



LEVEL 1 ASSESSMENT FORM FOR COMMUNITY WATER SUPPLIES

*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:
Phone Number:	E-mail:
Trigger Event (check one): <input type="checkbox"/> Greater than 5% Total Coliform Positives (≥40 samples per month) <input type="checkbox"/> More than 1 Total Coliform Positive (<40 samples per month) <input type="checkbox"/> 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	Answer		
	Yes	No	NA
Were the samples collected in accordance with the Sample Site Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the location and condition of the sample tap sanitary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were proper sample collection procedures followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the samples submitted to the lab in a timely and acceptable manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Source – Wells (if wells are not used, check here <input type="checkbox"/> and go to subsection C)	Answer		
	Yes	No	NA
Do the wells have a proper well cap, sanitary seal, and vent screens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the wells/pumps undergone any recent repairs or maintenance activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the exposed portion of the casing (including electrical conduit) in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the area near the well cap/casing free of insects, bugs, brush, and vegetation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there standing water or other unsanitary conditions near the wells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any signs of vandalism to wells or forced entry into well houses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Source – Surface Water (if surface water is not used, check here <input type="checkbox"/> and go to subsection D)	Answer		
	Yes	No	NA
Are there any new potential contamination sources or visible signs of unsanitary conditions near the raw water intake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any signs of vandalism or unauthorized access to source facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there any heavy precipitation, rapid snowmelt, or flooding recently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any unusual changes to quality of the raw water like a spike in turbidity, sudden change in pH, or very high heterotrophic plate counts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Treatment (if no treatment, check here <input type="checkbox"/> and go to subsection E)	Answer		
	Yes	No	NA
Have there been additions or modifications to any treatment process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have there been interruptions in any treatment process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any signs of vandalism or unauthorized access to treatment equipment or facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any issues with operation or maintenance of treatment equipment, units, or processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any water quality data that indicates treatment is ineffective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Storage (if no water storage tank, check here <input type="checkbox"/> and go to subsection F)	Answer		
	Yes	No	NA
Are there any holes, leaks, or other structural problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are access hatches and manhole openings tightly covered and secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all vents and overflow pipes screened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For hydropneumatic tanks, is the tank waterlogged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any signs of vandalism or unauthorized access to storage facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the tank(s) been recently drained, cleaned, or inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Distribution System	Answer		
	Yes	No	NA
Have there been any low pressure events (\leq 20 psi)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any water main breaks, repairs, or new main installations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any recent fires or hydrant flushing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any booster pump issues, repairs, or new installations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the supply actively performing cross connection control inspections, including frequent testing of all testable backflow preventers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have there been other construction activities like hydrant or valve replacement that could have introduced contamination into the system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If samples were collected from inside a building, has there been any recent plumbing work performed within the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Operation and Maintenance (O&M)	Answer		
	Yes	No	NA
Any changes in procedures or staff effecting O&M activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any water quality data collected from the treated water tap or distribution system show results are indicative of an issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any complaints from customers related to water quality or low pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other issues or items that may have caused bacteriological contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Issue Description: For any answer in Part 2, Subsections A – G that are in a shaded box, use this space to 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: Use this space to 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's Name (printed):

Assessor's Signature:

Date:

EGLE USE ONLY: This section is to be completed by EGLE.

Reviewer Name:		Date Reviewed:
Date Received:	Within 30 Days of Trigger: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Assessment Complete: Yes <input type="checkbox"/> No <input type="checkbox"/>	Likely Reason for Positive Samples Identified: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Corrective Actions Completed: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Proposed Schedule Acceptable: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Assessment Level Reset: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments:		