



Maine CDC Drinking Water Program Level 2 Assessment Form



PWSID ME
PWS Name
Town

Assessment Trigger Date
Assessment Completed Date

The purpose of conducting a level assessment is to try to identify what caused your recent positive bacteria result. A **Level 2 Assessment** involves a deeper look into your system as you continue to have bacterial issues and issues addressed in your level 1 assessment have not fixed the problem. You should investigate your system thoroughly, looking for issues that could impact your water quality and then taking measures to address any possible defects found.

Instructions:

Review and evaluate all of the elements listed on this form to possibly identify sanitary defects. A sanitary defect is a defect that could provide a pathway of entry for microbial contamination or that is indicative of a failure or imminent failure in an existing barrier. Indicate **Yes** or **No** if any sanitary defects are identified, or **NA** if the element is not applicable to the water system.

All sections of this form must be completed. If a sanitary defect is identified, provide a description of the defect along with the actions taken or proposed to correct the defect. Indicate the date that the corrective action was completed. If more space is needed, please attach additional pages and include any supporting documentation.

Items designated as **SW** are for surface water systems only.

If you have conducted other level assessments and documented issues you have found and fixed on those assessments, DO NOT include those activities on this new assessment – only list new issues/possible defects found since the last level assessment was done.

Download this form as an electronically fillable PDF at <https://tinyurl.com/DWP-Level-Assessments>

Complete & return this level assessment within 30 days of the assessment trigger date noted above. Due date: _____

All corrective actions must be completed within 30 days unless an extension is requested before the 30-day deadline.

An **Extension Request** form can be found on page 13 of this document. [Go to the Extension Request Form](#)

Return your completed level assessment to Maine CDC Drinking Water Program, 11 SHS, 286 Water Street, Augusta, ME 04333-0011 or send via email to your PWS Inspector and/or DWPMOR@maine.gov.

1. General Questions	Select One	Description of Issue and Corrective Action	Date Completed	DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N)
1.1 Have there been any visible or physical indicators of unsanitary conditions?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			MOPD-MIN-SM <input type="checkbox"/> Y <input type="checkbox"/> N
1.2 Have there been any signs of vandalism and/or unauthorized access to the facilities?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			 <input type="checkbox"/> Y <input type="checkbox"/> N
1.3 Have any other measured water quality parameters been out of normal ranges?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			TRTM-MIN-TR <input type="checkbox"/> Y <input type="checkbox"/> N
1.4 Were there any operation and maintenance activities/repairs that could have introduced total coliforms/ <i>E. coli</i> ?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			MOPD-MIN-SM <input type="checkbox"/> Y <input type="checkbox"/> N
1.5 Was there a failure to follow adequate disinfection practices following any repairs or maintenance activities on the system?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			MOPD-MIN-SM <input type="checkbox"/> Y <input type="checkbox"/> N
1.6 Are there any unaddressed inspection findings relevant to bacterial contamination?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			<input type="checkbox"/> Y <input type="checkbox"/> N
1.7 Have there been any reports of community illness suspected of being waterborne (e.g., does the community public health official indicate that an outbreak has occurred?)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			MOPD-SIG-SM <input type="checkbox"/> Y <input type="checkbox"/> N
1.8 If it is a seasonal system, were there any problems during the most recent start-up procedure?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			MOPD-MIN(S)-SM <input type="checkbox"/> Y <input type="checkbox"/> N
Other GENERAL issues found (provide detailed description of issue):				

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1. General Questions

For DWP use only:

2. Sampling Questions	Select One	Description of Issue and Corrective Action	Date Completed	DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N)
2.1 Was this sample taken from a tap that is not routinely used and/or not in the Sampling Site Plan?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			SSPD-MIN-DS <input type="checkbox"/> Y <input type="checkbox"/> N
2.2 Does the area surrounding any sample tap appear to be unsanitary?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			MOPD-MIN-DS <input type="checkbox"/> Y <input type="checkbox"/> N
2.3 Were there any sampling or handling errors such as aerator not removed, inadequate tap flushing or disinfection, etc.?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			MOPD-MIN-OT <input type="checkbox"/> Y <input type="checkbox"/> N
2.4 Were any of the sampling locations equipped with an auto sensing, swivel-or single-spout type faucet?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			DSDO-MIN-DS <input type="checkbox"/> Y <input type="checkbox"/> N
2.5 Was the TC+ sample taken by a new sampler?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			MOPD-MIN-OT <input type="checkbox"/> Y <input type="checkbox"/> N
2.6 Have there been any plumbing breaks, changes, or construction in vicinity of sample site? Describe.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			DSDO-MIN-DS <input type="checkbox"/> Y <input type="checkbox"/> N
2.7 Are there any modified cross connections after the service connection or in premise plumbing? Describe.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			XCON-SIG-DS <input type="checkbox"/> Y <input type="checkbox"/> N

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2. Sampling Questions	Select One	Description of Issue and Corrective Action	Date Completed	DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N)
2.8 Are any backflow prevention devices at the sample location overdue for device testing?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			XCON-SIG-DS <input type="checkbox"/> Y <input type="checkbox"/> N
2.9 Have there been any low-pressure events or changes in water pressure after the service connection or in the premises plumbing? If YES, when?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			DSDO-SIG-DS <input type="checkbox"/> Y <input type="checkbox"/> N
2.10 Are any treatment devices after the service connection or in the premises of the sample site? If YES, describe.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			<input type="checkbox"/> Y <input type="checkbox"/> N
Other SAMPLING issues found (provide detailed description of issue):				
For DWP use only:				

3. Source Water Questions	Select One	Description of Issue and Corrective Action	Date Completed	DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N)
3.1 Are there any holes or unprotected openings in the well casing?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			WLCG-SIG-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.2 Is the sanitary seal or well cap damaged or loose?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			WLCP-MIN(S)-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.3 Is the electric conduit damaged or loose?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			WLOT-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N

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3. Source Water Questions	Select One	Description of Issue and Corrective Action	Date Completed	DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N)
3.4 Has there been any change in land use around your source?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			WLHP-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.5 Is there any failure of a septic or sewer system in the area around the well?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			WLHP-SIG-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.6 Is the well located in a depressed area where water may collect or is subject to flooding?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			WLOT-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.7 Has any flooding or ponding occurred?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			WLOT-MIN(S)-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.8 Has there been any recent work done on the well, such as pump work, pump replacement, grout work, pitless adapter, etc.?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			WLOT-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.9 A. Does the well lack a vent?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			WLVD-SIG-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.9 B. Is the vent unscreened?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			WLVD-SIG-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.10 Have any new sources or inactive sources (e.g., auxiliary systems) recently been introduced into the system?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			SDOT-MIN(S)-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.11 A. Is the well in a pit?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			<input type="checkbox"/> Y <input type="checkbox"/> N
3.11 B. Is the well pit currently flooded?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			WLOT-SIG-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.11 C. Is there any indication that water collects in the pit?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			WLOT-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N

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3. Source Water Questions	Select One	Description of Issue and Corrective Action	Date Completed	DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N)
3.12 Is the well pit drain line directly connected to a septic, sewer or storm drain system?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			XCON-SIG-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.13 Describe how the wells are operated. If only 1 well, select NA	<input type="checkbox"/> NA			<input type="checkbox"/> Y <input type="checkbox"/> N
3.14 Does the casing extend less than 12 inches above grade?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			<input type="checkbox"/> Y <input type="checkbox"/> N
3.15 Does the wellhead lack security to prevent unauthorized access?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			MOPD-MIN-SE <input type="checkbox"/> Y <input type="checkbox"/> N
3.16 Are there aspects of well construction and/or operation that could have result in positive samples?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			<input type="checkbox"/> Y <input type="checkbox"/> N
3.17 Does the well have an overflow pipe and is it properly screened? Describe issue.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			WLVD-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.18 Have there been significant drops in water table, well levels or reservoir capacity?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			<input type="checkbox"/> Y <input type="checkbox"/> N
3.19 Have there been any sewer spills, source water spills, or other disturbances?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			SCON-SIG-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.20 SW: Have there been any algal blooms?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			SDOT-MIN-SO <input type="checkbox"/> Y <input type="checkbox"/> N
3.21 SW: Has source water turnover occurred?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			<input type="checkbox"/> Y <input type="checkbox"/> N
3.22 SW: Has the surface water intake been compromised?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			SDOT-SIG-SO <input type="checkbox"/> Y <input type="checkbox"/> N

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3. Source Water Questions

Other SOURCE WATER issues found (provide detailed description of issue):

For DWP use only:

4. Storage Questions	Select One	Description of Issue and Corrective Action	Date Completed	DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N)
4.1 Are there any holes or unprotected openings in the storage tank?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			STDO-SIG-FW <input type="checkbox"/> Y <input type="checkbox"/> N
4.2 Is the hatch or other access points (e.g., emergency fill port) on the storage tank not sealed properly?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			STCD-MIN(S)-FW <input type="checkbox"/> Y <input type="checkbox"/> N
4.3 Are vents on the storage tank possible pathways for contamination due to: A. Inadequate protection and/or screening?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			STVD-SIG (M)-FW <input type="checkbox"/> Y <input type="checkbox"/> N
4.3 B. Poor vent construction (not facing downward)?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			STVD-SIG (M)-FW <input type="checkbox"/> Y <input type="checkbox"/> N
4.3 C. Less than 24 inches of air gap between the termination point and the ground level?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			STVD-SIG (M)-FW <input type="checkbox"/> Y <input type="checkbox"/> N
4.4 Is there inadequate turnover or water age issues within the storage tank?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			STDO-MIN-FW <input type="checkbox"/> Y <input type="checkbox"/> N

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4. Storage Questions	Select One	Description of Issue and Corrective Action	Date Completed	DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N)
4.5 Has there been any recent work on the storage tank? If YES, what and when?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			STDO-MIN-FW <input type="checkbox"/> Y <input type="checkbox"/> N
4.6 Are there any storage tank design issues?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			STSD-MIN-FW <input type="checkbox"/> Y <input type="checkbox"/> N
4.7 Is there any evidence of contamination from animals and/or insects?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			_____-SIG-FW <input type="checkbox"/> Y <input type="checkbox"/> N
4.8 Is there any evidence of storage tank deterioration that could compromise the integrity of the structure?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			STSD-MIN(S)-FW <input type="checkbox"/> Y <input type="checkbox"/> N
4.9 Does the storage facility lack maintenance, cleaning, or regular inspections?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			FAMD-MIN-FW <input type="checkbox"/> Y <input type="checkbox"/> N
4.10 Does the storage facility lack security to prevent unauthorized access?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			STDO-SIG-SE <input type="checkbox"/> Y <input type="checkbox"/> N
4.11 Is there less than 12 inches of air gap between the drain overflow line and the ground surface?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			STOD-MIN-FW <input type="checkbox"/> Y <input type="checkbox"/> N
4.12 If present, is the pressure tank not maintaining an appropriate minimum pressure?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			MOPD-MIN-FW <input type="checkbox"/> Y <input type="checkbox"/> N
4.13 What is the measured chlorine residual (total / free) of the water exiting the storage tank today?		Measured chlorine: Total _____ppm / Free _____ppm		<input type="checkbox"/> Y <input type="checkbox"/> N
Other STORAGE issues found (provide detailed description of issue):				

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4. Storage Questions

For DWP use only:

5. Treatment Questions	Select One	Description of Issue and Corrective Action	Date Completed	DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N)
5.1 Has the disinfection treatment been bypassed?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			TRTS-SIG-TR <input type="checkbox"/> Y <input type="checkbox"/> N
5.2 Have there been any interruptions in disinfection treatment (UV, chlorine, etc.) and/or power loss? If YES, detail which part, when, and how long.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			TRTS-SIG-TR <input type="checkbox"/> Y <input type="checkbox"/> N
5.3 Have there been any low or inadequate disinfection residual levels at the entry point?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			TRTS-SIG-TR <input type="checkbox"/> Y <input type="checkbox"/> N
5.4 A. Are any treatment devices inoperable?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			TRTS-MIN(S)-TR <input type="checkbox"/> Y <input type="checkbox"/> N
5.4 B. Does any treatment equipment need maintenance?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			TRTS-MIN(S)-TR <input type="checkbox"/> Y <input type="checkbox"/> N
5.4 C. Have there been any recent repairs of treatment equipment?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			TRTS-MIN(S)-TR <input type="checkbox"/> Y <input type="checkbox"/> N
5.4 D. Were there any recent changes in the treatment process (e.g., addition of a process, change in chemical dosage)? If YES, provide details for the change and when it occurred.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			TRTS-MIN(S)-TR <input type="checkbox"/> Y <input type="checkbox"/> N

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5. Treatment Questions	Select One	Description of Issue and Corrective Action	Date Completed	DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N)
5.5 Is the filter backwash discharge line directly connected (no air gap) to a drainage pipe or sewer/septic line?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			XCON-SIG-TR <input type="checkbox"/> Y <input type="checkbox"/> N
5.6 SW: Were any turbidity measurements out of range?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			TRTM-SIG-TR <input type="checkbox"/> Y <input type="checkbox"/> N
5.7 SW: What is the free chlorine residual measured immediately downstream from the point of application?		_____ ppm		<input type="checkbox"/> Y <input type="checkbox"/> N
5.8 SW: Were there any failures to meet the C x T calculations?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			TRTS-SIG-TR <input type="checkbox"/> Y <input type="checkbox"/> N
5.9 Were the flow rates above the rated treatment capacity?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			TRTM-MIN-TR <input type="checkbox"/> Y <input type="checkbox"/> N
Other TREATMENT issues found (provide detailed description of issue):				
For DWP use only:				

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6. Distribution Questions	Select One	Description of Issue and Corrective Action	Date Completed	DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N)
6.1 Are there any unprotected cross connections?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			XCON-SIG-DS <input type="checkbox"/> Y <input type="checkbox"/> N
6.2 Are the backflow prevention devices at high-risk sites overdue for testing or maintenance?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			XCON-SIG-DS <input type="checkbox"/> Y <input type="checkbox"/> N
6.3 Have there been any distribution plumbing, water service or main breaks or installations?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			DSDO-MIN(S)-DS <input type="checkbox"/> Y <input type="checkbox"/> N
6.4 Is there evidence that the system experienced low or negative pressure prior to sampling? If YES, describe event and when it occurred.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			MOPD-MIN(S)-DS <input type="checkbox"/> Y <input type="checkbox"/> N
6.5 Are there any low flow areas or dead ends in the distribution system that would cause excessive water age or stagnation?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			MOPD-MIN-DS <input type="checkbox"/> Y <input type="checkbox"/> N
6.6 Is there standing water in the valve vault that could potentially infiltrate the distribution system?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			DSDO-MIN-DS <input type="checkbox"/> Y <input type="checkbox"/> N
6.7 Is there evidence of any unapproved hydrant use?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			DSDO-SIG-DS <input type="checkbox"/> Y <input type="checkbox"/> N
6.8 Were hydrants recently flushed or was there a significant firefighting event?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			DSDO-MIN-DS <input type="checkbox"/> Y <input type="checkbox"/> N
6.9 Has there been any maintenance or repairs on pumps in the last 12 months? Provide last pump maintenance/service date.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			<input type="checkbox"/> Y <input type="checkbox"/> N

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6. Distribution Questions	Select One	Description of Issue and Corrective Action	Date Completed	DWP Use Only: Deficiency Code & PI Confirmation (Select Y or N)
6.10 A. Are there any significant deficiencies in the pump station?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			PUMD-SIG-DS <input type="checkbox"/> Y <input type="checkbox"/> N
6.10 B. Are pump(s) inoperable?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			PUMD-SIG-DS <input type="checkbox"/> Y <input type="checkbox"/> N
6.11 Air relief valves: A. Is the valve vault subject to flooding?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			PUMD-SIG-DS <input type="checkbox"/> Y <input type="checkbox"/> N
6.11 B. Does the vent terminate below grade?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			PUMD-SIG-DS <input type="checkbox"/> Y <input type="checkbox"/> N
6.12 Fire hydrant/blow off: Are any located in an area with a high-water table or pits?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			DSDO-MIN-DS <input type="checkbox"/> Y <input type="checkbox"/> N
6.13 Has there been a history of TC+ or <i>E.coli</i> in distribution system (especially in the last 12 months)?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			<input type="checkbox"/> Y <input type="checkbox"/> N
6.14 A. Have there been any sites with low or inadequate disinfectant residual?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			DSDO-MIN(S)-DS <input type="checkbox"/> Y <input type="checkbox"/> N
6.14 B. Are there sites where it is difficult to maintain a residual without flushing?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			<input type="checkbox"/> Y <input type="checkbox"/> N
Other DISTRIBUTION issues found (provide detailed description of issue):				
For DWP use only:				

COMPLETE & RETURN THIS LEVEL ASSESSMENT WITHIN 30 DAYS OF THE ASSESSMENT TRIGGER DATE. DUE DATE: _____

All corrective actions must be completed within 30 days as well unless an extension is requested before the 30-day deadline.

LEVEL 2 ASSESSMENT EXTENSION REQUEST

PWSID: ME

PWS Name:

Does your system require an extension to complete any outstanding corrective actions that you could not complete within the 30 days allowed?

Y

N

Reason for Extension:

Proposed new deadline/date:

PI approved extension (initials):

Date:

Assessment Performed By:

First Name:

Last Name:

Operator License # **OP**

Organization:

Business Phone #:

List other parties present for the Level Assessment:

Did you perform the previous Level Assessment? Y N

What date was this Level Assessment form completed?

Certification:

I certify under penalty of law that I am the authorized person who completed the level assessment, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Signature:

Date:

For DWP Review Only:

1. Has the assessment been successfully completed? Y N

2. Has a likely reason for the TC+ occurrence been found? Y N

3. Has the system corrected the problem? Y N

4. Name of DWP reviewer:

Provide an explanation for any instance where 'N' (no deficiency) was checked by the PI:

Please return completed form to the Maine CDC Drinking Water Program, 11 S.H.S., Augusta, ME 04333