



Center for Drinking Water Quality
Level 1 Assessment

PWS Name: _____	PWS Official Name: _____	Sampler: _____
PWS ID# _____	Phone #: _____	Phone #: _____
Assessment Trigger (check one):	Email: _____	Email: _____
<input type="checkbox"/> Total Coliform Present Repeat Samples	Assessment Trigger Date: _____	
<input type="checkbox"/> Failure to Collect Repeat Samples	Date Assessment Completed: _____	

Directions: Answer each question by checking *Yes* or *No*, or, choose *N/A* if the element is not applicable to the water system. If a sanitary defect is identified (indicated by checkmarks in the **grey shaded** "Response" column), describe the defect and the actions taken or the actions that will be taken ("proposed") to correct the defect. In the last column, write the date that the corrective action was completed or the date that the proposed corrective action will be taken.

Complete the corresponding section for each public water system (PWS) component (e.g., storage tanks, wells, treatment systems, etc.). For example, if you have 2 wells, print 2 copies of Section F, label them appropriately (e.g., "Drilled Well #1 (WL001)" and "Drilled Well #2 (WL002)"), and complete the questions for each. If more space is needed, please attach additional pages.

Submit the Level 1 Assessment form and disinfection packet/log, including any supporting documentation, to RIDOH no later than 10 days after the Level 1 Assessment (L1A) trigger date.

Visit Drinking Water Viewer (DWV) at health.ri.gov/waterinfo to view system information, facility codes, sample results, and more.

Question	Response			Description of Sanitary Defect and Corrective Action Taken/Proposed or Notes	Date Corrected/ Proposed
	Yes	No	N/A		
A. Sampling Sites and Sampling Protocol					
1. Were the total coliform samples collected at sites designated on the PWS's approved Coliform Sampling Plan?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Were the appropriate number of total coliform samples collected during the repeat process?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Were the conditions of the tap appropriate for collection? (e.g., clean, used regularly, separate hot and cold valves, no leaks observed at the faucet, aerator removed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
4. Were the samples collected in accordance with proper protocols? (e.g., disinfected threads/faucet, flushed tap for 3-5 minutes, thin stream of COLD water for sampling, new/unused sample bottles, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			



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5. Were sample bottles recently acquired from the lab (not expired) and properly stored and transported to the lab with freezer packs?	<input type="checkbox"/>	<input type="checkbox"/>			
B. Events - atypical events that may affect distributed water quality or indicate that water quality was impaired					
1. Were there any pressure fluctuations or drops below 20 psi?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Have there been any interruptions to electrical power?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Have there been severe and/or unusual weather events? (e.g., heavy rains, rapid snowmelt, drought)	<input type="checkbox"/>	<input type="checkbox"/>			
4. Has raw water quality data indicated an issue with the quality of source water and/or have there been changes in available source water (e.g., significant drop in water table, well levels, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Have there been any water main breaks, repairs, or additions? If yes, when and what was the repair or addition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Were there any firefighting events, flushing operations, hydrants opened, valves exercised, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Were any new service connections recently established?	<input type="checkbox"/>	<input type="checkbox"/>			
8. Have there been any line breaks or plumbing/piping modifications and/or improvements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Was there any fixture replacement/repairs or plumbing work conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Within the 3 months prior to when the assessment was triggered, were any of the pumps repaired or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. If you answered Yes to questions 8, 9, and/or 10, were system components disinfected/sanitized prior to returning to service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Are there signs of tampering, vandalism, and/or intentional contamination to drinking water sources and facilities (i.e., distribution system, pump facilities, intake pump houses, tank facilities, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>			



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13. Within 30 days of the assessment trigger, did the PWS receive any water quality-related complaints from customers?	<input type="checkbox"/>	<input type="checkbox"/>			
14. Within 30 days of the assessment trigger, has the PWS been made aware by customers of possible waterborne illness outbreaks?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Are there obvious sources of contamination within the watershed or protective radius (200ft or 400ft) of the well? This includes any sewer/septic systems, construction, land disturbances, or other potential sources of contamination (e.g., dumpsters, portable restrooms, other wells, fuel storage, impervious pavement).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Distribution System - single and multiple service connections					
1. Does the PWS have a flushing program in place? (Transient Non-Community PWSs may choose "N/A"; required for Community and Non-Transient, Non-Community PWSs ≥ 1,000 population)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Are water system facilities (i.e., pump stations, intake pump houses, tank facilities, etc.) secure and protected from unauthorized access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Are pump stations maintained and equipment operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are appropriate backflow devices installed, maintained, & tested on all cross connections? This includes areas throughout the distribution system, treatment systems, interconnections, and service connections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Is the PWS evaluated for new cross connections every time plumbing work is conducted?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Were any leaks observed at any point in the distribution network for the PWS?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Does water quality data collected from the plumbing/distribution network indicate a widespread or localized problem? Check one if applicable. <input type="checkbox"/> localized <input type="checkbox"/> widespread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Are there areas of stagnant water, low flow, and/or dead ends located throughout the distribution network?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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D. Water Storage - complete a copy of this section for each tank (storage, hydropneumatic, etc.) <input type="checkbox"/> N/A					
				Facility ID(s): ST_	
<input type="checkbox"/> (If completing this section for multiple tanks) By marking this checkbox, I certify that each tank listed above has been inspected and my answers are representative of each tank listed.					
1. Is the tank being maintained and in good condition? (i.e., free of rust, holes, and leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Are the pressure tanks maintaining an appropriate minimum air pressure or charge of >20 psi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does the well pump turn on immediately each time a faucet, tap, or spigot is opened? (Note: If so, this could be the sign the tank is water-bound or has a ruptured diaphragm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
For tanks greater than 500 gallons, answer questions 4 through 9 <input type="checkbox"/> N/A					
4. Does the access opening for the water storage tank have a proper gasket and seal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Are there signs of improperly sealed openings in the water storage tank(s), such as vents, joints, or doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Are vents and overflow pipes appropriately screened/protected from intrusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Do overflow pipes, splash pads, and downspouts drain away from the structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Has the interior of the tank been inspected within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Can the tank be isolated from the PWS to allow for proper inspection/disinfection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E. Treatment - complete for each treatment system (including cartridge filters) <input type="checkbox"/> N/A					
				Facility ID: TP_	
1. Were there interruptions in any of the treatment processes (e.g., lapses in chemical feed, turbidity excursions, disinfection, etc.)? If yes, include the date here and further details here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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2. Was treatment equipment recently installed or repaired (including routine maintenance, such as changing media of a cartridge filter)? If yes, include the date here.	<input type="checkbox"/>	<input type="checkbox"/>			
3. Are all treatment processes operational and maintained?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Have there been changes to any treatment process? (e.g., using new media or materials, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
5. Are all drain and equipment waste lines equipped with appropriate air gaps? (Note: an air gap should be twice (2x) the diameter of the opening of the supply pipe, and never < 1 inch).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Did any permitted surface water treatment plants fail to meet required contact time (CT) values for any length of time? If yes, specify for how long.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Within 30 days prior to the L1A trigger, did any groundwater treatment plant fail to meet 4-log inactivation of viruses for any length of time? If yes, note the date and for how long.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Within 30 days prior to the L1A trigger, were there any issues with treatment monitoring equipment? If yes, include the date and details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F. Source					
Well - complete a copy of section F for EACH well			Facility ID: WL_____ <input type="checkbox"/> N/A		
1. Is the well located in a pit that was flooded or shows signs of previous flooding or submergence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is the source a dug well?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Is the ground graded to prevent surface water from collecting around the well casing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are the exposed portions of the well structurally sound, showing no signs of deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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5. Does the well have a secure sanitary seal (i.e., well cover is intact, bolts are tight, gasket is intact providing an airtight seal, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Is the electrical conduit secure (i.e., so that there are no openings)?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Is the well cap vented with the vent facing downward?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Is the well cap screened with screen intact?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Is there an appropriate air gap between the well vent and the ground? (Note: an air gap should be twice the diameter of the opening of the supply pipe, and never less than 1 inch.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. During the L1A, was the well cover removed to ensure the gasket is intact and that no animals or insects are getting into the well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Prior to the L1A trigger, has any work been done to the well with the well cover off? If so, was the well properly disinfected afterwards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Surface Water - complete a copy of this section for each intake				Facility ID: IN _____	<input type="checkbox"/> N/A
1. Are the intake structures screened and routinely maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Within the 30 days prior to when the assessment trigger, did seasonal turnover occur in any surface water reservoir? If yes, note the date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Purchased - complete a copy of this section for each interconnection and contact the wholesale water system as needed to answer the questions				Facility ID: CC _____	N/A
1. Did the wholesaler have any total coliform/ <i>E. coli</i> present results within the last 2 months of the assessment trigger?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Is the wholesaler's distribution system maintaining pressure (>20 psi) on the upstream side of the interconnection?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Did the wholesaler have any line breaks, large firefighting events, or reverse flow events within 2 months of the assessment trigger?	<input type="checkbox"/>	<input type="checkbox"/>			



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4. Was the interconnect pit flooded or the interconnect/meter submerged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does the interconnection have any leaks?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Were there any abnormalities with the disinfectant residual level from the wholesaler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

