



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Water Supply and Geoscience

Bureau of Safe Drinking Water

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REVISED TOTAL COLIFORM RULE (RTCR) LEVEL 2 ASSESSMENT FORM

Public Water Systems **Less than or Equal (<=)** 1000 Persons

An approved party must review and evaluate all the elements of the water system for possible sanitary defects by completing this assessment form. **All sections of this form must be completed, and all applicable checkboxes must be marked.** Indicate *Yes, No, or N/A* if the section/question is not applicable to the water system.

- If a potential sanitary defect is identified, provide a description of the defect, corrective actions taken or proposed, and the date that the corrective action was completed or proposed to be completed. **If the system triggered the Ground Water Rule in addition to the RTCR, the system can not perform any corrective actions without consulting with and receiving Bureau approval. Failure to do so, will result in a Ground Water Rule violation.**
- Attach additional pages, a copy of the water system's most recent RTCR Sampling Plan (if a sanitary defect/corrective action identified involves the RTCR Sampling Plan), and supporting documentation (e.g., analytical reports, invoices, estimates, receipts) when applicable.
- When completing this form refer to the water system's records (e.g., operation and maintenance records, tank inspection reports, and information related to the physical condition of the water system components) **from at least one year prior to the site visit date.**
- If more than one assessment has been triggered within a one-year timeframe, it is recommended to focus on the timeframe from the last negative RTCR sampling event through the collection of the positive RTCR sampling event.
- When determining appropriate corrective actions, evaluate and compare incident dates identified during the assessment to the RTCR sampling trigger dates.
- **The supplier of water is required to submit the completed form within thirty (30) days** after learning the system has exceeded a treatment technique trigger (not from receipt of the Bureau of Safe Drinking Water's letter) in accordance with N.J.A.C. 7:10-5.8 (b). The completed form can be sent by e-mail via: watersupply@dep.nj.gov, reference your PWSID No., "L2A", and the form number in the subject line. *Failure to submit a completed assessment and supporting documentation in their entirety, as indicated above, may result in the issuance of a treatment technique violation.*

For more information on the Revised Total Coliform Rule, visit our website at <http://www.nj.gov/dep/watersupply/dws-sampreg.html>.

Site Visit Date:*	System Name:	PWSID#:
System Type: <input type="checkbox"/> CWS <input type="checkbox"/> NTNC <input type="checkbox"/> TNC		
Level 2 Trigger:	<input type="checkbox"/> <i>E. coli</i> MCL violation <input type="checkbox"/> Second Level 1 trigger in a rolling 12-month period <input type="checkbox"/> Voluntary Level 2 Assessment (including request for sample reduction)	
Month/Year of Treatment Technique Trigger: _____		
Name of State Approved Party: _____ Certification/License #: _____		
<input type="checkbox"/> Licensed Operator <input type="checkbox"/> Licensed Professional Engineer <input type="checkbox"/> Licensed Well Driller <input type="checkbox"/> Licensed Pump Installer <input type="checkbox"/> State/County Official		
<input type="checkbox"/> If a sanitary defect/corrective action identified involves the RTCR Sampling Plan, most recent RTCR Sampling Plan is attached.		

*Site Visit Date is the day when the Approved Party completed the on-site inspection.

PWSID #:

System Name:

Approved Party:

Certification: I certify under penalty of law that I am the person authorized to perform a Level 2 Assessment, and the information contained herein is true, accurate and complete to the best of my knowledge and belief. I certify that I was present and the General, Source, Treatment, Distribution, Storage/Pressure Tanks, Sampling, and Summary sections were evaluated in their entirety. Failure to comply with N.J.A.C. 7:10-5.8(d) may result in the issuance of a state violation and being referred to Compliance and Enforcement for penalties and enforcement action.

Performed by:	Certification/License #:
Signature:*	Date:
Email:	Phone#:
*This must be signed and dated by an approved party, or the assessment is considered incomplete and the system will incur a treatment technique violation per 40 CFR 141.860(b).	

Water System Owner or Water System's Licensed Operator of Record (i.e., Supplier of Water):

Certification: I certify under penalty of law that I am the person authorized to complete and submit a Level 2 Assessment form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief. I certify that I have filled out and/or reviewed this form, in the presence of the approved party indicated above, in its entirety and failure to complete and submit this form will result in the issuance of a treatment technique and state violations. I acknowledge, upon issuance of a violation, I will be referred to Compliance and Enforcement for penalties and enforcement action.

Name:	<input type="checkbox"/> I certify that the approved party was on site the date indicated in the site visit field.		
Title: <input type="checkbox"/> Water System Owner <input type="checkbox"/> Water System's Licensed Operator of Record			
Signature:*		Date:	
Contact Name:	Contact Email:	Contact Phone#:	
*This must be signed and dated by the water system owner or licensed operator of record, or the assessment is considered incomplete and the system will incur a treatment technique violation per 40 CFR 141.860(b).			

PWSID #:

System Name:

1	General		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
1.1	Is the water system required to have a licensed operator of record? If yes, provide the name and license number of the licensed operator of record.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed operator name: License number:	
1.2	Has there been vandalism and/or unauthorized access to any water system facilities within the last year? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Description(s) of incident: Corrective action:	
1.3	Has there been any community illness suspected of being waterborne (e.g., the public health official has determined an outbreak occurred) within the last year? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Description(s) of incident:	
1.4	Has there been any customer complaints of taste or odor problems within the last year? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of complaint: Description(s) of complaint: Corrective action:	
1.5	Does the system have a septic system? If yes, provide the details listed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last time the system was pumped: Date of last inspection: Distance between septic & well(s):	
1.6	Is the distance between the septic and well less than 50 feet and/or does not meet building specifications for wells below the allowable limit? If yes, provide all copies of approval issued by well permitting and/or water quality. <i>Per N.J.A.C. 7:10-11.7(b)(2), wells are prohibited within 50 feet of a septic tank and within 100 feet of a septic disposal field except as described under N.J.A.C. 7:9D.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Issued approval attached	
1.7	Is the septic system routinely maintained or inspected? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Description:	
1.8	Was maintenance performed or repairs made to the septic or sewer system within the last year? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date(s) of service: Description(s) of service:	
1.9	Have there been any interruptions to electrical power within the last year? If yes, provide the date(s) of occurrence and description. <i>If the outage is due to an area wide power outage, those specific date(s) and time(s) should be available from the power supplier.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Description(s) of incident:	
1.10	Other comments on the general water system information:			

PWSID #:

System Name:

2	Source	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
2.1	How many wells were in operation within 7 days prior to and/or during the sampling event? Provide the well permit number(s), if known, and the water state facility code(s), e.g., WL001001. To find well permit number, instructions are provided below. ¹	# In Use: Well Permit Number(s): State Facility Code(s):	
2.2	Were any new, emergency, or inactive wells in operation/ introduced into the system within 7 days prior to and/or during the sampling event? If yes, provide a description including the facility code(s) (e.g., WL001001) and well permit numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No Facility code(s): Well Permit Number(s):	
2.3	Are there any abandoned wells (wells not in use and not properly decommissioned per N.J.A.C. 7:9D, Sub. 3) on the property? If yes, provide the number of abandoned wells, their location, and a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of Abandoned Wells: Location(s): Corrective action:	
2.4	Is there evidence of standing water near the wellhead(s)? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.5	Is the sanitary seal(s) intact? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.6	Is the well cap(s) vented? If no, provide a corrective action. If N/A, provide reason. <i>In accordance with N.J.A.C. 7:9D-2.3(b)(2)(ii), wells are required to be equipped with a down-facing casing vent, screened to prevent the entry of insects and located at least 12 inches above the grade, except for (1) wells located within the 100-year flood elevation or (2) flowing wells.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.7	Is the vent(s) screened? If no, provide a corrective action. If N/A, provide reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.8	Is the casing vent facing down? If no, provide a corrective action. If N/A, provide reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2.9	Is the wellhead(s) flush to grade or under 12" above grade? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No Description:	
2.10a	Is the wellhead(s) in a pit? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No Description:	

PWSID #:

System Name:

2	Source		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
2.10b	If yes to 2.10a, is the pit the wellhead(s) is in dry? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2.11	Is the wellhead(s) secured from unauthorized access? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.12	Is the wellhead(s) physically protected? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.13	Is the installed ground water source tap on each well immediately followed by a check valve prior to any treatment, storage/pressure tank, and/or distribution system component? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.14a	Were any interconnection(s) or alternate source(s) of water in operation/ introduced into the system within 7 days prior to and/or during the sampling event? If yes, provide description including interconnection identification number (e.g., CC001001) or name of system connected with.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
2.14b	If yes to 2.14a, is the interconnection(s) or alternate source(s) secured from unauthorized access?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2.15	Have there been any sewer overflows, chemical spills, contaminants, or other disturbances nearby within the last year? If yes, provide a description, including dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Description(s) of incident:	
2.16	Has any repair/work been performed to the source(s) or its components within the last year? If yes, provide a description including dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of service: Description(s) of service:	
2.17	Are there any other observations of source(s) construction/operation that would bear on observed positives? If yes, provide a description and corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description: Corrective action:	
2.18	Other Comments on the source including identification of proposed corrective actions:			

¹To find a well permit number, use Data Miner tool located at <https://www13.state.nj.us/DataMiner> and conduct the following steps: (1) Select Search by Category, (2)

Choose Water Supply and Geoscience from the drop down box, (3) Scroll down to Water System Infrastructure section to WS WELL PERMITS, and (4) Select how you would like to search for the well, (e.g., Find Wells by Block and Lot, Find Wells by County – Municipality and Date, Find Wells by Street Address, etc.).

PWSID #:

System Name:

3	Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No If no, move to Section 4.	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed																												
3.1	Have there been any interruptions in the treatment process (e.g., lapses in chemical feed, disinfection) within the last year? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Description(s) of incident:																												
3.2	Have treatment devices been operating normally within the last year? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No																													
3.3	List the last service date for all treatment devices, the service performed (including recent repairs), and the servicer: <i>Attach additional pages as needed.</i>	<table border="1"> <thead> <tr> <th data-bbox="672 583 899 611">Device:</th> <th data-bbox="899 583 1122 611">Service Date:</th> <th data-bbox="1122 583 1344 611">Servicer:</th> <th data-bbox="1344 583 1567 611">Service Performed:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Device:	Service Date:	Servicer:	Service Performed:																								
Device:	Service Date:	Servicer:	Service Performed:																												
3.4	Has there been any installation of treatment equipment within the last year? If yes, provide a description including what treatment device(s) and date(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of installation: Treatment Device(s):																												
3.5	Were there any changes in the treatment process (e.g., rearrangement to the order, change in chemical or dosage) within the last year? If yes, provide a description including dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of Change: Description(s) of Change:																												
3.6	Is disinfection the last treatment process in the system? If no, provide a description. <i>This should be consistent with the treatment train sketch in 3.14.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Description:																												
3.7	What is the chlorine residual measured at the entry point for the day of the site visit? (Base on the system's average time of travel.)	<input type="checkbox"/> N/A (System doesn't have chlorine disinfection)	Total: Free: Date:																												
3.8	What is the UV intensity measured for the day of the site visit?	<input type="checkbox"/> N/A (System doesn't have UV)	Value: Date:																												
3.9a	Was the water flow rate above the rated capacity for the disinfection treatment device(s)? If yes, provide a description, including the water flow rate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date(s) of incident: Elevated Flow Rate(s) Recorded: Corrective action:																												

PWSID #:

System Name:

3	Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No If no, move to Section 4.	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
3.9b	If yes to 3.9a, provide the flow rate capacity for the treatment device(s) or attach the treatment device(s) permit showing the flow rate capacity.	<input type="checkbox"/> N/A <input type="checkbox"/> Permit Attached Capacity:	
3.10	Were there any failures to meet the contact time (CT) requirements? If yes, provide a corrective action. <i>The Surface Water Treatment Rule has established CT values for chlorine, chlorine dioxide, ozone, and chloramines which will achieve at least a 99.9% (3-log) inactivation of Giardia lamblia cysts and at least a 99.99% (4-log) inactivation of viruses. These CT values are located at 40 CFR 141.74 Tables 1.1-1.6, 2.1, and 3.1. Groundwater shall be treated for a minimum chlorine CT of at least five minutes to produce the minimum free chlorine residual level required or at least 30 minutes to produce the minimum combined chlorine residual level required. These required chlorine residual levels are located at N.J.A.C.7:10-11.16(e)3.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3.11	Is there any treatment installed that is currently not in use? If yes, provide description including why it is not in use.	<input type="checkbox"/> Yes <input type="checkbox"/> No Treatment currently not in use: Description why not in use:	
3.12	List the last backwash date for all treatment units:	<input type="checkbox"/> N/A Device: Date: Device: Date:	
3.13a	Is there any point of use treatment? If yes, provide the type, location, installation date, and specifications.	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: Location: Installation Date: Specifications:	
3.13b	If yes to 3.13a, is the point of use device routinely maintained and inspected? Provide the date it was last maintained and the servicer.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date: Servicer:	

PWSID #:

System Name:

3	Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No If no, move to Section 4.	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
3.14	Sketch and label the water system's treatment train that consists of all units and processes in order from the well to the point of entry sample tap (including the raw water sample tap). <i>Attach additional sheets if necessary.</i>		
3.15	Other comments on the treatment system including proposed corrective actions:		

4	Distribution		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
4.1	Was the sample collected in a hydraulically isolated area of the distribution system (e.g., separate pressure zone, dead-end, prolonged stagnated areas)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
4.2	Is there evidence that the system experienced low (<20 psi) or negative pressure? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of Incident: Description of incident:	
4.3	Is there an irrigation system served by the potable source? If yes, provide the location.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location of irrigation system:	
4.4	Is there a fire suppression system served by the potable source? If yes, provide the location.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location of fire suppression system:	
4.5	Were any cross connections identified? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	

PWSID #:

System Name:

4	Distribution		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/ Proposed
4.6a	Are backflow prevention devices present? If yes, provide a description and location. If no, provide a corrective action. <i>(Required if system has an irrigation or fire suppression system served by the potable source.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4.6b	Regarding 4.6a, have backflow prevention device(s) been operational and maintained? If yes, provide the most recent date of maintenance, the servicer, and description of service. If no, provide corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date of service: Servicer: Description of service: Corrective action:	
4.7	Have there been any water main repairs, removals, or additions within the last year? If yes, provide a description including dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s): Description(s) of work:	
4.8	Were any leaks or main breaks discovered during the investigation? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.9	Is there any evidence of intentional contamination in the distribution system? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description: Corrective action:	
4.10	Are there areas where it is difficult to maintain a residual (e.g., dead-ends)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Description: Corrective action:	
4.11	Have there been any operating issues with control valves (i.e., Pressure Reducing Valves, Altitude) within the last year? If yes, provide a description and a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Description(s) of incident: Corrective action:	
4.12	Are the system's components in the distribution system (e.g., storage tanks, access points, booster stations, sampling stations, etc.) secured to prevent unauthorized access?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.13	Most recent pump in distribution system (e.g., booster pump) maintenance/service date:	<input type="checkbox"/> N/A	Date of service: Description of service:	
4.14	Other comments on the distribution system including proposed corrective actions:			

PWSID #:

System Name:

5	Storage/Pressure Tanks <i>Address all Storage Facilities. Storage facilities questions pertain to all types of storage reservoirs (e.g., below ground, above ground, elevated, indoor, outdoor, opened, closed, gravity, pneumatic, etc.). If more than one storage facility exists, provide responses for each unique storage facility.</i>		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
5.1	How many storage tanks are in the system, including pressure tanks?	# In Use:	Identify tank(s) and the type of tank(s):	
5.2	Are the facilities secured from unauthorized access? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.3	Do the access openings have proper gaskets and/or seal tightly? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5.4	Was there any observed leaks or physical deterioration (e.g., rust) of the tanks? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.5	Could the physical condition of the tanks be a source of contamination including leaks? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.6	Have storage facilities been maintained and operating normally? If not, provide a description and corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description: Corrective action:	
5.7	When was the last tank inspection(s) date(s)?		Tank: Date of last inspection: Tank: Date of last inspection:	
5.8	Was a special purpose sample collected from the tank and analyzed for total coliform/ <i>E. coli</i> ? If yes, attach lab report(s) and provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lab Report(s) attached Description:	
5.9	Is the bladder in the pressure tank waterlogged? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5.10	Has there been any evidence of vandalism or intentional contamination at the tank(s) within the last year? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident: Description(s) of incident: Corrective action:	
5.11	Did the pressure tanks deviate from normal operating pressure? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	

PWSID #:

System Name:

5	Storage/Pressure Tanks <i>Address all Storage Facilities. Storage facilities questions pertain to all types of storage reservoirs (e.g., below ground, above ground, elevated, indoor, outdoor, opened, closed, gravity, pneumatic, etc.). If more than one storage facility exists, provide responses for each unique storage facility.</i>	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
5.12	Has the tank(s) turnover time deviated from normal? If yes, provide description. <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
5.13	Other comments on the storage/ pressure system including proposed corrective actions:		

6	Sampling* <i>The questions in this section were written so that the lab is not required to complete the assessment form. However, consider calling your lab and asking them to help you answer the questions.</i>	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
6.1	Were the Total Coliform samples collected by a NJDEP certified laboratory? If no, provide the name and title of the sample collector. <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of sample collector: Title:	
6.2	Were the samples collected according to the RTCR Sampling Plan? If no, provide a description. <input type="checkbox"/> Yes <input type="checkbox"/> No	Description: Corrective action:	
6.3	Was the sampling plan revised prior to the collection of the positive samples? If yes, provide a description. <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
6.4	Have conditions changed at the sample site since last negative sample collection? If yes, provide a description. <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
6.5	Have there been any additional analytical samples, such as special, elective, and/or investigatory, collected, including source samples which were positive? If yes, provide a description and attach the corresponding lab reports. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Corresponding lab reports attached Description:	
6.6	Were there any visible indicators of unsanitary conditions? If yes, provide a description and a corrective action. <input type="checkbox"/> Yes <input type="checkbox"/> No	Description: Corrective action:	
6.7	What is the condition of the tap(s)? (Use the boxes below)		
6.7a	<input type="checkbox"/> Clean/sanitary/no problem seen		
6.7b	<input type="checkbox"/> Corroded		
6.7c	<input type="checkbox"/> Unclean/unsanitary		
6.7d	<input type="checkbox"/> Recently replaced		
6.7e	<input type="checkbox"/> Improper construction		
6.7f	<input type="checkbox"/> Leaking/broken		
6.7g	<input type="checkbox"/> Internally threaded		
6.7h	<input type="checkbox"/> Other		

PWSID #:

System Name:

6	Sampling* <i>The questions in this section were written so that the lab is not required to complete the assessment form. However, consider calling your lab and asking them to help you answer the questions.</i>		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
6.8	Was the sample taken from an outside spigot or tap? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.9	Was the sample taken from a swing spout/swivel faucet (a spout that has the capability to swing)? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.10	Did the sample tap have a point of use treatment device on it? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.11	Was the sample taken from an automatic faucet? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.12	Is there potential for hot water to enter the sample tap? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.13a	Were you present when the sampling occurred?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.13b	If yes to 6.13a or recorded on Chain of Custody, was the aerator removed prior to sample collection? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Description:	
6.13c	If yes to 6.13a or recorded on Chain of Custody, was the sample site flushed prior to sample collection? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description:	
6.13d	If yes to 6.13a, were appropriate sample collection techniques followed? (This includes eliminating water splashing from sink and sampler not touching the inside of the sample bottle.) If no, provide a description and documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Documentation attached Description:	
6.13e	If the laboratory was contacted, provide the date and name of person contacted.	<input type="checkbox"/> N/A	Date contacted: Name of person contacted:	
6.14	Other comments on sampling including proposed corrective actions:			

PWSID #:

System Name:

7	Summary
<p>Using the selection below, describe all issues found during the assessment and summarize all corrective actions, including completed and proposed timeframes. Attach all supporting documentation (i.e., lab reports, chain of custody forms, repair receipts/invoices, manuals, photographs, etc.) regarding implemented corrective actions. Within fourteen (14) days of completing any remaining corrective actions, complete and submit the Corrective Actions Completion Certification (WSO-CA-01).</p>	
<p>Sanitary Defect(s) Identified (Check all that apply): <input type="checkbox"/> General <input type="checkbox"/> Source <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution System/Pumps <input type="checkbox"/> Storage Tanks <input type="checkbox"/> Sampling <input type="checkbox"/> If no sanitary defects were found during the assessment, check this box to certify that the assessment was completed in accordance with the EPA <i>RTCR Assessments and Corrective Actions Guidance Manual</i>. <i>*Prior approval from the Bureau of Safe Drinking Water is required prior to disinfecting a source (shock chlorination) as a single corrective action (i.e., not following repairs/other corrective actions based on findings) if no sanitary defects are identified and addressed under the assessment. Disinfection must be conducted in accordance with N.J.A.C. 7:10-11.6, 7, &10 for community water systems and N.J.A.C. 7:10-12.11 for noncommunity water systems.</i></p>	
<p>Water System Owner or Water System's Licensed Operator of Record: Certification: I hereby certify that the Corrective Actions listed below in Section 7 indicated as completed have been completed as applicable and were completed in accordance with corresponding plans, specifications, other supporting information, and applicable state and federal regulations.</p>	
Name:	<input type="checkbox"/> I certify that the corrective actions indicated as complete have been completed on the documented date.
Title: <input type="checkbox"/> Water System Owner <input type="checkbox"/> Water System's Licensed Operator of Record	
Signature:	Date:
Email:	Phone#:
*This must be signed and dated by the water system owner or licensed operator of record, or the corrective action completion certification is considered incomplete.	

PWSID #:

System Name:

Sanitary Defect Identified	Corrective Action	Corrective Action Completion Date or Proposed Completion Date

If all corrective actions were completed and shock chlorination was performed, provide the details below: **As previously indicated, prior approval from the Bureau of Safe Drinking Water is required prior to disinfecting a source (shock chlorination) as a single corrective action (i.e., not following repairs/other corrective actions based on findings) if no sanitary defects are identified and addressed under the assessment. Disinfection must be conducted in accordance with N.J.A.C. 7:10-11.6, 7, &10 for community water systems and N.J.A.C. 7:10-12.11 for noncommunity water systems.*

Date of chlorination and party that conducted the chlorination	Product Used	NSF/ANSI 60 certified Y or N	Residual at POE	Residual at furthest point in Distribution System	Contact time (number of hours)	Flush Date