



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

LEVEL 1 ASSESSMENT FORM FOR COMMUNITY WATER SUPPLY

Issued under authority of the Safe Drinking Water Act, 1976 PA 399, as amended, MCL 325.1001 et seq., and its Administrative Rules (Act 399).

This form must be completed and submitted to the appropriate Michigan Department of Environment, Great Lakes, and Energy (EGLE) district office as soon as possible, but no later than 30 days after the supply triggered the assessment. It should be completed by the Operator in Charge, Water Supply Owner, or a knowledgeable representative of the water system.

1. GENERAL INFORMATION

Supply Name	WSSN
Assessor Name	Assessor Title
Assessor Telephone Number	Assessor Email

Trigger Event (check one): Greater than 5% Total Coliform Positives (≥ 40 samples per month)
 More than 1 Total Coliform Positive (< 40 samples per month)
 Failure to Collect all Repeat Samples

Date Assessment Triggered: _____ Date Assessment Completed: _____

2. ASSESSMENT QUESTIONS

Answer each question in Subsections A – G either Yes, No, or Not Applicable (NA). Review and evaluate each question for potential causes of contamination. If the answer to any of these questions is unknown, leave blank and indicate on a separate sheet what actions will be taken to determine the necessary information.

A. Sample Site Selection and Sample Collection

Were the samples collected in accordance with the Sample Site Plan? YES NO NA
Was the location and condition of the sample tap sanitary? YES NO NA
Were proper sample collection procedures followed? YES NO NA
Were the samples submitted to the laboratory in a timely and acceptable manner? YES NO NA

B. Source – Wells (if wells are not used, check here and go to subsection C)

- Do the wells have a proper well cap, sanitary seal, and vent screens? YES NO NA
- Have the wells/pumps undergone any recent repairs or maintenance activities? YES NO NA
- Is the exposed portion of the casing (including electrical conduit) in good condition? YES NO NA
- Is the area near the well cap/casing free of insects, bugs, brush, and vegetation? YES NO NA
- Is there standing water or other unsanitary conditions near the wells? YES NO NA
- Any signs of vandalism to wells or forced entry into well houses? YES NO NA

C. Source – Surface Water (if surface water is not used, check here and go to subsection D)

- Are there any new potential contamination sources or visible signs of unsanitary conditions near the raw water intake? YES NO NA
- Any signs of vandalism or unauthorized access to source facilities: YES NO NA
- Was there any heavy precipitation, rapid snowmelt, or flooding recently? YES NO NA
- Any unusual changes to quality of the raw water (e.g., spike in turbidity, sudden change in pH, or very high heterotrophic plate counts)? YES NO NA

D. Treatment (if no treatment, check here and go to subsection E)

- Have there been additions or modifications to any treatment process? YES NO NA
- Have there been interruptions in any treatment process? YES NO NA
- Any signs of vandalism or unauthorized access to treatment equipment or facilities? YES NO NA
- Are there any issues with operation or maintenance of treatment equipment, units, or processes? YES NO NA
- Is there any water quality data that indicates treatment is ineffective? YES NO NA

E. Storage (if no water storage tank, check here and go to subsection F)

- Are there any holes, leaks, or other structural problems? YES NO NA
- Are access hatches and manhole openings tightly covered and secured? YES NO NA
- Are all vents and overflow pipes screened? YES NO NA
- For hydropneumatics tanks, is the tank waterlogged? YES NO NA
- Any signs of vandalism or unauthorized access to storage facilities? YES NO NA
- Have the tank(s) been recently drained, cleaned, or inspected? YES NO NA

F. Distribution System

- Have there been any low pressure events (≤ 20 psi)? **YES** NO NA
- Have there been any water main breaks, repairs, or new main installations? **YES** NO NA
- Have there been any recent fires or hydrant flushing? **YES** NO NA
- Have there been any booster pump issues, repairs, or new installations? **YES** NO NA
- Is the supply actively performing cross connection control inspections, including frequent testing of all testable backflow preventers? YES **NO** NA
- Have there been other construction activities like hydrant or valve replacement that could have introduced contamination into the system? **YES** NO NA
- If samples were collected from inside a building, has there been any recent plumbing work performed within the building? **YES** NO NA

G. Operation and Maintenance (OM)

- Any changes in procedures or staff effecting OM activities? **YES** NO NA
- Any water quality data collected from the treated water tap or distribution system show results are indicative of an issue? **YES** NO NA
- Any complaints from customers related to water quality or low pressure? **YES** NO NA
- Any other issues or items that may have caused bacteriological contamination? **YES** NO NA

3. ISSUE DESCRIPTION

For any answers in Part 2, Subsections A – G that are shaded, describe the event, and provide additional information on potential causes of contamination identified during the assessment. Include corresponding dates with your findings. Attach additional page(s) if needed. Include date(s) of low pressure events, water main breaks, maintenance activities, etc. with your findings.

4. CORRECTIVE ACTIONS TAKEN OR TO BE TAKEN (For any issues identified in Part 3)

Describe corrective actions already taken and date(s) completed, or a proposed timetable for corrective actions not yet completed. Attach additional page(s) if needed.

5. CERTIFICATION

I hereby certify that the information contained herein is true, accurate, and complete to the best of my knowledge and information.

Assessor Name (printed) _____
Date

Assessor Signature

The following is to be completed by EGLE staff only.

Date Received _____ Received within 30 days of Trigger YES NO

Assessment Complete YES NO

Likely Reason for Positive Samples Identified YES NO

Corrective Actions Completed YES NO NA

Proposed Schedule Acceptable YES NO NA

Assessment Level Reset YES NO NA

EGLE Comments:

Signature of EGLE Staff _____
Date

Contact EGLE with questions.

Submit your completed document to EGLE via your Michigan Environmental Health and Drinking Water Information System (MiEHDWIS) account, or via email to your EGLE district office email address.

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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