|  |  |  |  |
| --- | --- | --- | --- |
| **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 is: WDM 2, 3, or 4 \_\_\_ OR PE \_\_\_ OR LHJ \_\_\_ (check one) |  | ODW Only, Date Received:Click here to enter text  |
| Assessor Address, City, State, Zip: 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**](https://doh.wa.gov/community-and-environment/drinking-water/offices-and-staff). **Keep a copy in your water system files.**

Use this *Level 2 Assessment Guidance Template* for a system with only a groundwater source(s).

|  |  |
| --- | --- |
| **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 dates for completion of each item.
 |
| **Part A: Assessment** | **Corrective Action Needed?** | **Description, Comments, and Recommendations** |
| **1. Site and Sampling Protocol** |  |  |  |
| a. Is there a written [coliform monitoring plan](http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/Contaminants/Coliform/PreparingaColiformMonitoringPlan/OneSourceofSupply) & [sampling procedure](http://www.doh.wa.gov/portals/1/Documents/pubs/331-225.pdf) that  |  |  |  |
|  ensures each sample represents the distribution system? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| b. Is there a program to ensure that all sample collectors  |  |  |  |
|  are trained before being allowed to collect compliance samples? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| c. Are routine and repeat sample sites regularly monitored to ensure that no  |  |  |  |
|  site will contaminate the sample? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| d. Do the coliform sample results from the last 24 months suggest ongoing or  |  |  |  |
|  reoccurring water quality issues? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| e. Relative to the Unsatisfactory samples associated with the TTT: |  |  |  |
| i. Did a trained sample collector collect each sample? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| ii. Were the monitoring plan and sampling procedure followed? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| iii. Were there any changes in sampling conditions or procedures that  |  |  |  |
|  may have contributed to the TTT? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |   |
| **Part A: Assessment** | **Corrective Action Needed?** | **Description, Comments, and Recommendations** |
|  f. Inspect the Unsatisfactory samples’ sites: |  |  |  |
| i. Are the sampling locations free of potential sources of contamination? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| ii. Are the sampling taps in good condition? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| iii. Other: | [ ]  N/A  | [ ]  Yes [ ]  No |  |
|  g. Was this TTT due to failure to collect all repeat samples? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| If yes, describe steps being taken to ensure all required repeat samples will  |  |  |  |
| be collected in the future. |  |  |  |
| **2. Distribution System** |  |  |  |
| a. Are there standard procedures for proper maintenance including:  |  |  |  |
| i. Pipe replacement and repair?  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| ii. Other distribution system components replacement and repair? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| iii. Regular flushing? | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No |  |
| iv. Routine vault inspections? | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| v. Maintain positive pressure throughout? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
|  b. Is there a fully implemented cross connection control program? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
|  c. Is each air-vacuum-relief-valve vault vented above-grade? | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
|  d. Following work done in distribution system or any pressure | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| loss event, are investigative coliform samples collected? |  |
|  e. Have there been any: |  |  |  |
| i. Recent reports of low pressure (less than 20 psi) or complete loss of  |  |  |  |
|  pressure? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| ii. Recent repairs or new construction?  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| iii. Pipe leaks that are not yet repaired? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| iv. Recent use of fire hydrants such as hydrant maintenance or  |  |  |  |
|  flushing by utility or fire department? | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| v. Recent reports of a cross-connection incident? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| vi. Off-normal events such as discolored water, odd taste, or smell? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| vii. Other changes in distribution conditions or operations that may have  |  |  |  |
|  contributed to the TTT? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| f. Inspect the distribution system. Are there any: |  |  |  |
| i. Visible line breaks or leaks? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| ii. Observed cross connections? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| iii. Waterlogged pressure tanks? | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| iv. Indications of vandalism or other security breach? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| v. Other: | [ ]  N/A | [ ]  Yes [ ]  No |  |
| **3. Storage Facilities** – **Is there storage? If no, skip to Section 4.**  | [ ]  Yes [ ]  No |  |  |
| a. Are there standard procedures for periodic inspection of the exterior of | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
|  each storage facility including vents, hatches, fittings for level  |  |
|  gage/controls, and overflows? |  |

| **Part A: Assessment** | **Corrective Action Needed?** | **Description, Comments, and Recommendations** |
| --- | --- | --- |
| b. Are there standard procedures for periodic inspection and cleaning |  |  |  |
|  of the interior of each storage facility? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| **If more than one tank, for each corrective action noted below, name**  |  |  |  |
| **which tank(s) the action applies to:** |  |  |  |
| c. Are all storage facilities secured from unauthorized entry and |  |  |  |
|  vandalism? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| d. If there is an air vent, is it constructed to prevent entry of contaminants? | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| e. If there is a fitting for a level gage or level controls, is it constructed to  |  |  |  |
|  prevent entry of contaminants? | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| f. If there is an overflow line that discharges to a storm drain, surface water, |  |  |  |
|  or into a sanitary sewer, is it protected by a proper air gap? | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| g. Has there been:  |  |  |  |
| i. Any recent work done at a storage facility? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| ii. Any other changes in storage conditions or operations that may have contributed to the TTT? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| h. Inspect each storage tank. Are there any: |  |  |  |
| i. Cracks or unprotected openings in tank walls? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| ii. Unprotected openings in the tank roof? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| iii. Gaps or weak areas in access hatch seals? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| iv. Holes in the air vent screen? | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| v. Weak points in the attachment of the screen to the vent structure? | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| vi. Holes in the screen on the open end of overflow line? | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| vii. Obstructions compromising the proper air gap where the overflow  |  |  |  |
|  line discharges into a storm drain, surface water, or sanitary sewer? | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| viii. Indications of vandalism or other security breach? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| ix. Other: | [ ]  N/A | [ ]  Yes [ ]  No |  |
| **4. Treatment** – **Is there treatment? If no, skip to Section 5.**  | [ ]  Yes [ ]  No |  |  |
|  a. List every type of treatment in use: |  |  |  |
| b. Is any source continuously treated with a disinfectant? If yes,  | [ ]  Yes [ ]  No |  |  |
| Are there standard procedures for: |  |  |  |
| i. Proper operation and maintenance of disinfection treatment facilities? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| ii. Monitoring disinfectant residual frequency per DOH requirement? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Were: |  |  |  |
| iii. Chlorine residuals 0.2 mg/L or greater in the Unsatisfactory samples?  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
|  List residuals: |  |  |  |
|  |  |  |  |
| iv. Chlorine residuals normal throughout the month the TTT occurred? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| v. All chlorine residual measurements from the last 90 days indicative of  |  |  |  |
|  any on-going or recurring treatment issue? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |

| **Part A: Assessment** | **Corrective Action Needed?** | **Description, Comments, and Recommendations** |
| --- | --- | --- |
|  c. Have there been any: |  |  |  |
| i. Changes in treatment equipment or processes? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| ii. Recent interruptions in any treatment process? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| iii. Recent maintenance performed on any treatment component? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| d. Inspect the treatment facilities: |  |  |  |
| i. Is the treatment system operating properly? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| ii. Is there any evidence of vandalism or other security breach? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| iii. Other: | [ ]  N/A | [ ]  Yes [ ]  No |  |
| **5. Source (if more than one source, note source number as needed)** |  |  |  |
| a. Does each source comply with the Sanitary Control Area requirements |  |  |  |
|  (WAC 246-290-135(2)?  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| b. Are all sources protected from fecal contamination by appropriate |  |  |  |
|  placement and construction? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| c. Are there standard procedures for periodic inspection and maintenance of  |  |  |  |
|  the source facilities? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| d. Are the source facilities secured from unauthorized entry and vandalism? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| e. Has there been any: |  |  |  |
| i. Recent use of an unapproved source? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| ii. Recent land use changes? | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No |  |
| iii. Standing water, heavy precipitation, or flooding around a source in the last month? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| iv. Recent failure of a source pump? | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| v. Recent maintenance on a source pump or other source component? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| vi. Other changes in source conditions or operations? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| f. Inspect the source facilities. Is: |  |  |  |
| i. Sanitary control area free of all potential sources of contamination? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| ii. Wellhead or spring box above grade with no potential for flooding? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| iii. Well cap sealed and watertight?  | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| iv. Well casing or spring box free of unprotected openings? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| v. Pressure tank water logged or off-line?  | [ ]  Yes [ ]  No [ ]  N/A | [ ]  Yes [ ]  No |  |
| vi. There any evidence of vandalism or other security breach? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| vii. Other: | [ ]  N/A | [ ]  Yes [ ]  No |  |
| 6. **Other assessment activities.**  |  |  |  |
|  a. Is it time for the additional barrier of continuous disinfection to be  | [ ]  Yes [ ]  No |  |  |
|  installed at this system? If no, why not? Explain: |  |  |  |
|  b. Other activities: |  |  |  |

|  |
| --- |
| **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, and/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 |  |
| 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 |