? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PWSID: <input type="text"/>		System Name: <input type="text"/>			
5.9	Does the UV system indicate the need to clean or replace the bulb?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date UV bulb last replaced: _____		
5.10	What was the UV intensity measured for the day the water left the plant prior to testing TC and/or EC positive in the distribution system?	<input type="checkbox"/> N/A	Value: _____ Date: _____ Time: _____		
5.11	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			
5.12	Are all treatment drain lines and monitoring equipment waste lines equipped with an air gap? Air gaps should be at least twice the diameter of the supply line. If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.13a	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 <input type="checkbox"/> N/A			
5.13b	Provide the flow rate capacity or attach the permit showing the flow rate capacity.	<input type="checkbox"/> N/A	<input type="checkbox"/> Attached Capacity: _____		
5.14	For groundwater systems, did the treatment plant continuously meet the 5 minute contact time with the minimum chlorine residual as per N.J.A.C. 7:10-11.16(e).?  For surface water systems, did the treatment plant meet the 30 minute contact time with the minimum chlorine residual as per N.J.A.C. 7:10-11.16(e). If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.15	For surface water systems, 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 DEP was contacted and if applicable the case number.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____		

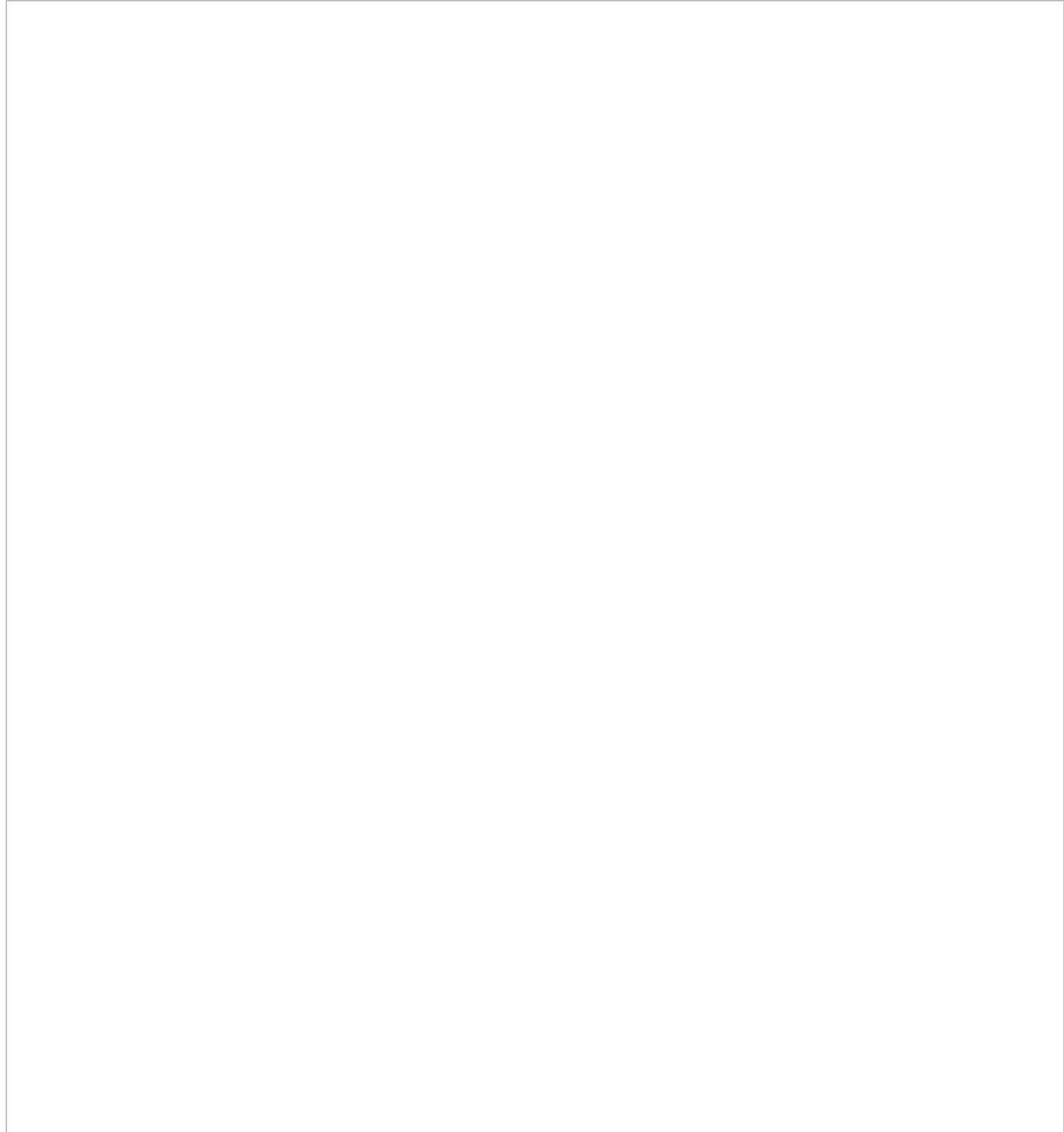


PWSID:  System Name:

5.16	For groundwater systems required to provide 4-log virus treatment, did any permitted groundwater treatment plant 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 DEP was contacted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date: _____		
5.17	Were filters operating normally? Was there a deviation from typical average filter run times or filter backwash times?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
5.18	Was a filter turbidity profile conducted? If yes, did it reveal any anomalies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
5.19	Did a review of the turbidity data reveal any anomalies? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.20	Were there any treatment units or processes installed that were not in use when/prior to the assessment being triggered? If yes, provide a description?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.21	List the last date each treatment unit was serviced and the name of the servicer:	<input type="checkbox"/> N/A	Device: _____ Date: _____ Servicer: _____  Device: _____ Date: _____ Servicer: _____ *Add additional sheets as necessary <input type="checkbox"/>		
5.22	List the last backwash date for any cation or anion exchange treatment units:	<input type="checkbox"/> N/A	Device: _____ Date: _____  Device: _____ Date: _____ *Add additional sheets as necessary <input type="checkbox"/>		
5.23	Provide the frequency at which all treatment devices are backwashed:	<input type="checkbox"/> N/A	_____ times per _____		

PWSID:  System Name:

**5.24** Sketch and label the water system's Treatment Train that consists of all units and processes in order from the well to the point of entry. **\*Attach additional sheets if necessary.**



**5.25** Other comments on the treatment system including proposed corrective actions:

PWSID:  System Name: 

6	Distribution	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**	
6.1	Was the sample collected in a hydraulically isolated area of the distribution system (e.g. separate pressure zone, dead-end)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.2	System pressure: 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:		
6.3	Is there an irrigation system served by the potable source? If yes, provide the location.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.4	Is there a fire suppression system served by the potable source? If yes, provide the location.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.5	Were any cross connections identified? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.6	Is there a backflow prevention program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
6.7	Have there been any water main repairs, removals, or additions? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.8	Regarding question 6.7, were they disinfected in accordance with AWWA standards? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
6.9	Regarding question 6.7, were total coliform samples taken from the area? If yes, provide the results.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
6.10	Were any leaks or main breaks discovered during the investigation? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.11	Is there any evidence of intentional contamination in the distribution system? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.12	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			

PWSID:  System Name:

6.13	Have there been any operating issues with control valves (i.e. Pressure Reducing Valves, Altitude)? If yes, provide a description and a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.14	Most recent pump in distribution system (e.g. booster pump) maintenance/service date:	<input type="checkbox"/> N/A			
6.15	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			
6.16	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			
6.17	Was there known unauthorized use of the fire hydrants? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
6.18	Provide the date when the re-chlorination or re-chloramination pump stations were last inspected.	<input type="checkbox"/> N/A	Station(s) and Date(s):		
6.19	Has there been any operating issues at any of the re-chlorination or re-chloramination pump stations? If yes, provide a description and corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
6.20	Other comments on the distribution system:				

7	Storage/Pressure Tanks		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
7.1	How many storage tanks are in the system?	# In Use:	Identify tank(s) and the type of tank(s):		
7.2	Are the facilities secured from unauthorized access? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.3	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 <input type="checkbox"/> N/A			

PWSID:  System Name:

7.4	Was there any observed leaks or physical deterioration (e.g. rust) of the tanks? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.5	Could the physical condition of the tanks be a source of contamination including leaks? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.6	When was the last tank inspection(s) date(s)? If any deficiencies were identified at the time, provide them below the dates.		Tank: _____ Date of last inspection: _____  Tank: _____ Date of last inspection: _____		
7.7	Was the storage tank cleaned within two years of today's date? Provide date the last time the tanks were cleaned.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____		
7.8	Was the tank analyzed for total coliform/ <i>E. coli</i> ? If yes, attach lab report(s) and provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.9	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			
7.10	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			
7.11	Did the pressure tanks deviate from normal operating pressure? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.12	Are the overflow and vents screened? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.13	Are the vents turned down and/or maintaining an air gap at the termination point? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.14	Has there been any facility maintenance (e.g. painting/coating or repairs)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

PWSID:  System Name:

7.15	Are there any unsealed openings in the storage facilities such as access doors, vents, or joints? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.16	Do the drains/overflow lines fail to provide the minimum of a 12" air gap? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.17	Have the storage or pressure tanks been properly operated and/or maintained? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.18	Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.19	Is the tank inadequately mixed? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.20	Was there high water age in the tank (infrequent water use)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.21	Has the tank water level been taken down lower than normal? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.22	Have all facilities been maintained as per written O&M schedule (e.g. disinfection following inspection or maintenance)? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7.23	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		
7.24	Provide the measured chlorine residual (total/free) of the water exiting the storage tanks today.		Tank____: <input type="checkbox"/> Cl _____ppm Date: _____ Tank____: <input type="checkbox"/> Cl _____ppm Date: _____ Tank____: <input type="checkbox"/> Cl _____ppm Date: _____ Tank____: <input type="checkbox"/> Cl _____ppm Date: _____		
7.25	Other comments on the storage system :				

PWSID:  System Name:

8	Sampling	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
8.1	Were the Total Coliform samples collected by a NJDEP certified laboratory? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.2	Were the samples collected according to the RTCR Sampling Plan? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.3	Was the sampling plan revised prior to the collection of the positive samples? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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		
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	If yes, attach the corresponding lab reports.	
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		
8.7	What are the conditions of the taps? (Use the boxes below)			
8.7A	<input type="checkbox"/> Clean/sanitary			
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"/> No problems seen			
8.7H	<input type="checkbox"/> Other			
8.8	Was the sample tap leaking or broken? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.9	Was the sample taken from an outside spigot or tap? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PWSID:	<input type="text"/>	System Name:	<input type="text"/>		
8.10	Was the sample taken from a swivel faucet? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.11	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			
8.12	Were Standard Operating Procedures followed during Total Coliform samples collection and handling? If no, provide a description and documentation from laboratory or sample collector.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.12 A(1)	Were you present when the sampling occurred? If yes, provide a yes or no response to 8.12A(2).	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.12A (2)	Was the aerator removed? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8.12B	Was the sample site flushed prior to sample collection? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.12C	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			
8.12D	Was the laboratory contacted for this assessment to ensure all laboratory quality control processes were followed? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.12E	If the laboratory was contacted, provide the date and name of person contacted:	<input type="checkbox"/> N/A			
8.13	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			
8.14	Other comments on sampling including proposed corrective actions:				

**\*The system must submit their Revised Total Coliform Rule Sampling Plan with this Level 2 Assessment.**



PWSID:  System Name:

**9 Summary**

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 all issues found and corrective actions, including completed and proposed timeframes.** Please attach all documentation (i.e. lab reports, chain of custody forms, repair receipts, photographs, 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*.

If shock chlorination was performed, provide the details below\*:

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

*\*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. 7:1-11.6, 7, &10 for community water systems and N.J.A.C. 7:10-12.11 for noncommunity water systems.*

Sanitary Defect Identified	Corrective Action	Corrective Action Completion Date or Proposed Completion Date	Owner Initials	Licensed Operator Initials	Approved Party Initials

**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 2 Trigger:** \_\_\_\_\_ **NJEMS RTC#:** \_\_\_\_\_

**NJDEP Reviewer:** \_\_\_\_\_ **Signature of Reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Level 2 Assessment Adequate:  Yes  No      Corrective Actions Completed:  Yes  No

**NJDEP Supervisor:** \_\_\_\_\_ **Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Level 2 Assessment Adequate:  Yes  No      Corrective Actions Completed:  Yes  No

**Comments on inadequacies (if any):**

**Licensed Operator Violations to be referred to Compliance and Enforcement (if applicable):**

*Include citations.*

**RTCR Sampling Plan**  Approved  Deficient  Under Review

**Comments (additional):**