



**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION**

Division of Water Supply and Geoscience  
 Bureau of Safe Drinking Water  
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| <p><b>Office Use Only</b><br/>                 Reviewed by:<br/><br/>                 Supervisor Assigned:</p> |
|--|

**REVISED TOTAL COLIFORM RULE LEVEL 2 ASSESSMENT FORM**  
 Public Ground Water Systems **Less than or Equal (<=)** 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](mailto: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>.

|   |                  |                          |
|---|------------------|--------------------------|
| <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<br><input type="checkbox"/> Second Level 1 trigger in a rolling 12-month period<br><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#:                  |
| <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:**

|               |                |                 |
|---------------|----------------|-----------------|
| 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<br><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<br><input type="checkbox"/> No |  |                               |
| 1.3 | Has there been any customer complaints of taste or odor problems?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                               |
| 1.4 | Does the system have a septic system permit?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> NJDEP, permit #: _____<br>Date issued: _____<br><input type="checkbox"/> County, permit #: _____<br>Date issued: _____<br>Last time the system was pumped:<br>Date: _____<br>Date of last inspection: _____ |                               |
| 1.5 | Was maintenance or repairs made to the septic or sewer system recently?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                               |
| 1.6 | Have there been any interruptions to electrical power?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                               |
| 1.7 | <b>Other comments on the general water system information including identification of proposed corrective actions:</b>                      |   |  |                               |

**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 | 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 been introduced into the system?      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 2.3 | Are there any abandoned wells nearby?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 2.4 | If yes, have any of these wells <u>not</u> been properly decommissioned per N.J.A.C.      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |                         |                               |
| 2.5 | Is there evidence of standing water near the wellhead(s)?                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |

**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** |
|------|--|---|-------------------------|-------------------------------|
| 2.6  | Is the sanitary seal(s) <u>not</u> intact?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 2.7  | Is the well cap(s) <u>not</u> vented?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |                         |                               |
| 2.8  | Is the vent(s) <u>not</u> screened?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |                         |                               |
| 2.9  | Is the wellhead(s) flush to grade or under 12" above grade?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 2.10 | Has the system failed to secure the wellhead(s) from unauthorized access?                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 2.11 | Have there been any sewer overflows, chemical spills, contaminants, or other disturbances nearby?      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 2.12 | Has any recent repair/work been performed to the source(s) or its components?                          | <input type="checkbox"/> Yes<br><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<br><input type="checkbox"/> No                                 |                         |                               |
| 2.14 | <b>Other Comments on the source including identification of proposed corrective actions:</b>           |   |                         |                               |

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

| 3   | Treatment<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>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:<br>(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<br><input type="checkbox"/> No |                         |                               |
| 3.3 | Have treatment devices <u>not</u> been maintained or operating normally?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |                               |

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

| 3    | Treatment   | Description of Defect and Corrective Action Taken/Proposed | Date Corrected/Proposed | For official State use only** |
|------|---|--|-------------------------|-------------------------------|
| 3.4  | Has there been any recent installation or repair of treatment equipment?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |                         |                               |
| 3.5  | Were there any recent changes in the treatment process? (e.g. addition of a process, change in chemical or dosage)<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No     |  |                         |                               |
| 3.6  | Does the system utilize disinfection, but it is <u>not</u> the last treatment process?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |  |                         |                               |
| 3.7  | What is the chlorine residual measured at the plant tap today?  | Total:<br><br>Free:<br><br>Date:                           |                         |                               |
| 3.8  | Were the flow rates above the rated capacity?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A  |  |                         |                               |
| 3.9  | Are there any treatment devices after the service connection or in premise?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |  |                         |                               |
| 3.10 | Were there any failures to meet the CT requirements?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A                                   |  |                         |                               |
| 3.11 | <b>Other comments on the treatment system including proposed corrective actions:</b>  |  |                         |                               |

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

| 4   | Distribution   | Description of Defect and Corrective Action Taken/Proposed | Date Corrected/Proposed | For official State use only** |
|-----|--|--|-------------------------|-------------------------------|
| 4.1 | Was the sample collected in a hydraulically isolated area of the distribution system (e.g. separate pressure zone, dead-end)?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                         |                               |
| 4.2 | System pressure: Is there evidence that the system experienced low (<20 psi) or negative pressure?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                            |  |                         |                               |
| 4.3 | Is there an irrigation system served by the potable source?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |                         |                               |
| 4.4 | Were any cross connections identified?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |  |                         |                               |

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

| 4    | Distribution  | Description of Defect and Corrective Action Taken/Proposed                                  | Date Corrected/Proposed | For official State use only** |
|------|---|---|-------------------------|-------------------------------|
| 4.5  | Are backflow prevention devices absent?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 4.6  | If present, have backflow prevention device(s) been nonoperational or <u>not</u> maintained?        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |                         |                               |
| 4.7  | Have there been any water main repairs, removals, or additions?                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 4.8  | Were any leaks or main breaks discovered during the investigation?                                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 4.9  | Is there any evidence of intentional contamination in the distribution system?                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 4.10 | Are there areas where it is difficult to maintain a residual (e.g. dead-ends)?                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 4.11 | Have there been any operating issues with control valves (i.e. Pressure Reducing Valves, Altitude)? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 4.12 | Last pump maintenance/service date:   |   |                         |                               |
| 4.13 | <b>Other comments on the distribution system including proposed corrective actions:</b>             |   |                         |                               |

**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):   |                         |                               |
| 5.1 | Has the system failed to secure the facilities from unauthorized access?                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 5.2 | Do the access openings have improper gaskets and/or do <u>not</u> seal tightly?         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |                         |                               |
| 5.3 | Was there any observed leaks or physical deterioration of the tanks?                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 5.4 | Could the physical condition of the tanks be a source of contamination including leaks? | <input type="checkbox"/> Yes<br><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** |
|------|--|---|-------------------------|-------------------------------|
| 5.5  | When was the last tank inspection(s) date(s)?  |   |                         |                               |
| 5.6  | Was the tank analyzed for total coliform/ <i>E. coli</i> ? If yes, attach lab report(s).   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 5.7  | Is the bladder in the pressure tank waterlogged?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |                         |                               |
| 5.8  | Has there been an evidence of vandalism or intentional contamination at the storage tanks? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 5.9  | Did the pressure tanks deviate from normal operating pressure?                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 |                         |                               |
| 5.10 | <b>Other comments on the storage system including proposed corrective actions:</b>         |   |                         |                               |

**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 Total Coliform samples <u>not</u> collected by a NJDEP certified laboratory?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |                               |
| 6.2  | Were the samples <u>not</u> collected according to the RTCR Sampling Plan?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |                               |
| 6.3  | Was the sampling plan revised prior to the collection of the positive samples?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |                               |
| 6.4  | Have conditions changed at the sample site since last sample collection?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |                               |
| 6.5  | Have there been any additional analytical samples, such as special, elective, and/or investigatory, collected, including source samples which were positive? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | If yes, attach the corresponding lab reports. |                               |
| 6.6  | Were there any visible indicators of unsanitary conditions?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |                               |
| 6.7  | What is the condition of the tap(s)?   |   |   |                               |
| 6.7A | <input type="checkbox"/> Clean/sanitary  |   |   |                               |
| 6.7B | <input type="checkbox"/> Corroded  |   |   |                               |
| 6.7C | <input type="checkbox"/> Unclean/unsanitary  |   |   |                               |
| 6.7D | <input type="checkbox"/> Recently replaced   |   |   |                               |
| 6.7E | <input type="checkbox"/> Improper construction   |   |   |                               |
| 6.7F | <input type="checkbox"/> No problems seen  |   |   |                               |
| 6.7G | <input type="checkbox"/> Other   |   |   |                               |

**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** |
|------|---|---|--|-------------------------|-------------------------------|
| 6.7  | Was the sample tap leaking or broken?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                         |                               |
| 6.8  | Was the sample taken from an outside spigot or tap?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                         |                               |
| 6.9  | Was the sample taken from a swivel faucet?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                         |                               |
| 6.10 | Did the sample tap have a point of use treatment device on it?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                         |                               |
| 6.11 | Were Standard Operating Procedures <u>not</u> followed during Total Coliform samples collection and handling? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                         |                               |
| 6.12 | <b>Other comments on sampling including proposed corrective actions:</b>                                      |   |  |                         |                               |

**7**

**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 defecsts 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 Assessment 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):**