



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH
**REVISED TOTAL COLIFORM RULE
 LEVEL 1 ASSESSMENT FORM**

FOR OFFICE USE ONLY	
DATE RECEIVED	APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONDUCTED VIA PHONE WITH WATER SYSTEM <input type="checkbox"/> Yes	
MODNR REVIEWER	DATE APPROVED

PUBLIC WATER SYSTEM (PWS) INFORMATION		
PUBLIC WATER SYSTEM NAME		PUBLIC WATER SYSTEM ID NUMBER MO
COUNTY	MONTHLY COMPLIANCE PERIOD (MONTH/YEAR) /	
REASON FOR LEVEL 1 ASSESSMENT		NOTIFICATION DATE OF LEVEL 1 ASSESSMENT TRIGGER
ROUTINE SAMPLES TOTAL COLIFORM-POSITIVE (#):	REPEAT SAMPLES TOTAL COLIFORM-POSITIVE (#):	VALID REPEAT SAMPLES WATER SYSTEM FAILED TO COLLECT (#):

INSTRUCTIONS:

Section A, Sanitary Defect Checklist: Review and evaluate the listed elements below. Check the box next to each issue or potential cause of contamination identified during the assessment. If no potential cause of contamination was identified in a subsection, check the box next to “No issues” in that subsection. Check “Not Applicable” if the section does not apply to the public water system.

Section B, Description of Occurrence: Provide explanation and additional information for any issues identified in Section A.

Section C, Corrective Action: Provide corrective actions and dates completed or provide proposed timeframe for completion of outstanding corrective actions for issues identified in sections A and B. Notify the appropriate Department of Natural Resources’ regional office after completing each scheduled corrective action.

Return this form to appropriate department regional office within 30 days (from notification date above).
Retain a copy of this completed assessment form in your files for at least five years.

Section A – Sanitary Defect Checklist Have any of the following occurred?

1. GENERAL		<input type="checkbox"/> No issues
<input type="checkbox"/> A. Loss of pressure (<20 psi) or pressure fluctuations	<input type="checkbox"/> D. Visible indicators of unsanitary conditions	
<input type="checkbox"/> B. Operation/maintenance activities that could introduce contamination	<input type="checkbox"/> E. Recent distribution system main repairs or well pump pulled	
<input type="checkbox"/> C. Signs of vandalism/forced entry into well/pump house or storage	<input type="checkbox"/> F. Power Loss	
	<input type="checkbox"/> Z. Other: _____	
2. SAMPLING SITES AND SAMPLING PROTOCOL		<input type="checkbox"/> No issues
<input type="checkbox"/> A. Windy or raining during sampling	<input type="checkbox"/> J. Sample tap has atmospheric vacuum breaker	
<input type="checkbox"/> B. Change in conditions at sample site	<input type="checkbox"/> K. Point of use treatment (water softener or cartridge filtration) at sampling location	
<input type="checkbox"/> C. Yard hydrant/frost-proof spigot used	<input type="checkbox"/> L. Unclean sample tap	
<input type="checkbox"/> D. First month of operation following startup	<input type="checkbox"/> M. Leaking tap or erratic flow	
<input type="checkbox"/> E. Vegetation rest up against sample site	<input type="checkbox"/> N. Sampling error	
<input type="checkbox"/> F. Sample close to ground/difficult to sample	<input type="checkbox"/> O. Tap on a dead-end main	
<input type="checkbox"/> G. Tap not disinfected and flushed before sampling	<input type="checkbox"/> P. Aerator/screen/O-ring/hose was not removed before sampling	
<input type="checkbox"/> H. Hot/cold (swivel/auto sensing) mixing faucet	<input type="checkbox"/> Z. Other: _____	
<input type="checkbox"/> I. Untrained or inexperienced sample collector		
3. DISTRIBUTION SYSTEM		<input type="checkbox"/> No issues
<input type="checkbox"/> A. Any unprotected cross connection	<input type="checkbox"/> H. Improper operation of pumps or valves	
<input type="checkbox"/> B. Submerged air-relief/air-vacuum valve	<input type="checkbox"/> I. Recent main breaks or leaks	
<input type="checkbox"/> C. Any recent construction activity	<input type="checkbox"/> J. Recent pump or valve failure	
<input type="checkbox"/> D. New service connections recently added	<input type="checkbox"/> K. Illegal use of hydrants	
<input type="checkbox"/> E. Low/inadequate disinfectant residuals	<input type="checkbox"/> L. Excessive water hammer	
<input type="checkbox"/> F. Standing water/debris in valve vault	<input type="checkbox"/> Z. Other: _____	
<input type="checkbox"/> G. Recent flushing of fire hydrants or blow-offs		
4. STORAGE TANKS AND TOWERS		<input type="checkbox"/> No issues <input type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Evidence of animals/insects in tank	<input type="checkbox"/> F. Low disinfectant residuals	
<input type="checkbox"/> B. Tank vent not downturned/screened	<input type="checkbox"/> G. Debris in tank overflow pipe	
<input type="checkbox"/> C. Tank access hatch has no water tight seal	<input type="checkbox"/> H. Recent tank repairs	
<input type="checkbox"/> D. Tank maintenance practices not followed	<input type="checkbox"/> I. Incorrect operation of level control valves, altitude valves, and related appurtenances	
<input type="checkbox"/> E. Tank deterioration or rust noted	<input type="checkbox"/> J. Tank leaking or holes in tank	
Date - last inspection of vents and hatches: _____	<input type="checkbox"/> K. Debris in tank	
Date - last sanitary tank inspection: _____	<input type="checkbox"/> L. Evidence of vandalism/tampering	
Date - last tank cleaning: _____	<input type="checkbox"/> Z. Other: _____	

5. BLADDER AND PRESSURE TANKS		<input type="checkbox"/> No issues	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Air/water tanks: air added recently	<input type="checkbox"/> C. Bladder of bladder tank ruptured or waterlogged		
<input type="checkbox"/> B. If "A" is checked, is air filter dirty	<input type="checkbox"/> Z. Other: _____		
6. TREATMENT PROCESS		<input type="checkbox"/> No issues	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Inadequate disinfection	<input type="checkbox"/> G. Change in flow rates or water quality		
<input type="checkbox"/> B. Interruption in treatment/power loss	<input type="checkbox"/> H. Meters not recently/properly calibrated		
<input type="checkbox"/> C. Chlorine/Turbidity meters out of range	<input type="checkbox"/> I. Treatment bypassed		
<input type="checkbox"/> D. Change in chemical dosage	<input type="checkbox"/> J. Treatment added or changed		
<input type="checkbox"/> E. O and M procedures not followed	<input type="checkbox"/> K. Softener serviced/salt added		
<input type="checkbox"/> F. Recent repairs or maintenance performed	<input type="checkbox"/> Z. Other: _____		
7. SOURCE(S)			
WELLS:		<input type="checkbox"/> No issues	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Defective/damaged well cap/well seal	<input type="checkbox"/> G. Potential source of contamination near well		
<input type="checkbox"/> B. Damaged/unscreened well vent	<input type="checkbox"/> H. Damaged well casing		
<input type="checkbox"/> C. Floodwater/run-off inundation near well	<input type="checkbox"/> I. Damaged pitless adaptor		
<input type="checkbox"/> D. Well recently repaired/wellhead opened	<input type="checkbox"/> J. Missing/damaged grout seal		
<input type="checkbox"/> E. Unplugged abandoned well in area	<input type="checkbox"/> Z. Other: _____		
<input type="checkbox"/> F. Unprotected opening in wellhead/pump			
SURFACE WATER/GWUDISW:		<input type="checkbox"/> No issues	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Recent flooding or heavy rainfall	<input type="checkbox"/> D. Damaged intake or spring box		
<input type="checkbox"/> B. Change in source water quality	<input type="checkbox"/> Z. Other: _____		
<input type="checkbox"/> C. Any potential source of contamination near source			
PURCHASED WATER:		<input type="checkbox"/> No issues	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Water quality issues with supplier	<input type="checkbox"/> Z. Other: _____		
<input type="checkbox"/> B. Low disinfectant residual from supplier (< 0.2 mg/L)			
Section B - Description of Occurrence: Use this space to provide explanation and additional information for any issues identified in Section A that support your findings (i.e. water quality and pressure monitoring data). Include corresponding dates with your findings.			
<input type="checkbox"/> Check if PWS did not find any causes for the contamination.			
Section C - Corrective Action: Use this space to describe corrective actions taken with completion dates and proposed corrective actions with planned completion dates. Notify your local regional office after completing each scheduled corrective action.			
Please Note: Exceeding a second Level 1 treatment technique trigger within a rolling 12-month period will require a Level 2 assessment.			
Certification: I hereby certify that the information contained herein is true, accurate and complete to the best of my knowledge and belief.			
PWS CONTACT NAME (TYPE OR PRINT)	PWS CONTACT OFFICIAL TITLE	PWS CONTACT TELEPHONE WITH AREA CODE	
PWS CONTACT SIGNATURE	PWS CONTACT EMAIL ADDRESS	DATE	
Submit this completed form within 30 days of notification to the appropriate Missouri Department of Natural Resources regional office.			
See website for map: http://dnr.mo.gov/regions/regions.htm or call the Public Drinking Water Branch at 573-751-1077 for assistance.			