

CNMI Bureau of Environmental and Coastal Quality – Safe Drinking Water Program - Level 1 Assessment Form

System Name:	PWS ID #:
Operator in Responsible Charge:	
OIRC contact info:	PWS contact info:
Date Level 1 Trigger Exceeded:	Date Level 1 Assessment Completed:

Questions	Reviewed? (check if completed or type N/A)	Issue(s) Found? (Y/N)	Issue Description	Corrective Action Taken (Including Date)
1. Evaluate sample site. -Condition of location of tap -Regular use of connection				
2. Sample protocol followed and reviewed. -flush tap -remove aerator -no swivel -fresh sample bottles -sample storage acceptable				
3. Have any of the following occurred at relevant facilities prior to the collection of TC samples? -any interruption in the treatment process -any reported loss of pressure events (5 psi) -operation and maintenance activities that could have introduced total coliform -reported vandalism and/or unauthorized access to facilities -visible indicators of unsanitary conditions reported -has there been a fire fighting event, flushing operation, sheared hydrant, etc.				
4. Have there been any recent operational changes to the system? -sources introduced -treatment or operational changes -potential sources of contamination				
5. Distribution system -system pressure -cross connection -pump station -air relief valves -fire hydrants or blow off				

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<ul style="list-style-type: none"> -breaks -repairs 				
6. Storage tank <ul style="list-style-type: none"> -screens -security -access opening -condition of tank -vent -drain overflow -pressure tank -O&M 				
7. Treatment process <ul style="list-style-type: none"> -interruptions -POE/POU -softeners -O&M 				
8. Source – well <ul style="list-style-type: none"> -sanitary seal -vent screened -air gap -cross connections -security -pump to waste line 				
9. Source – rain (roof catchment) <ul style="list-style-type: none"> -first flush -guttering -screens -treatment (filter/disinfection) -heavy rainfall/storm 				

Note: form to be completed based on data and documents available to the PWS Operator in Charge, maintained on file and returned to BECQ within 30 days of triggering the assessment.

Additional comments:

Print name of person completing form:

Signature:

Date:

Reserved for BECQ:	
1. Assessment has been successfully completed	
2. Likely reason for TC + occurrence is established	
3. System has corrected the problem	
4. Was reset requested and/or granted? – Rationale	
5. Name of BECQ reviewer	