



## Level 1 Water Quality Assessment for Bacterial Contamination

System Name	System Number	Population Served
System Mailing Address	Contact Phone	System Capacity
Source Type: Groundwater / Purchase Groundwater / Purchase Surface Water		

### General:

		Issue Description	Corrective Action & Date
Were there any operation or maintenance activities that could have introduced coliform bacteria?	Y N		
Were there any visible indications of unsanitary conditions?	Y N		
Was there any unauthorized access to the facilities?	Y N		
Did the system lose pressure?	Y N		

### Source Assessment

		Issue Description	Corrective Action & Date
Are there any obvious contamination sources within a 100-foot radius of the wellhead?	Y/N		
Have there been any spills or other disturbances within a 100-foot radius of the well?	Y/N		
Is there evidence of standing water near the wellhead?	Y/N		
Is the sanitary seal intact?	Y/N		
Is the well vent screened?	Y/N		
How far does the casing extend above grade?			
Is the wellhead and piping secured to prevent unauthorized access?	Y N		

### Storage Assessment

Tank name/site location	Tank capacity	Type: Bladder / Pneumatic / Atmospheric	
		Issue Description	Corrective Action & Date
Has there been any recent work done on the tank?	Y/N		
Are the overflow and vents properly screened?	Y/N		
Is the tank and tank site secured to prevent unauthorized access?	Y/N		
Could the physical condition of the tank be a source of contamination?	Y/N		

If a pressure tank, is it maintaining an appropriate minimum pressure?	Y N N/A		
If a pressure tank, is it waterlogged?	Y N N/A		
Is the tank being maintained properly?	Y/N		
When was the last time the tank was cleaned, painted, or coated?	Y/N		
Is the tank deteriorated or leaking?	Y/N		
Other comments on storage.			

### Distribution System Assessment

		<b>Issue Description</b>	<b>Corrective Action &amp; Date</b>
Repair Contractor name and number:			
Were there any recent low-pressure events in the distribution system?	Y/N		
Has there been any recent distribution system flushing?	Y/N		
Were there any main breaks, repairs, or additions?	Y/N		
Are there backflow devices present or other indications of cross-connections?	Y/N		
Other comments on distribution:			

### Sample Site Assessment

Sample tap location (address):	Type: Outside hose bib    Inside sink    Other
Sample tap condition: Good    Fair    Poor	

		<b>Issue Description</b>	<b>Corrective Action &amp; Date</b>
Are there any treatment devices at this location?	Y/N		
Has there been any recent plumbing work near the sample location?	Y/N		
Was the proper sample protocol followed during collection and transport?	Y/N		
Other comments on the sample site or sample tap?			

Other comments on the water system:
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Print name of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

South Carolina Department of Environmental Services  
Bureau of Water  
Water Quality Assessment for Bacterial Contamination

1. PURPOSE:

This form, properly completed, is to be used to assess a public water system that has had repeated coliform positive samples.

2. ITEM-BY-ITEM INSTRUCTIONS:

System name: Enter the name of the public water system.

System number: Enter the seven-digit identification number assigned to the public water system by DES.

Population served: Enter the approximate population served by the water system.

System mailing address: Enter the system mailing address.

Contact phone: Enter the phone number for the primary system contact.

Source type: Circle the source water type: ground water, ground water purchas

System capacity: Enter the regulated capacity of the water system.

General: Did any of the following situations occur before the positive coliform samples were collected for the water system? Answer each of the questions under this section. Indicate yes or no in the corresponding column. For any yes answers, describe the issue or situation in the description column. List any corrective action steps that have already been started or completed. Attach additional sheets to the assessment if more space is needed.

Source Assessment

Complete a source assessment section for each water source that was in use at the time the positive samples were collected. (Attach additional copies)

For the remaining questions, indicate yes or no except for the casing question. For any yes answers, describe the issue or situation in the description column. For the casing question, enter in inches that the casing extends above grade. List any corrective action steps that have already been started or completed. Attach additional sheets to the assessment if more space is needed.

Storage assessment:

Complete a storage assessment section for each storage tank on the system. Enter the tank name or number and capacity in the areas provided. Circle the tank type.

For the remaining questions, indicate yes, no, or N/A where appropriate. For any yes answers, describe the issue or situation in the description column. List any corrective action steps that have already been started or completed.

Distribution system assessment:

Enter the name of the person or company that performs repairs, and their phone number.

For the remaining indicate yes, no, or N/A where appropriate. For any yes answers, describe the issue or situation in the description column. List any corrective action steps that have already been started or completed. Attach additional sheets to the assessment if more space is needed.

Sample site assessment:

Complete the sample site assessment sheet for each site that had a total coliform positive sample. Enter the location and circle the condition of the sample point or tap.

Answer the remaining questions as appropriate. For any yes answers, describe the issue or situation in the description column. List any corrective action steps that have already been started or completed. Attach additional sheets to the assessment if more space is needed.

Print name of person completing form: The person completing the form should print their name.

Date: Enter the date that the form was completed.

Signature: The person that completed the form should sign their name.

3. OFFICE MECHANICS AND FILING: This form should be filed with the Drinking Water & Recreational Waters Compliance Section according to the facility permit number.