



Maine CDC Drinking Water Program Level 1 Assessment Form



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|-------------------------|----------------------|---------------------------|----------------------|----------------------|------|----------------------|
| PWSID | ME | <input type="text"/> | PWS Name | <input type="text"/> | Town | <input type="text"/> |
| Assessment Trigger Date | <input type="text"/> | Assessment Completed Date | <input type="text"/> | | | |

The purpose of conducting a level assessment is to try to identify what caused your recent positive bacteria result. You should investigate your system thoroughly, looking for issues that could impact your water quality and then taking measures to address any possible defects found.

Instructions:

Review and evaluate all of the elements listed on this form to possibly identify sanitary defects. A sanitary defect is a defect that could provide a pathway of entry for microbial contamination or that is indicative of a failure or imminent failure in an existing barrier. Indicate **Yes** or **No** if any sanitary defects are identified, or **NA** if the element is not applicable to the water system.

All sections of this form must be completed. If a sanitary defect is identified, provide a description of the defect along with the actions taken or proposed to correct the defect. Indicate the date that the corrective action was completed. If more space is needed, please attach additional pages and include any supporting documentation.

If you have conducted other level assessments and documented issues you have found and fixed on those assessments, DO NOT include those activities on this new assessment – only list new issues/possible defects found since the last level assessment was done.

Download this form as an electronically fillable PDF at <https://tinyurl.com/DWP-Level-Assessments>

Complete & return this level assessment within 30 days of the assessment trigger date noted above. Due date: _____

All corrective actions must be completed within 30 days unless an extension is requested before the 30-day deadline.

An **Extension Request** form can be found on page 10 of this document. [Go to the Extension Request Form](#)

Return your completed level assessment to Maine CDC Drinking Water Program, 11 SHS, 286 Water Street, Augusta, ME 04333-0011 or send via email to your PWS Inspector and/or **DWPMOR@maine.gov**.

| 1. General Questions | Select One | Description of Issue and Corrective Action | Date Completed | DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N) |
|---|---|--|----------------|---|
| 1.1 Have there been any visible or physical indicators of unsanitary conditions? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | MOPD-MIN-SM <input type="checkbox"/> Y <input type="checkbox"/> N |
| 1.2 Have there been any signs of vandalism or forced entry? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | _____-MIN-SE <input type="checkbox"/> Y <input type="checkbox"/> N |
| 1.3 Have there been any unusual water quality issues? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 1.4 Were any Operation and Maintenance procedures not followed? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | MOPD-MIN-SM <input type="checkbox"/> Y <input type="checkbox"/> N |
| 1.5 Are there any unaddressed findings from a previous DWP inspection that are relevant to the current bacterial contamination event? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 1.6 Have there been any recent general repairs, operational changes, or maintenance activities on the water system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 1.7 Was there a failure to follow adequate disinfection practices following any repairs or maintenance activities on the system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | MOPD-MIN-SM <input type="checkbox"/> Y <input type="checkbox"/> N |
| Other GENERAL issues found (provide detailed description of issue): | | | | |
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| For DWP use only: | | | | |
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| 2. Sampling Questions | Select One | Description of Issue and Corrective Action | Date Completed | DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N) |
|---|---|--|----------------|---|
| 2.1 Was the TC+ sample taken from a tap that is not routinely used and/or not in the Sampling Site Plan? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | SSPD-MIN-DS <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2.2 Does the area surrounding any sample tap appear to be unsanitary? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | MOPD-MIN-DS <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2.3 Were there any sampling or handling errors such as aerator not removed, inadequate tap flushing or tap not disinfected before sampling? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | MOPD-MIN-OT <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2.4 Were any of the sampling locations equipped with an auto sensing, swivel-or single-spout type faucet? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | DSDO-MIN-DS <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2.5 Was the TC+ sample taken by a new sampler? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | MOPD-MIN-OT <input type="checkbox"/> Y <input type="checkbox"/> N |
| Other SAMPLING issues found (provide detailed description of issue): | | | | |
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| For DWP use only: | | | | |
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| 3. Source Water Questions | Select One | Description of Issue and Corrective Action | Date Completed | DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N) |
|--|---|--|----------------|---|
| 3.1 Are there any holes or unprotected openings in the well casing? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | WLCG-SIG-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.2 Is the sanitary seal or well cap damaged or loose? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | WLCP-MIN(S)-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.3 Is the electric conduit damaged or loose? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | WLOT-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.4 Has there been any change in land use around your source that could have adversely affected water quality, and if so, when? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | WLHP-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.5 Has there been any failure or outbreak of a septic or sewer system in the area around the well? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | WLHP-SIG-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.6 Is the well located in a depressed area where water may collect or is subject to flooding, and has any flooding or ponding occurred? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | WLOT-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.7 Has there been any recent work done on the well, such as pump work, pump replacement, grout work, pitless adapter, etc.? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | WLOT-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.8 A. Does the well lack a vent? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | WLVD-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.8 B. Is the vent unscreened? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | WLVD-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N |

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| 3. Source Water Questions | Select One | Description of Issue and Corrective Action | Date Completed | DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N) |
|---|---|--|----------------|--|
| 3.9 Has there been a change in water source (well or surface water) outside of normal operations or addition of an unapproved source(s)? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | SDOT-MIN(S)-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.10 A. Is the well in a pit? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.10 B. Is the well pit currently flooded? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | WLOT-SIG-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.10 C. Is there any indication that water collects in the pit? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | WLOT-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.11 Is the well pit drain line directly connected to a septic, sewer, or storm drain system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | XCON-SIG-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.12 Does the well have an overflow pipe and is it properly screened? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | WLOT-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.13 Have there been any algal blooms? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | SDOT-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.14 Has source water turnover occurred? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3.15 Has the surface water intake been compromised? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | SDOT-SIG-SO <input type="checkbox"/> Y <input type="checkbox"/> N |
| Other SOURCE WATER issues found (provide detailed description of issue): | | | | |
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3. Source Water Questions

For DWP use only:

| 4. Storage Questions | Select One | Description of Issue and Corrective Action | Date Completed | DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N) |
|---|---|--|----------------|--|
| 4.1 Are there any holes or unprotected openings in the storage tank? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | STDO-SIG-FW <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4.2 Is the hatch on the storage tank not sealed properly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | STCD-MIN(S)-FW <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4.3 Are the vents on the storage tank not suitably protected and/or screened? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | STVD-SIG(M)-FW <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4.4 Is the overflow on the storage tank not suitably protected and/or screened? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | STOD-SIG(M)-FW <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4.5 Is there inadequate turnover or water age issues within the storage tank? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | STDO-MIN-FW <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4.6 Has there been any recent work on the storage tank? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | STDO-MIN-FW <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4.7 Are there any storage tank design issues? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | STSD-MIN-FW <input type="checkbox"/> Y <input type="checkbox"/> N |

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| 4. Storage Questions | Select One | Description of Issue and Corrective Action | Date Completed | DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N) |
|---|---|--|----------------|--|
| 4.8 Is there any evidence of contamination from animals and/or insects? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | -SIG-FW <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4.9 Is there any evidence of storage tank deterioration that could compromise the integrity of the structure? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | STSD-MIN(S)-FW <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4.10 Is there evidence of lack of maintenance, cleaning, or inspection? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | FAMD-MIN-FW <input type="checkbox"/> Y <input type="checkbox"/> N |
| Other STORAGE issues found (provide detailed description of issue): | | | | |
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| For DWP use only: | | | | |
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| 5. Treatment Questions | Select One | Description of Issue and Corrective Action | Date Completed | DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N) |
|--|---|--|----------------|---|
| 5.1 Has the disinfection treatment been bypassed? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | TRTS-SIG-TR <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5.2 Have there been any interruptions (e.g., power loss) in disinfection treatment (UV, chlorine, etc.)? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | TRTS-SIG-TR <input type="checkbox"/> Y <input type="checkbox"/> N |

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| 5. Treatment Questions | Select One | Description of Issue and Corrective Action | Date Completed | DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N) |
|--|---|--|----------------|---|
| 5.3 Have there been any low or inadequate disinfection residual levels at the entry point? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | TRTS-SIG-TR <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5.4 Has there been any recent installation or repair to the treatment process? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | TRTM-MIN(S)-TR <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5.5 Is the filter backwash discharge line directly connected (no air gap) to a drainage pipe or sewer/septic line? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | XCON-SIG-TR <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5.6 Were any turbidity measurements out of range? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | TRTM-SIG-TR <input type="checkbox"/> Y <input type="checkbox"/> N |
| Other TREATMENT issues found (provide detailed description of issue): | | | | |
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| For DWP use only: | | | | |
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| 6. Distribution Questions | Select One | Description of Issue and Corrective Action | Date Completed | DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N) |
|--|---|--|----------------|---|
| 6.1 Was an unprotected cross connection identified? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | XCON-SIG-DS <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6.2 Has there been any distribution plumbing, water service or main breaks or installations? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | DSDO-MIN(S)-DS <input type="checkbox"/> Y <input type="checkbox"/> N |

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| 6. Distribution Questions | Select One | Description of Issue and Corrective Action | Date Completed | DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N) |
|--|---|--|----------------|---|
| 6.3 Were there low disinfection residuals? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | DSDO-MIN(S)-DS <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6.4 Have there been any recent incidents of low or inadequate pressure (<20 psi) including booster pump failure, and if so, when and for how long? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | MOPD-MIN(S)-DS <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6.5 Are there any low flow areas or dead ends in your distribution system that would cause excessive water age or stagnation? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | DSDO-MIN-DS <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6.6 Is there standing water in your valve vault that could potentially infiltrate your distribution system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | DSDO-MIN-DS <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6.7 Is there evidence of any unapproved hydrant use? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | DSDO-SIG-DS <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6.8 Did you recently flush hydrants or have a significant firefighting event that could have adversely affected water quality, and if so, when? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | | DSDO-MIN-DS <input type="checkbox"/> Y <input type="checkbox"/> N |
| Other DISTRIBUTION issues found (provide detailed description of issue): | | | | |
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| For DWP use only: | | | | |
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COMPLETE & RETURN THIS LEVEL ASSESSMENT WITHIN 30 DAYS OF THE ASSESSMENT TRIGGER DATE. DUE DATE: _____

All corrective actions must be completed within 30 days as well unless an extension is requested before the 30-day deadline.

LEVEL 1 ASSESSMENT EXTENSION REQUEST

PWSID: ME

PWS Name:

Does your system require an extension to complete any outstanding corrective actions that you could not complete within the 30 days allowed?

Reason for Extension:

Proposed new deadline/date:

PI approved extension (initials):

Date:

Assessment Performed By:

First Name:

Last Name:

Operator License # **OP**

Organization:

Business Phone #:

List other parties present for the Level Assessment:

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Did you perform the previous Level Assessment?

What date was this Level Assessment form completed?

Certification:

I certify under penalty of law that I am the authorized person who completed the level assessment, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Signature:

Date:

For DWP Review Only:

1. Has the assessment been successfully completed?

2. Has a likely reason for the TC+ occurrence been found?

3. Has the system corrected the problem?

4. Name of DWP reviewer:

Provide an explanation for any instance where 'N' (no deficiency) was checked by the PI:

Please return completed form to the Maine CDC Drinking Water Program, 11 S.H.S., Augusta, ME 04333 or email DWPMOR@maine.gov