



# Illinois Environmental Protection Agency

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## Level 2 Assessment Form

Water System Name:	Source Water:	PWS Address
Water System ID #:	Population Served:	
Date Assessment Completed:	Phone:	
Responsible Operator in Charge (ROINC):		
Person that collected TC samples if different than ROINC:		

Questions	Reviewed?	Issue(s) Found?	Issue Description	Corrective Action Taken (Including Date)
<b>1. Evaluate sample site</b>				
What is the condition of the tap?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
What is the location of the tap?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
What is the regular use of the tap?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Have there been any plumbing changes or construction? If yes, when and what was the repair or change?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Have there been any plumbing breaks or failures? If yes, when?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
List any identified cross connections after the service connection or in premise plumbing.	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Were all of the backflow prevention devices present, operational, and maintained?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Were there any low pressure events or changes in water pressure after the service connection? If yes, when?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Are there any treatment devices after the service connection?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Other comments on sample site?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
<b>2. Sample protocol followed and reviewed</b>				
Was the sample collected from an approved coliform sampling location?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Flush tap, remove aerator, remove gasket, no swivel, fresh sample bottles, clean sampling kit, sample storage acceptable.	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Were repeat samples collected correctly? Original, upstream within 5 service connections, and downstream within 5 service connections?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Were repeat samples collected within 24 hours of notification of the positive sample?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
<b>3. Disinfection</b>				
What was the chlorine residual at the location of the positive samples at the time of collection? Is that normal? Residual: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Is there adequate disinfectant residual throughout the distribution system?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Has there been any noted residual changes in the distribution system?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		

Questions	Reviewed?	Issue(s) Found?	Issue Description	Corrective Action Taken (Including Date)
What is the chlorine residual measured immediately downstream from the point of application (the TP) today? Free Residual: <input type="text"/> Total Residual: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
What is the measured chlorine residual (total/free) of the water exiting the storage tank today? Free Residual: <input type="text"/> Total Residual: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
<b>4. Have any of the following occurred prior to the collection of TC samples?</b>				
Were there any operation and maintenance activities that could have introduced total coliforms?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Has the system lost pressure to less than 20 psi?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Has there been any vandalism and/or unauthorized access to facilities?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Are any visible indicators of unsanitary conditions observed?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Has there been any community illness suspected of being waterborne (e.g. does the community public health official indicate that an outbreak has occurred)?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Did the water system receive any TCR monitoring violations in the past 12 months? If yes, when?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
What was the most recent date on which satisfactory total coliform samples were taken? Date: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Has there been a fire fighting event, flushing operation, sheared hydrant, etc.?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Other comments on records and maintenance?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
<b>5. Have there been any recent treatment operational changes?</b>				
Have there been any interruptions in the treatment process?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Have any inactive sources recently been introduced into the system (e.g. previously inactive/emergency wells)?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Have there been any new sources introduced into the system?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
<b>6. Distribution System</b>				
System pressure: Is there evidence that the system experienced low or negative pressure? If yes, when?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
List any identified cross connections.	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Are there any sanitary defects in the pump station? Are pump(s) operable?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Last pump maintenance/service date. Maintenance performed? Date: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Air relief valves: Is the valve vault subject to flooding or does the vent terminate below grade?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Fire hydrant/blow off: Are any located in an area with a high water table or pits?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Are the backflow prevention devices at high risk sites present, operational and maintained?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Have there been any water main repairs or additions? If yes when, and what was the repair or addition? Date: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Have there been any water main breaks? If yes, when? Date: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Was there any scheduled flushing of the distribution system? If yes, when?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		

Questions	Reviewed?	Issue(s) Found?	Issue Description	Corrective Action Taken (Including Date)
Is there any evidence of intentional contamination in the distribution system?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Other comments on the distribution information.	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
<b>7. Storage Facilities</b>				
Are the overflow and vents properly screened?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Is the facility secured to prevent unauthorized access?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Does the access opening have the proper gasket and seal tightly?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Could the physical condition of tank be a source of contamination?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Is the vent turned down and maintain an approved air gap at the termination point?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Does the drain/overflow line terminate a minimum of 12" above ground surface?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
If present, is the pressure tank maintaining an appropriate minimum pressure?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Is proper O&M being performed?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Was there any observed physical deterioration of the tank?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Were there any observed leaks?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Is there any evidence of intentional contamination at the storage tank?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Has there been any tank maintenance (i.e. painting/coating)? If yes, when?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Is tank maintenance occurring per appropriate schedule?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Does the tank float on the distribution system or are there separate inlet and outlet lines?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Are there any unsealed openings in the storage tank such as access doors, vents, or joints?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Other comments on the storage system.	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
<b>8. Treatment Process</b>				
Treatment devices operational and maintained?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Has there been any recent installation or repair of treatment equipment?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Were there any recent changes in the treatment process? If yes, when, what was the change?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Were there any interruptions of treatment (lapses in chemical feed, turbidity excursions, disinfection)? If yes, which part, when, and for how long?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Did a review of the filter turbidity profiles reveal any anomalies?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Were there any failures to meet the CxT calculations?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Were the flow rates above the rated capacity?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Other comments on the treatment system.	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
<b>9. Source -- Well</b>				
Is the sanitary seal intact?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Is the vent screened?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Does the vent and pump to waste terminate above grade with an approved air gap?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Are there any unprotected cross connections at the wellhead?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
How is the well used? (Check if applicable)	<input type="radio"/> Primary <input type="radio"/> Emergency <input type="radio"/> Not Drinking Water			

Questions	Reviewed?	Issue(s) Found?	Issue Description	Corrective Action Taken (Including Date)
How far does the casing extend above grade?	Height: <input type="text"/>	Comments: <input type="text"/>		
Is the well cap vented?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Is there evidence of standing water near the wellhead?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Is the wellhead secured to prevent unauthorized access?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Have there been any sewer spills, source water spills, or other disturbances?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Other comments on the well system. (Are there aspects of well construction and operation that would bear on observed positives?)	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
<b>10. Source -- Surface Water Supply</b>				
Have there been any sewer spills, source water spills, or other disturbances?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Have there been any algal blooms?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Has source water turnover occurred?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Other source water comments.	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
<b>11. Environmental Events</b>				
Has there been heavy rainfall?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Has there been any rapid snow melt or flooding?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Have there been changes in available source water (e.g. significant drop in water table, well levels, reservoir capacity, etc.)?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Have there been any interruptions to electrical power?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		
Have there been any extremes in heat or cold?	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No		

Additional Comments

Print name and title of person completing form

Signature

**For State Use Only**

Name of State Official Performing Review: \_\_\_\_\_

Date: \_\_\_\_\_

Approved:  Yes  No