



# Illinois Environmental Protection Agency

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## Level 1 Assessment Form

Water System Name:	System Type:	Source Water:		
Water System ID #:	Population Served:	PWS Address		
City, State:				
County:				
Responsible Operator in Charge (ROINC):				
Person who collected TC samples if not ROINC:				
Date Assessment Completed:				
Name and Title of Person Completing Assessment:				
Questions	Reviewed?	Issue(s) Found?	Description of Issue(s) Found	Corrective Action Taken (Including Date)
<b>1. Evaluate sample site.</b> <ul style="list-style-type: none"> <li>condition or location of tap</li> <li>regular use of connection</li> <li>no swivel</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
<b>2. Sample protocol followed and reviewed.</b> <ul style="list-style-type: none"> <li>flush tap</li> <li>remove aerator</li> <li>fresh sample bottles</li> <li>sample storage acceptable</li> <li>repeat sample protocol followed</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
<b>3. Have any of the following occurred at relevant facilities prior to the collection of TC samples?</b> <ul style="list-style-type: none"> <li>any interruptions in the treatment process</li> <li>any reported loss of pressure events</li> <li>any loss of pressure below 20 psi</li> <li>operation and maintenance activities that could have introduced total coliform</li> <li>reported vandalism and/or unauthorized access to facilities</li> <li>visible indicators of unsanitary conditions reported</li> <li>has there been a fire fighting event, flushing operation, sheared hydrant, etc.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
<b>4. Have there been any recent</b> <ul style="list-style-type: none"> <li>sources introduced</li> <li>treatment or operational changes</li> <li>potential sources of contamination</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		

Questions	Reviewed?	Issue(s) Found?	Description of Issue(s) Found	Corrective Action Taken (Including Date)
<b>5. Distribution System</b> <ul style="list-style-type: none"> <li>• system pressure</li> <li>• cross connection</li> <li>• pump station</li> </ul>	<ul style="list-style-type: none"> <li>• air relief valves</li> <li>• fire hydrants or blow off</li> </ul>	<ul style="list-style-type: none"> <li>• breaks</li> <li>• repairs</li> </ul>		
<b>6. Storage Tank</b> <ul style="list-style-type: none"> <li>• screens</li> <li>• security</li> <li>• access opening</li> </ul>	<ul style="list-style-type: none"> <li>• condition of tank</li> <li>• vent</li> <li>• drain overflow</li> </ul>	<ul style="list-style-type: none"> <li>• pressure tank</li> <li>• O&amp;M</li> </ul>		
<b>7. Treatment Process</b> <ul style="list-style-type: none"> <li>• interruptions</li> <li>• POE/POU</li> </ul>	<ul style="list-style-type: none"> <li>• softeners</li> <li>• O&amp;M</li> </ul>			
<b>8. Source -- Well</b> <ul style="list-style-type: none"> <li>• sanitary seal</li> <li>• vent screened</li> </ul>	<ul style="list-style-type: none"> <li>• air gap</li> <li>• cross connection</li> </ul>	<ul style="list-style-type: none"> <li>• security</li> <li>• pump to waste line</li> </ul>		
<b>9. Source -- Surface Water Supply</b> <ul style="list-style-type: none"> <li>• heavy rainfall</li> <li>• rapid snowmelt</li> </ul>				

**Note:** Form to be completed based on data and documents available to the PWS operator in charge, maintained on file and returned to the Primacy Agency within 30 days of triggering the assessment.

Additional Comments

\_\_\_\_\_  
Signature of Person Completing the Assessment

\_\_\_\_\_  
Phone Number

Reserved for State

Assessment has been successfully completed. \_\_\_\_\_

Likely reason for total coliform-positives occurrence is established. \_\_\_\_\_

System has corrected the problem. \_\_\_\_\_

Name of State Reviewer: \_\_\_\_\_