



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Water Supply and Geoscience
 Bureau of Safe Drinking Water
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<p>Office Use Only</p> <p>Reviewed by:</p> <p>Supervisor Assigned:</p>
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REVISED TOTAL COLIFORM RULE LEVEL 2 ASSESSMENT FORM

Public Water Systems **Greater than (>) 1000 Persons**
 and Surface Water/Ground Water Under the Direct Influence of Surface Water Systems (GUDI)

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>.

PWSID#:	PWS Name:	Site Visit Date:*
System Type: <input type="checkbox"/> CWS <input type="checkbox"/> NTNC <input type="checkbox"/> TNC		Source(s): <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> GUDI <input type="checkbox"/> PURCHASED
Level 2 Trigger:		
<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		
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		

***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 #:
Signature:*	Date:
Email:	Phone#:
*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).	

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 vandalism and/or unauthorized access to any water system facilities. <input type="checkbox"/> Yes <input type="checkbox"/> No			
1.2	Has there been any community illness suspected of being waterborne? (e.g., The public health official has determined an outbreak occurred.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
1.3	Has there been any customer complaints of taste or odor problem(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1.4	Does the system have a septic system permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NJDEP, permit #: _____ Date issued: _____ <input type="checkbox"/> County, permit #: _____ Date issued: _____ Last time the system was pumped: _____ Date: _____ Date of last inspection: _____		
1.5	Was maintenance or repairs made to the septic or sewer system recently? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1.6	Have there been any interruptions to electrical power? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1.7	Other comments on the general water system information including identification of proposed corrective actions:			

For all questions answered "yes," provide a description.

2	Source – Ground Water <input type="checkbox"/> Yes <input type="checkbox"/> No If no, go 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? # In Use	Well Permit number(s):		
2.2	Have any new, emergency, or inactive wells recently (within 7 days of trigger) been introduced into the system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.3	Are there any abandoned wells nearby? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.4	If yes, have any of these wells <u>not</u> been properly decommissioned per N.J.A.C. 7:9D, Sub. 3? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

2	Source – Ground Water	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
2.5	Is the well field(s) prone to flooding? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.6	Is there evidence of standing water near the wellhead(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.7	Is the sanitary seal(s) <u>not</u> intact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.8	Is the well cap(s) <u>not</u> vented? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.9	Is the vent(s) <u>not</u> screened? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.10	Is the wellhead(s) flush to grade or under 12” above grade? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.11	Has the system failed to secure the wellhead(s) from unauthorized access? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.12	Have there been any sewer overflows, chemical spills, contaminants, or other disturbances nearby? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.12	Has any recent repair/work been performed to the well(s) or its components? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.13	Are there any other observations of well construction/operation that would bear on observed positives? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.14	Other Comments on the Source – Ground Water including identification of proposed corrective actions:			

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

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 <input type="checkbox"/> Purchased	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
3.1	Were any issues found with the condition of the intake? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3.2	Have there been any sewer overflows, chemical spills, contaminants, or other disturbances nearby? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3.3	Has the system failed to secure the intake to prevent unauthorized access? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

3	Source –Surface Water	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
3.4	Have there been any significant or atypical environmental events at the source? 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 <input type="checkbox"/> Heavy rain or snow/high turbidity <input type="checkbox"/> Surface water turnover <input type="checkbox"/> Water capacity increase <input type="checkbox"/> Extremes in heat or cold		
3.5	Other Comments on the Surface Water supply including identification of proposed corrective actions:			

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

4	Treatment <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	Have there been any interruptions in the treatment processes (e.g. lapses in chemical feed, turbidity excursions, disinfection)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4.2	Have treatment devices <u>not</u> been maintained or operating normally? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4.3	Has there been any recent installation or repair of treatment equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4.4	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			
4.5	Does the system utilize disinfection, but it is <u>not</u> the last treatment process? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4.6	What is the chlorine residual measured at the plant tap today? <input type="checkbox"/> N/A	Total: Free: Date:		
4.7	Did a review of the filter turbidity profiles reveal any anomalies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4.8	Were there any failures to meet the CT requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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

4	Treatment	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
4.9	Were the flow rates above the rated capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4.10	Were there any anomalies on the settled water turbidities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4.11	Other comments on the treatment system including proposed corrective actions:			

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

5	Distribution	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
5.1	Was the sample collected in a hydraulically isolated area of the distribution system (e.g. different pressure zone, dead-end)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5.2	System pressure: Is there evidence that the system experienced low (<20 psi) or negative pressure? If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.3	Were any cross connections identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.4	Are the pumps inoperable or have sanitary defects?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5.5	Last pump maintenance/service date:			
5.6	Are backflow prevention devices absent?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.7	If present, have backflow prevention device(s) been nonoperational or <u>not</u> maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5.8	Are the valve vault(s) prone to flooding and/or terminate below grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5.9	Have control valves (e.g. Pressure Reducing Valves, Altitude) been inoperable or have sanitary defects?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5.10	Are fire hydrants/blow offs located in an area with high water table or pits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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

5	Distribution	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
5.11	Was there known unauthorized use of the fire hydrants?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5.12	Have there been any water main repairs, removals, or additions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.13	Is there any evidence of intentional contamination in the distribution system?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.14	Are there areas where it is difficult to maintain a residual (e.g. dead-ends)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5.15	Other comments on the distribution system including proposed corrective actions:			

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

6	Storage/Pressure Tanks	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
6.1	Has the system failed to secure the facilities from unauthorized access?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.2	Are the overflow and vents <u>not</u> screened?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6.3	Do the access openings have improper gaskets and/or do <u>not</u> seal tightly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6.4	Were there any observed leaks or physical deterioration of the tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.5	Could the physical condition of the tanks be a source of contamination including leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.6	Is the pressure tank failing to maintain an appropriate minimum pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6.7	Are the vents turned up and/or <u>not</u> maintaining an air gap at the termination point?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6.8	Has there been any facility maintenance (e.g. painting/coating or repairs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

For all questions answered "yes," provide a description.

6	Storage/Pressure Tanks	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
6.9	Are there any unsealed openings in the storage facilities such as access doors, vents, or joints?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6.10	Do the drains/overflow lines fail to provide the minimum of a 12" air gap?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6.11	Have any storage or pressure tanks been improperly operated or <u>not</u> maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6.12	Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6.13	Is the tank inadequately mixed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6.14	Was there high water age in the tank (infrequent water use)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6.15	Has the tank water level been taken down lower than normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6.16	Has any facility <u>not</u> been maintained as per written O&M schedule (e.g. disinfection following inspection or maintenance)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6.17	When was the last tank inspection(s) date?			
6.18	Do the tanks in the distribution system have a single inlet/outlet or are there 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		
6.19	What is the measured chlorine residual (total/free) of the water exiting the storage tanks today?	Tank___: <input type="checkbox"/> Cl ___ ppm Tank___: <input type="checkbox"/> Cl ___ ppm Tank___: <input type="checkbox"/> Cl ___ ppm Tank___: <input type="checkbox"/> Cl ___ ppm		
6.20	Was the tank analyzed for total coliform/ <i>E. coli</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach lab report(s).	
6.21	Has there been an evidence of vandalism or intentional contamination at the storage tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.22	Other comments on the storage system including proposed corrective actions:			

For all questions answered "yes," provide a description.

7	Sampling	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
7.1	Were the Total Coliform samples <u>not</u> collected by a NJDEP certified laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7.2	Were the samples <u>not</u> collected according to the RTCR Sampling Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7.3	Was the sampling plan revised prior to the collection of the positive samples? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7.4	Have conditions changed at the sample site since last sample collection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7.5	Have there been any additional analytical samples, such as special, elective, and/or investigatory, collected, including source samples which were positive? If yes, attach the corresponding lab reports. <input type="checkbox"/> Yes <input type="checkbox"/> No			
7.6	What is the condition of the tap(s)?			
7.6A	<input type="checkbox"/> Clean/sanitary			
7.6B	<input type="checkbox"/> Corroded			
7.6C	<input type="checkbox"/> Unclean/unsanitary			
7.6D	<input type="checkbox"/> Recently replaced			
7.6E	<input type="checkbox"/> Improper construction			
7.6F	<input type="checkbox"/> Leaking/Broken			
7.6G	<input type="checkbox"/> No problems seen			
7.6H	<input type="checkbox"/> Other			
7.7	Was the sample taken from an outside spigot or tap? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7.8	Was the sample taken from a swivel faucet? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7.9	Did the sample tap have a point of use treatment device on it? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7.10	Were Standard Operating Procedures not followed during Total Coliform sample collection and handling? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7.11	Other comments on sampling including identification of performed corrective actions:			

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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 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 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):

Comments (additional):