

Virginia Department of Health
Office of Drinking Water

Waterworks Level 2 Assessment				
Waterworks Name:		PWSID No.:		
Source Water Type:		City/County:		
Waterworks Type:	<input type="checkbox"/> Community	Population Served:		
	<input type="checkbox"/> Nontransient Noncommunity	<input type="checkbox"/> Seasonal		
	<input type="checkbox"/> Transient Noncommunity	<input type="checkbox"/> Seasonal		
Operator in Responsible Charge:			Phone:	
Compliance Monitoring Period:				
Number of Samples	Required	Collected	Total coliform present	<i>E. coli</i> present
Routine per monitoring period				
Repeat				
Triggered source water				
Date ODW Notified Waterworks Level 2 Assessment Required:				
Assessment Due Date:				
Waterworks Personnel Consulted For Assessment:				
1.		Phone:		
2.		Phone:		
ODW- FO Staff Conducting Assessment:				
Reason Level 2 Assessment is required				
1.	<input type="checkbox"/>	An <i>E. coli</i> maximum contaminant level (MCL) violation		
2.	<input type="checkbox"/>	A second Level 1 Assessment required within a rolling 12-month period		

Waterworks Assessment Instructions

Consider each assessment element listed in the following evaluation form to determine if the element listed may have contributed to the “present” bacteriological sample results.

A response in a highlighted box suggests the assessment element may have contributed to the “present” bacteriological sample results and is a potential Sanitary Defect. Provide an explanation of why the highlighted element could have contributed to the “present” bacteriological sample results in the column titled “Describe any element of concern.” Use the “Additional Comment” space on page 8, if needed, and always refer to the assessment element number. Also, provide the date and description of Corrective Actions taken/required as required on Page 9.

Notes:

1. For wholesale and consecutive waterworks:
 - a. Review records related to flows, pressures, and water quality parameters at the connection(s) with wholesale water supplier.
 - b. Consecutive waterworks owners shall notify wholesale water supplier whenever the consecutive system has been triggered to perform a Level 2 Assessment.
 - c. Wholesale waterworks owners shall notify consecutive waterworks owners as total coliform could have spread to consecutive waterworks distribution system.
2. The Level 2 Assessment must be completed based on a site visit plus the data and documentation available and maintained on file by the waterworks and ODW-Field Office.

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Assessment Elements		Response			Describe any element of concern
		Y	N	N/A	
1. Sample Site					
1.1	Were all sites used listed on approved BSSP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Description:
1.2	If the sample site is listed on the approved BSSP, does it remain an appropriate sample site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.3	Are the sample tap and the surrounding area clean?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.4	Describe sample tap fixture (e.g., outdoor hose bib, indoor cold water faucet, etc.)				
1.5	Is the sample tap fixture a swivel faucet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.6	Is the sample tap location used regularly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.7	Any plumbing breaks or changes in vicinity of sample site or premise plumbing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.8	Are there any identified cross connections after the service connection or in premise plumbing? Describe if present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9	Were all of the backflow prevention devices at the sample location operational and maintained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.10	Were there any low pressure events or changes in water pressure after the service connection or in the premise plumbing: immediately prior to sample? If yes, when?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.11	Are there any treatment devices after the service connection or in the premises of the sample site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Sample Collection Protocol					
2.1	Was the sample collector properly instructed in collection procedures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.2	Were taps flushed adequately (approx. 5 minutes)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.3	Were aerators removed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.4	Were sample containers sealed/unopened prior to use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.5	Were the sample containers/rim or cap contaminated during sampling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.6	Were the taps disinfected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.7	Were samples delivered per laboratory instructions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Assessment Elements		Response			Describe any element of concern
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3. Events That May Have Caused a System Upset Prior to Collection of TC Samples					
3.1	Have there been any operation and maintenance activities that could have introduced total coliforms / <i>E.coli</i> ?				
	a.	Well #	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b.	Well Lot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c.	Reservoir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d.	Stream/River Intake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e.	Treatment Plant / System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f.	Distribution piping network	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g.	Pump Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h.	Storage tanks (atmospheric or pressure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Has there been a fire fighting event, flushing operation, sheared hydrant, etc.?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Has there been any vandalism and/or unauthorized access to facilities?				
	a.	Well #	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b.	Well Lot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c.	Reservoir	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d.	Stream/River Intake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e.	Treatment Plant / System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f.	Distribution piping network	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g.	Pump Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h.	Storage Tanks (atmospheric or pressure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Are there any visible indicators of unsanitary conditions?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Have there been any TC+ samples that were not compliance samples, including well or raw water samples?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Have there been any low or inadequate disinfectant residual readings at the entry point or in the distribution system?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7	Are there sites where it is historically difficult to maintain a residual without flushing?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8	Have any other measured water quality parameters been out of normal ranges?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9	Have there been any TC+ or E. coli results in the distribution system (esp. in the last 12 months)? Where?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.10	Did the water system receive any chlorine monitoring violations in the past 12 months? If yes, when.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.11	Have there been any reports of community illness suspected of being waterborne? (ODW/LHD)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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		Y	N	N/A	
4. Recent Operational Changes To The System					
4.1	Have any new approved, previously inactive or unapproved well sources been placed into service recently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Have any emergency or contingent/reserve well sources been placed into service recently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Is there evidence of any potential contamination from main breaks, low pressure, high turbidity, loss of disinfection, or other similar event?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	If seasonal, were there any problems during the most recent start-up procedure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Distribution System					
5.1	System pressure: Is there evidence that the system experienced low or negative pressure prior to sampling? If yes, describe event and when it occurred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2	Have there been any water main breaks or utility line construction in the vicinity of the sample site? If yes, when?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	Pump stations				
	a. Have there been any mechanical, electrical, or operational problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Are pump(s) currently operable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.4	Pump maintenance service or repair in the last six (6) months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.5	Air valves upstream of the sample tap connection:				
	a. Is the air valve vault subject to flooding?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Does the vent terminate below grade?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.6	Have any fire hydrants in the vicinity of the sample tap connection been used recently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.7	Have any blow-offs in the vicinity of the sample tap been used recently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.8	Unauthorized access or use of the distribution system suspected or reported?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.9	Backflow Prevention Devices				
	a. Are any backflow devices in service in the distribution system near tap?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Are required inspections and certifications current?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	c. Is the certification or serviceability of any backflow prevention device suspect?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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5. Distribution System - continued					
5.10	Was there any scheduled flushing of the distribution system? If yes, when?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.11	Is there any evidence of intentional contamination in the distribution system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.12	Has there been a large variation in chlorine residual values in the system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.13	Have any unusual circumstances/incidents involving the water distribution system been observed or reported?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.14	Authorized/unauthorized water haul trucks filled at any fire hydrant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.15	Yard hydrants near sample location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.16	Have there been any customer complaints about pressure and/or water quality prior to sampling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Treatment Process					
6.1	Have there been any interruptions in treatment processes from power outages or other causes? If yes, provide details for which part, when and for how long?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	Is treatment equipment operational and maintained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.3	Has there been any new equipment installation or repair of treatment equipment recently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	Has useful life of filter media/cartridges expired?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	Have there been any recent changes in the treatment process (e.g., addition of a process, change in chemical or dosage)? If yes, provide details for the change and when it occurred?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.6	Was the free chlorine residual measured immediately downstream from the point of application adequate for chlorine contact time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.7	Has the desired free chlorine residual goal and range been consistently achieved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.8	Did a review of the filter turbidity profiles reveal any anomalies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.9	Were there any failures in meeting the required chlorine contact time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.10	Was any process flow loading rate above the rated capacity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.11	Was there anything unusual about the settled water turbidity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.12	Other observations on the treatment system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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7. Water Storage Tanks - Atmospheric		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.1	Are the vents properly protected and screened?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.2	Are the storage facilities and sites secured to prevent unauthorized access?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.3	Are the roof access hatches properly designed as shoebox lids, properly gasketed, sealed and locked against unauthorized access?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.4	Does the tank have a screened drain line, separate from the overflow line, discharging to the atmosphere?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.5	Is the tank overflow outlet screened?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.6	Does the tank overflow line terminate above ground surface (air-gap) with a downward discharge screened end?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.7	Are there any unsealed openings in the storage facility, such as access doors, vents or joints, target float wire penetrations; cathodic protection/ ice free electrode holder penetrations in the tank roof or wall; have any leaks been observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.8	Was any physical deterioration of the tank appurtenances (ladders, communications equipment, etc.) observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.9	Could the physical condition of the tank be a possible source of contamination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.10	Does the tank "float" on the distribution system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.11	Are there separate inlet/outlet lines into the tank?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.12	Does the tank have an altitude valve assembly, air release assembly or other device associated with the tank inlet/outlet or fill/release line?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Water Storage – Hydropneumatic/Bladder Storage Tanks				<input type="checkbox"/>	
8.1	Are the pressure storage tanks maintaining an appropriate minimum pressure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8.2	Has proper O&M been performed per appropriate schedule?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8.3	Any recent tank maintenance (i.e. interior inspection; painting/coating)? If yes, when?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.4	Is the measured free chlorine residual in the water exiting the storage tank detectable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8.5	Is there any evidence of intentional contamination to the pressure storage tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.6	Are there any other observations of the water storage facilities worthy of note?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Assessment Elements		Response			Describe any Element of Concern
		Y	N	N/A	
9. Water Supply Well(s)				<input type="checkbox"/>	
9.1	Is well house free of pests/vermin?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.2	Is exposed well casing free of rust/pitting or damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.3	Is well casing floor penetration sealed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.4	Wellhead with Sanitary Seal				
	a. Is the sanitary seal intact and tightened down?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	b. Is the seal properly vented and screened?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	c. Are all other penetrations through the seal protected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.5	Wellhead with Caps (pitless adapter installations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	a. Is the cap a PAS-97 watertight cap?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	b. Is the watertight cap and gasket properly installed and evenly tightened?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	c. Is the vent screen intact?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	d. If the cap has been modified for any purpose, is the cap properly sealed and is any vent securely installed and screened?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.6	Is the well casing cover fitted to permit measurement of depth to water level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	a. If yes, is the installation satisfactory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.7	Does the well blowoff terminate with approved air gap and screened end?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.8	Are there any unprotected cross connections at the wellhead?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.9	Does the well casing extend 12-in. above grade?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.10	Is there evidence of standing water near the wellhead?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	a. In the wellhead enclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Around the concrete pad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.11	Does the Well have a suitable 6 ft. x 6 ft. concrete pad in good condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.12	Is the wellhead secured in a locked enclosure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.13	Have there been any sewer spills or other contamination activities in or around wellhead (within 50 ft.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.14	Are there any aspects of well or wellhead construction whether compliant or non-compliant with the VA. <i>Waterworks Regulations</i> , that might affect bacteriological quality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Assessment Elements		Response			Describe any Element of Concern
		Y	N	N/A	
10. Source – Surface Water Supply (Lake/Reservoir)					<input type="checkbox"/>
10.1	Have there been any sewer overflows, chemical spills or other disturbances into the source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.2	Have there been any algal blooms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.3	Has water turnover occurred?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.4	Has there been heavy rainfall, flooding, or rapid snowmelt in the past 60 days that have resulted in raw water turbidities exceeding 100 NTU?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.5	Any other surface water comments relevant to bacteriological quality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Source – Spring(s)					<input type="checkbox"/>
11.1	Recent heavy rainfall, flooding event within 7 days prior to sampling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.2	Recent incident of raw water turbidity (≥100 NTU) within 14 days prior to sampling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.3	Has there been any damage, change or repairs to the spring(s) infrastructure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.4	Has there been any damage, change or repairs to the treatment processes used at the spring(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.5	Have there been any unusual changes or incidents within the spring drainage area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Environmental Events					
12.1	Have there been changes in the availability of water supply, such as a significant drop in water table, ground well levels in the wells, reservoir capacity, etc.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.2	Have there been any extremes in heat or cold?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments					

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Waterworks Name:			PWSID No.:		
Summary					
Assessment Elements/Sanitary Defects			Corrective Action Taken and Date		
Conclusions: <input type="checkbox"/> Attach additional sheets as necessary <input type="checkbox"/> A cause for the contamination was not found.					
Assistance with assessment provided by:					
			Yes	No	Comments
1.	Was likely reason for TC+ occurrence or <i>E.coli</i> violation found?		<input type="checkbox"/>	<input type="checkbox"/>	
2.	Have all identified problems or sanitary defects been corrected by waterworks?		<input type="checkbox"/>	<input type="checkbox"/>	
a.	If 'No', has an approved schedule to complete remaining corrections been developed and accepted by the waterworks? <u>See attachment</u>		<input type="checkbox"/>	<input type="checkbox"/>	
b.	If a correction schedule is necessary, has schedule been entered into SDWIS?		<input type="checkbox"/>	<input type="checkbox"/>	

Print name of ODW staff completing the form: _____

Signature: _____ Date: _____

Print name of Waterworks Representative: _____

Signature: _____ Date: _____

Name of Reviewer (Print) _____ Date: _____

Comments: