|  |  |  |  |
| --- | --- | --- | --- |
| **Water System Name**: Click here to enter text | County: Click here to enter text  |  | **Water System ID #**: Click here to enter text |
| Assessor Name: Click here to enter text | Email Address: Click here to enter text |
| Assessor Address, City, State, Zip: Click here to enter text |  | ODW Only, Date Received:Click here to enter text  |
| Date(s) Assessment Completed: Click here to enter text  | **Month and Year of TTT**: Enter date |  |

**Within 30 days of learning of the Treatment Technique Trigger (TTT), submit a completed assessment to** [**your regional office**](http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/OfficesandStaff)**. Keep a copy in your water system files.**

Use this *Level 1 Assessment Guidance Template* as a guide for a system with only a groundwater source(s).

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| **Part A: The Assessment*** Review the most recent sanitary survey report.
* Assess the status of the system’s significant deficiencies and findings, observations, and recommendations.
* Respond to all parts of this template that are applicable to the water system.
* Use additional pages if you need more space.
 | **Part B: The Summary and Corrective Actions*** Summarize assessment findings. For corrective actions:
	+ Completed: include photos, work receipts, or reports.
	+ Not yet completed: include an action plan with timetable with dates.
 |

| Part A: Assessment | Corrective action needed? | Description, Comments, and Recommendations |
| --- | --- | --- |
| 1. Site and Sampling Protocol
 |
| 1. Is there a written coliform monitoring plan & sampling procedure that represents the distribution system?

If yes, does the system follow the coliform monitoring plan? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No[ ]  Yes [ ]  No [ ]  N/A |  |
| 1. Have there been changes in sampling conditions or procedures? Describe:
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| 1. Inspect sampling sites where unsatisfactory samples have been collected. Are the sampling taps and locations:
	* 1. Free of potential sources of contamination?
		2. In good condition?
 | [ ]  Yes [ ]  No[ ]  Yes [ ]  No | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |  |
| 1. Do the coliform sample results from the last 90 days suggest ongoing water quality issues?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| 1. Is this assessment required due to failure to collect all repeat samples?

If yes, what were the procedures taken to ensure repeat samples will be collected in the future? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| 1. Distribution
 |
| * 1. Are procedures in place to:
		1. Replace and repair system parts?
		2. Regularly flush?
		3. Routinely inspect vault(s)?
		4. Implement a cross connection control program?
		5. Maintain positive pressure?
 | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No [ ]  N/A[ ]  Yes [ ]  No[ ]  Yes [ ]  No | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No [ ]  N/A[ ]  Yes [ ]  No[ ]  Yes [ ]  No |  |
| * 1. Have there been:
		1. Recent reports of low pressure (less than 20 PSI) or complete loss of pressure?
		2. Changes in condition or operation?
 | [ ]  Yes [ ]  No[ ]  Yes [ ]  No | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |  |
| * 1. Inspect the distribution system. Are there any:
		1. Visible line breaks or leaks?
		2. Observed unprotected cross connections?
		3. Waterlogged pressure tanks?
		4. Evidence of vandalism or other security breaches?
		5. Other:
 | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |  |
| 1. Storage Facilities - Is there a water storage tank? If no, skip to Section 4.

Note: Pressure and hydropneumatic tanks are not storage tanks | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| * 1. Are there:
		1. Procedures for periodic inspection and upkeep of the facility?
		2. Any changes in storage condition or operations?
 | [ ]  Yes [ ]  No[ ]  Yes [ ]  No | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |  |
| * 1. Inspect each storage tank. Are there:
		1. Overflow lines constructed to prevent contaminants?
		2. Cracks or unprotected openings in the tank walls?
		3. Reservoir roof cracks?
		4. Unprotected roof openings?
		5. Improperly constructed access hatch or seal?
		6. Evidence of vandalism or other security breaches?
 | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |  |
| * 1. If there is an air vent or opening for a water-level gauge, is it constructed to prevent entry of contaminants?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| * 1. If the overflow line discharges to a storm drain, to surface water, or directly into a sanitary sewer, is it protected by a proper air gap?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| 1. Treatment - Is treatment in use for any source? If no, skip to Section 5.
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| * 1. If treatment includes disinfection, were chlorine residuals normal during the month the TTT occurred?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| * 1. Inspect the treatment facility. Are there:
		1. Procedures in place for proper operation and maintenance?
			1. Is the treatment system operating properly?
		2. Changes in equipment or process? Describe.
		3. Evidence of vandalism or other security breaches?
 | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |  |
| 1. Source
 |
| * 1. Are there procedures in place for periodic inspection and maintenance of the source facilities?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| * 1. Does each source have a raw water sample tap properly located?

<http://www.doh.wa.gov/portals/1/Documents/pubs/331-436.pdf> | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| * 1. Inspect the source facilities. Is the:
 |  |  |  |
| * + 1. Sanitary control area free of all potential sources of contamination?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| * + 1. Wellhead or spring box above grade with no potential for flooding?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| * + 1. Well cap sealed and watertight?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| * + 1. Well casing free of unprotected openings?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| * + 1. Pressure tank water logged?
 | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| * + 1. Spring box free of any unprotected openings?
 | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| * + 1. Other:
 | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| * 1. Have there been any changes in condition or operation?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| 1. Other assessment activities. Describe:
 |
|  |

|  |
| --- |
| **Part B: Assessment Summary and Corrective Action Plan with Timetable** |
| 1. **Actions Completed**
 | **Assessor: Summarize the issues found where corrective actions have been completed.**Include photos, work receipts, or reports to depict assessment findings. |  |
| **Describe issue found** | **Describe corrective action taken** | **Date Completed** |
| Click here to enter text | Click here to enter text |  |
| Click here to enter text | Click here to enter text |  |
| Click here to enter text | Click here to enter text |  |

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| 1. **Actions To be Taken**
 | **Assessor: Describe the issues found where corrective actions will be completed later.** | **Provide a timetable** |
| **Describe issue found** | **Describe planned corrective action** | **Expected Completion Date** |
| Click here to enter text | Click here to enter text |  |
| Click here to enter text | Click here to enter text |  |
| Click here to enter text | Click here to enter text |  |

**Assessor has discussed the Assessment findings with the Water System Owner:** [ ]  **Yes** [ ]  **No**

If no, note the date when the discussion will occur: Click here to enter text

Signature of Assessor: Date: Click here to enter text

**Office of Drinking Water staff will review this assessment and determine if any of the issues identified are Sanitary Defects - a defect that could provide a pathway of entry for microbial contamination into the distribution system, or a defect that is indicative of a failure or imminent failure in a barrier that is already in place.**

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| Regional Office Reviewer: Click here to enter text  | Date of Review: Click here to enter text  | Assessment sufficient? [ ]  Yes [ ]  No |
| Likely Cause Determined? [ ]  Yes [ ]  NoCorrective Action Plan Included? [ ]  Yes [ ]  No [ ]  N/AComments: Click here to enter text | Sanitary Defects Identified? [ ]  Yes [ ]  NoCorrective Action Plan approved? [ ]  Yes [ ]  No [ ]  N/A | Corrective Actions Complete? [ ]  Yes [ ]  No [ ]  N/A |