## Attachment D

### WV Department of Health and Human Resources

**Total Coliform Bacteria Level 2 Assessment Form (EW-128)**

<table>
<thead>
<tr>
<th>PWS ID#</th>
<th>PWS Name</th>
<th>City/Town</th>
</tr>
</thead>
</table>

**Compliance Period (mm/yy)**

**INSTRUCTIONS:**

In **Section A** review and evaluate the listed elements typically found in a PWS. Check (✓) all elements reviewed and check (✓) “Issue(s) identified” if any potential causes of contamination were identified, check (✓) “No issues” if potential causes of contamination were not identified, or check (✓) “NA” if the section is not applicable to the PWS.

In **Section B** “Description of Occurrence” provide an explanation if any issues were identified.

In **Section C** “Corrective Action” provide proposed corrective action(s) if any issues were identified in Section B.

**Return this form within 30 days** after determination of exceeding the Total Coliform Maximum Contaminant Level.

### Section A

#### 1. GENERAL

<table>
<thead>
<tr>
<th>No issues</th>
<th>Issue(s) identified</th>
<th>NA</th>
</tr>
</thead>
</table>

*Have any of the following occurred at sample sites prior to collecting bacteria samples?*

- ✓ low/inadequate disinfectant residual
- ✓ operation/maintenance activities
- ✓ fire fighting event/flushing/sheared hydrant
- ✓ signs of vandalism/forced entry
- ✓ loss of pressure (<20 psi)
- ✓ visible indicators of unsanitary conditions
- ✓ water quality parameters out of range
- ✓ other:

#### 2. OPERATIONAL CHANGES

<table>
<thead>
<tr>
<th>No issues</th>
<th>Issue(s) identified</th>
<th>NA</th>
</tr>
</thead>
</table>

*Potential source of contamination*  
- ✓ new source added  
- ✓ other:

#### 3. SAMPLING SITES

<table>
<thead>
<tr>
<th>No issues</th>
<th>Issue(s) identified</th>
<th>NA</th>
</tr>
</thead>
</table>

*Unclean or unsuitable sample tap*  
- ✓ hot water intrusion
- ✓ change in conditions at sample site
- ✓ other:

#### 4. SAMPLING PROTOCOL

<table>
<thead>
<tr>
<th>No issues</th>
<th>Issue(s) identified</th>
<th>NA</th>
</tr>
</thead>
</table>

*Improper sample container*  
- ✓ aerator was not removed
- ✓ sampler error
- ✓ auto sensing faucet/swivel-type faucet
- ✓ inadequate tap flushing
- ✓ improper hold time/storage temperature
- ✓ other:

#### 5. TREATMENT PROCESS

<table>
<thead>
<tr>
<th>No issues</th>
<th>Issue(s) identified</th>
<th>NA</th>
</tr>
</thead>
</table>

*Change in flow rates*  
- ✓ inadequate disinfection
- ✓ turbidity measurements out of range
- ✓ treatment added or changed
- ✓ interruption in treatment/power loss
- ✓ recent installation/repair
- ✓ O & M procedures not followed
- ✓ new source added
- ✓ other:

#### 6. DISTRIBUTION SYSTEM

<table>
<thead>
<tr>
<th>No issues</th>
<th>Issue(s) identified</th>
<th>NA</th>
</tr>
</thead>
</table>

*Power loss*  
- ✓ standing water/debris in valve vault
- ✓ low disinfection residuals
- ✓ pump or valve failure
- ✓ pressure loss/inadequate pressure (<20 psi)
- ✓ improper surge control
- ✓ main breaks
- ✓ leaks
- ✓ operation of isolation valves resulting in breakage
- ✓ flushing of fire hydrants or blow-offs
- ✓ improper operation of air-relief/air-vacuum valves
- ✓ installation of new mains or construction activity
- ✓ improper operation of pumps/valves
- ✓ illegal use of hydrants
- ✓ other:

#### 7. STORAGE TANKS

<table>
<thead>
<tr>
<th>No issues</th>
<th>Issue(s) identified</th>
<th>NA</th>
</tr>
</thead>
</table>

*Improper maintenance practices*  
- ✓ presence of dead animals/insects
- ✓ hatch not sealed
- ✓ incorrect operation of level control valves, altitude valves, and related appurtenances
- ✓ deterioration, rust, holes, or other breaches in vent, overflow pipe, access hatch, screens, ladders, etc.
- ✓ low disinfectant residual
- ✓ other:

NA (not applicable) should only be checked if PWS does not have that component (i.e. no springs)
8. SOURCES – Well
☐ No issues  ☐ Issue(s) identified  ☐ NA
☐ defective/damaged well cap/well seal  ☐ damaged well casing
☐ floodwater/run-off inundation  ☐ damaged/unscreened vent
☐ missing/damaged grout seal  ☐ unprotected opening in pump/pump assembly
☐ damaged pitless adaptor  ☐ other:

Surface Water Supply
☐ No issues  ☐ Issue(s) identified  ☐ NA
☐ potential source of contamination  ☐ rapid snowmelt  ☐ heavy rainfall
☐ change in sources  ☐ flooding  ☐ other:

Spring
☐ No issues  ☐ Issue(s) identified  ☐ NA
☐ potential source of contamination  ☐ rapid snowmelt  ☐ heavy rainfall
☐ infiltration of surface run-off  ☐ improper development/poorly maintained spring box  ☐ other:

NA (not applicable) should only be checked if PWS does not have that component (i.e. no springs)

Section B - Description of Occurrence Use this space to provide additional information that supports your findings (i.e. water quality and pressure monitoring data). Include corresponding dates with your findings.

☐ Check if reviewer did not find any causes for the contamination.

Section C - Corrective Action Use this space to describe corrective action taken or proposed corrective action with corresponding dates.

Initial Detection Date: / / Initial Laboratory Notification Date: / / Initial EED Consultation Date: / /
Total# routine and repeat samples:  Total# coliform positive samples:  Total# E-coli positive samples:

# of coliform detections in past 12 months:  # of coliform violations in past 12 months:

Action Items:

☐ Interviewed nearby customers in area

☐ Collected/Analyzed additional bac T samples in the area

☐ Checked disinfectant residual in area of sample sites

☐ Checked disinfectant level at entry point

☐ Reviewed records of backflow prevention devices in area

☐ Physically inspected storage tank(s) in area

☐ Inspected well(s)  ☐ Inspected surface source(s)  ☐ Inspected spring(s)
Likely reason(s) for total coliform positive occurrence is established.  □ yes  □ no

System has corrected the problem.  □ yes  □ no

Was invalidation requested and/or granted? If so, note rationale.  □ yes  □ no

Comments:

Completed by: ____________________________  Date: _______________________________

State Reviewer Signature: ___________________  Date: _______________________________

Supervisor Signature: ______________________  Date: _______________________________

C&E Signature: ____________________________  Date: _______________________________