

6. After filling the bottle to the appropriate level, immediately cap the bottle securely. Write the sample location and other information on the bottle label and place bottle in upright position in the cooler.
7. Do not throw or toss the bottle. (They will break if dropped on the ground when filled.) It is important that samples remain cool (<10°C, 50°F) and out of the sunlight during transit, so keep cooler lid closed when not in use.
8. If at any point you are uncertain of the sterility of the sample bottle on you sample collection technique, get a new bottle and start all over. It is always better to be safe.

NOTE: The sample collector has the knowledge and authority to choose a different site when circumstances make the scheduled site unsuitable to give a sample that represents the distribution system.

3.7 Sample Handling and Delivery

1. Make sure label is filled in and lid is tight
2. Be careful not to drop the bottle (they break or crack)
3. Place samples in a cooler with ice for transport.
4. Deliver samples to lab by 2:00 PM (if SPU)
Seattle Water Quality Lab

800 S. Stacy St.

Seattle, WA 98134
5. Complete chain of custody record. (See Section X Forms)

SECTION IV

COMPLIANCE INFORMATION

4.0 Treatment Technique Triggers

When a “treatment technique trigger” occurs, water systems must conduct an assessment to “find and fix” any sanitary defects. There are two assessment levels; both evaluate the entire system from the point of sample collection to the source of supply.

Level 1 and Level 2 Assessment

There are 3 parts of a Level 1 or Level 2 assessment:

- **Evaluation:** Identify any sanitary defect that allowed coliform to enter the distribution system or imminent failure of an existing barrier
- **Discussion:** Discuss what you identified during the assessment that might allow contamination to occur and corrective action needed to fix it.
- **Corrective Action:** Record the steps you took or will take to fix the sanitary defect that allowed the contamination to occur.

(See Section XII page 2.1 to see the entire Assessment and Corrective Actions under the EPA’s Revived Total Coliform Rule)

4.1 Level 1 Assessment (See Section X Forms, for Level 1 assessment form)

(See Revised Total Coliform Rule, section XII page 3-1 for complete Level 1 assessment requirements)

A Level 1 assessment is a basic examination of the distribution system and relevant operational practices. The self-assessment can be done by an owner, manager or someone familiar with the water system. Look for sanitary defects and defects that could allow or cause contamination - pathway. Use the Level 1 assessment form in Section X; the assessment is due to DOH within 30 days of being triggered.

The system must comply with any expedited or additional actions required by DOH. Either DOH, system or assessor can request a consultation to discuss the situation.

The Revised Total Coliform Rule (RTCR) requires a Level 1 assessment when one of these treatment techniques triggers occurs:

- A system that collects fewer than 40 routine during a month has two or more coliform-present samples.
- A system that collects 40 or more routine samples during the month has coliform-present results in more than 5 percent of the routine and repeat samples. **(WWD collects 50 samples per month, if there is 3 coliform positive samples in one month the District would need to collect 10 more satisfactory routine samples to not exceed 5 percent rule).**
- Failure to collect three repeat samples for a TC+EC- routine sample.

4.2 Level 2 Assessment (See Section X - Forms, for Level 2 assessment form)

(See Revised Total Coliform Rule, section XII page 4-1 for complete Level 2 assessment requirements)

A Level 2 assessment is a more complex examination of the distribution system and relevant operational practices; may require multiple experts. A qualified person per the State of Washington is a Professional Engineer or WDM2 or above. Look for sanitary defects and defects that could allow or cause contamination – pathway. Use the Level 2 assessment form in Section X; the assessment is due to DOH within 30 days of being triggered.

The system must comply with any expedited or additional actions required by DOH. Either DOH, system or assessor can request a consultation to discuss the situation.

The Revised Total Coliform Rule (RTCT) requires a Level 2 assessment when one of these technique triggers occurs:

- A water system has an *E. coli* MCL violation (see 4.4.1 Violations).
- A water system incurs a second treatment technique trigger in a rolling 12-month period.

4.3 Level 1 and Level 2 Assessment Contact Information

| | |
|---|---|
| Ken Howe Office Phone After Hours Phone Email | General Manager 425-487-4120 425-941-5883 khowe@woodinvillewater.com |
| Ken McDowell Office Phone After Hours Phone Email | District Engineer 425-487-4104 425-788-5590 kmcdowell@woodinvillewater.com |
| Steve Brown Office Phone After Hours Phone Email | O&M Manager 425-487-4115 206-255-1146 sbrown@woodinvillewater.com |
| Todd Young Office Phone After Hours Phone Email | Utility Supervisor 425-487-4130 206-255-6539 tyoung@woodinvillewater.com |
| Tim Cantwell Office Phone After Hours Phone Email | Water Quality Coordinator 425-487-4125 425-770-1869 tcantwell@woodinvillewater.com |
| Jeff Grapp Office Phone After Hours Phone Email | Utility Systems Supervisor 425-487-4127 206-396-3358 jgrapp@woodinvillewater.com |
| Mike Massena Office Phone After Hours Phone Email | Utility Forman 425-487-4146 206-255-6540 mmassena@woodinvillewater.com |
| Dean Lotz Office Phone After Hours Phone Email | Utility Forman 425-487-4141 425-457-1680 dlotz@woodinvillewater.com |
| Kurtis Crilly Office Phone After Hours Phone Email | Utility System Technician 425-487-4129 206-999-1689 kcrilly@woodinvillewater.com |

4.4 Violations

Violations under the RTCR usually indicates a failure to act. Water systems should prepare themselves to follow the rule requirements to protect the safety of their water supply.

4.4.1 *E. coli* MCL Violation

If a system incurs an *E. coli* MCL violation, it must perform a **Level 2 assessment** and provide a **Tier 1 public notification** to its customers (notify customers of violation within 24 hours, see section VI). RTCR requires public notice within 24 hours after receiving confirmation of an *E. coli* MCL violation. There are four ways a system can have an *E. coli* MCL violation:

2. A total coliform-present repeat sample follows an *E. coli*-present routine sample.
3. An *E. coli*-present repeat sample follows a total coliform-present routine sample.
4. The lab fails to test a total coliform-present repeat sample for *E. coli*.
5. The system fails to take three repeat samples following an *E. coli*-present routine sample.

| | | |
|------------------------------|---|--------------------|
| <i>E. coli</i> MCL Violation | A PWS will receive an <i>E. coli</i> MCL violation when there is any combination of an EC+ sample result with a routine/repeat TC+ or EC+ sample results: | |
| | <i>E. coli</i> MCL Violation Occurs with the following Sample Result Combination | |
| | Routine | Repeat |
| | EC+ | TC+ |
| | EC+ | Any missing sample |
| | EC+ | EC+ |
| | TC+ | EC+ |
| TC+ | TC+ (but no <i>E. coli</i> analysis) | |

(TC = Total Coliform, EC=*E. coli*, + = Positive, - = Absent)

4.4.2 Treatment Technique Violation

A treatment technique violation indicates the water system failed to act or respond as required. When a treatment technique violation occurs, a system must provide **Tier 2 public notification** to its customers (notify customers of violation within 30 days, see section VI). A coliform treatment techniques violation occurs when one of the following occurs.

- A water system fails to conduct of fully complete a required Level 1 or Level 2 Assessment within 30 days of the treatment technique trigger.
- A system fails to correct any sanitary defect by taking a required corrective action within the required timeframe.

| | |
|-------------------------------|--|
| Treatment Technique Violation | A PWS will receive a Treatment Technique violation when any of the following occur: <ul style="list-style-type: none">➤ Failure to conduct a Level 1 or Level 2 Assessment within 30 days of a trigger.➤ Failure to correct all sanitary defects from a Level 1 or Level 2 Assessment within 30 days of a trigger or in accordance with the state approved timeframe. |
|-------------------------------|--|

4.4.3 Monitoring Violation

A water system that incurs a monitoring violation must provide **Tier 3 public notification** to its customers (notify customers of violation within 1 year, see section VI). A monitoring violation occurs when:

- A system fails to collect all routine samples.
- A system fails to have each total coliform-present routine sample analyzed for *E. coli*.

4.4.4 Reporting Violation

A water system that incurs a reporting violation must provide **Tier 3 public notification** to its customers (notify customers of violation within 1 year, see section VI). A reporting violation occurs when:

- A system fails to submit a monitoring report or completed assessment from DOH in a timely matter.
- A system fails to notify DOH of an *E. coli*-present sample in a timely manner.

SECTION V

E. COLI-PRESENT IN DISTRIBUTION SYSTEM RESPONSE PLAN

When WWD confirms there is *E. coli* bacteria present in the distribution system and requires immediate **public notification within 24 hours**. *E coli* present in the distribution system would consist of when two related samples (a routine and one or more of its corresponding repeat samples) test positive for total coliform bacteria – and there is *E coli* bacteria in one or more of the samples.

5.0 E. coli-Present Standard Operating Procedures (SOP)

- 1. Confirm results** from Seattle Public Utilities Water Quality Lab

(Follow Coliform Sampling Flow Chart, Section II, 2.0)

Phone numbers:

SPU Lab - 206-684-7834

Lynn Kirby – 206-684-0216

Address:

Seattle Water Quality Lab

800 S. Stacy St., Seattle, WA 98134

- 2. Notify Woodinville Water District** General Manager, O & M Manager, PIO and Water Quality Coordinator:

| Contact | Office # | Cell # | Home # |
|---------------------------|--------------|--------------|--------------|
| General Manager | 425-487-4103 | 425-941-5883 | 425-664-8181 |
| O & M Manager | 425-487-4115 | 206-391-7759 | 425-255-1146 |
| PIO | 425-487-4102 | 206-255-6534 | 425-488-2208 |
| Water Quality Coordinator | 425-487-4125 | 206-423-4190 | 425-770-1869 |

(See key contacts phone list Section VII.)

3. **Notify Department of Health** by the end of the day that WWD was notified when an *E. coli* present sample has been confirmed. Contact DOH immediately for coliform present sample (rule allows 10 days) **Follow DOH recommendations.** (Follow Coliform Sampling Flow Chart, Section II)

Phone number:

Carol Stuckey or Ingrid Salmon DOH Coliform Monitoring 253-395-6775

Emergency after hour's number 1-877-481-4901

(See Key Contact Section VII for Complete phone list)

4. **Start Public Notification Procedures:** (See Section VI, page 42)

5. **Start Level 2 Assessment** (See Section IV, page 36)

6. **Collect three repeat samples.** (See Section III for sampling SOP, page 30)

Get Emergency Water Quality SOP Handbook and Sample Kit in water quality cabinet (orange bucket). Located in building D in the Water Quality cabinet.

6. **Other Considerations:**

- Notify customers to boil water when a routine sample is positive for *E. coli*, before repeat sample results.
- Flushing considerations (see section III page 31).
- Collect additional investigative samples as necessary.
- Follow DOH recommendations.

SECTION VI

PUBLIC NOTIFICATION

6.0 Follow Public Notification requirements.

| Public Notification Requirements |
|----------------------------------|
| Tier 1: Issued within 24 hours |
| Tier 2: Issued within 30 days |
| Tier 3: Issued within 1 year |

WWD Public Notification Requirements

| Routine Sample Results | Repeat Sample Results | Assessment | Public Notification Required |
|--|---|---------------|---|
| TC+EC- | TC+EC- | No assessment | No action needed – Repeat samples are require and notify DOH within 10 days |
| TC+EC- | TC- | No assessment | No action needed – Notify DOH within 10 days |
| TC+EC+ | TC+EC- or TC+EC+ <i>E. coli</i> MCL | Level 2 | Tier 1 - within 24 hours |
| TC+EC- | TC+EC+ <i>E. coli</i> MCL | Level 2 | Tier 1 - within 24 hours |
| TC+EC+ | Failure to collect ALL repeat samples <i>E. coli</i> MCL | Level 2 | Tier 1 - within 24 hours |
| | TC+ repeat but no <i>E. coli</i> analysis <i>E. coli</i> MCL | Level 2 | Tier 1 - within 24hours |
| Failure of a system to conduct a required Level 1 or Level 2 assessment within 30 days of learning of the TT trigger | | | Tier 2 – within 30 days |
| Failure of a system to correct any sanitary defect identified in a Level 1 or Level 2 assessment within 30 days of learning of the trigger or in accordance with a corrective action plan/schedule approved by DOH | | | Tier 2 – within 30 days |
| Failure to collect every routine sample (monitoring violation) | | | Tier 3 – no later than 12 months |
| Failure to have TC+ routine sample analyzed for <i>E. coli</i> (monitoring violation) | | | Tier 3 – no later than 12 months |
| Failure to submit a monitoring report or completed assessment form after a system properly conducts monitoring or assessment within 30 days of learning of the trigger (reporting violation) | | | Tier 3 – no later than 12 months |
| Failure to notify the stat following an EC+ sample by end of next business day (call 1-877-481-4901 evenings and holidays)(reporting violation) | | | Tier 3 – no later than 12 months |

(TC = Total Coliform, EC=*E. coli*, + = Positive, - = Absent)

6.1 Refer to Public Notification emergency information in the “PIO to Go Box” located in the PIO office.

SECTION VII

KEY CONTACTS

5.0 Woodinville Water District

| <u>Name</u> | <u>Phone Number</u> |
|---|---------------------|
| Ken Howe (General Manager) | 425-487-4103 |
| Steve Brown (O&M Manager) | 425-487-4115 |
| Tim Cantwell (Water Quality Coordinator) | 425-487-4125 |
| Debbie Rannfeldt (Public Information Coordinator) | 425-487-4102 |
| Jeff Grapp (Utility System Supervisor) | 425-487-4116 |
| Jack Broyles (Finance Manager) | 425-487-4106 |

5.1 Seattle Public Utility

| <u>Name</u> | <u>Phone Number</u> |
|--------------------------------------|---------------------|
| SPU WQ Lab | 206-684-7834 |
| SPU Microbiology | 206-684-7407 |
| Wylie Harper (Lab Division Director) | 206-684-7880 |
| Lynn Kirby (Water Quality Engineer) | 206-684-0216 |

5.2 Department of Health

| <u>Name</u> | <u>Phone Number</u> |
|---|---------------------|
| DOH after hours Hotline | 877-481-4901 |
| Main Phone Number | 253-395-6750 |
| Robert James (Regional Manager) | 253-395-6768 |
| Derek Pell (Assistant Regional Manager) | 253-395-6763 |
| Carol Stuckey/Ingrid Salmon (Coliform Monitoring) | 253-395-6775 |
| IBrietta Carter (Regional Engineer) | 253-395-6770 |

5.3 Laboratories

| <u>Name</u> | <u>Phone Number</u> |
|------------------------|---------------------|
| SPU Water Quality | 206-684-7834 |
| AM Test | 425-885-1664 |
| North Creek Analytical | 425-420-9200 |

5.4 Public School District

| <u>Name</u> | <u>Phone Number</u> |
|---------------------------------|---------------------|
| Northshore School District | 425-408-6000 |
| Lake Washington School District | 425-936-1200 |

5.5 Private Schools

| <u>Name</u> | <u>Phone Number</u> |
|---------------------------|---------------------|
| Bellevue Christian School | 425-454-4402 |

5.6 City Contacts

| <u>Name</u> | <u>Phone Number</u> |
|---------------------------------|---------------------|
| City of Woodinville | 425-489-2700 |
| City of Bothell (Public Works) | 425-806-6800 |
| City of Kirkland (Public Works) | 425-587-3800 |
| City of Redmond | 425-556-2849 |

5.7 Media Contacts

| <u>News Paper Contacts</u> | <u>Phone Number</u> |
|----------------------------|---------------------|
| Woodinville Weekly | 425-486-7593 |
| Seattle Times | 206-624-7323 |

| <u>Television Contacts</u> | |
|----------------------------|--------------|
| KING TV (Channel 5) | 206-448-5555 |
| KIRO TV (Channel 7) | 206-728-7777 |
| KOMO TV (Channel 4) | 206-404-4000 |

Radio Contacts

KOMO (AM 1000)

206-404-5666

KVI (AM 570)

206-404-4000

SECTION VIII

GLOSSARY OF TERMS

ACUTE – posing an immediate risk to human health

AWWA – American Water Works Association

BIOFILM – biological regrowth of bacterial or organic nature that can use up CL2

COLIFORM – are one of a group of microbiological contaminants regulated as part of the Safe Drinking Water Act (SDWA) written by the US Protection Agency (EPA). The many types of coliform, including fecal coliforms are usually not disease causing (pathogenic). However their presence in drinking water indicates the potential presence of fecal coliform in drinking water indicates that an urgent public health problem may exist

COLIFORM SAMPLE – a sample of water collected from the distribution system at or after the first service and analyzed for coliform presence

CONTAMINANT – a substance present in drinking water, which may adversely affect the health of the consumer or the aesthetic qualities of the water

DISTRIBUTION SYSTEM – that portion of a public water system, which conveys water from the source and/or treatment facilities to consumers

DOH – Department of Health

E-COLI – Fecal Coliform Bacteria

EPA – Environmental Protection Agency

GROUP A WATER SYSTEM – a public water system with fifteen or more service connections, regardless of the number of people; or serving any average of twenty-five or more people per day for sixty or more days within a calendar year, regardless of the number of service connections

MCL – Maximum Contaminant Level

NON-ACUTE – posing a possible or less than immediate risk to human health.

NTNC – Non-Transient non community

POTABLE – water suitable for drinking by the public

PRV – Pressure reducing station

PURVEYOR – agency, subdivision of the state, municipal corporation, firm, company, mutual or cooperative association, institution, partnership, or person or other entity owning or operating a public water system. Purveyor also means authorized agents of such agencies.

REPEAT SAMPLE – a sample collected on a monthly or regular basis, as part of the monitoring plan

SAMPLE SITE – a designated site to collect samples for analysis.

SERVICE CONNECTION – a connection to public water system designed to provide potable water to a single family residence, or other residential or non-residential population.

SOURCE – the origin of the water that the purveyor is receiving

TURBID – measurable indication of water clarity (High levels can indicate water quality problems)

SECTION IX

SYSTEM MAP

SECTION X

FORMS

10.0 Level 1 Assessment

10.1 Level 2 Assessment

10.2 Chain of Custody



RTCR Level 1 Assessment Guidance Template

331-569, March 2016

Send your
assessment to:

| | | |
|-------------------------|---|--|
| Eastern Region | 16201 East Indiana Avenue, Suite 1500 Spokane Valley, WA 99216 | Phone: 509.329.2100 Fax: 509.329.2104 Email: mark.steward@doh.wa.gov |
| Northwest Region | 20425 72nd Ave. South, Suite 310 Kent, WA 98032-2358 | Phone: 253.395.6750 Fax: 253.395.6760 Email: dw.nwro@doh.wa.gov |
| Southwest Region | PO Box 47823 Olympia, WA 98504-7823 | Phone: 360-236-3030 Fax: 360-664-8058 Email: swro.coli@doh.wa.gov |

| | | |
|---------------------------------------|------------|-------------------------------|
| Water System Name: | County: | Water System ID #: |
| Operator in Responsible Charge (ORC): | ORC Phone: | Water System Mailing Address: |
| ORC Address, City, State: | | |
| Assessor Name: | | |
| Assessor Address, City, State, Zip: | | |
| Date(s) Assessment Completed: | | |

Your water system exceeded a treatment technique trigger for the Revised Total Coliform Rule. Assess the water system's condition and operation using this *Level 1 Assessment Template* as a guide.

Part A: Respond to each item below. Identify corrective actions taken to address the issue(s) found.

Part B: Summarize your findings and include an action plan with timetable for corrective actions not yet taken.

For parts A and B, include additional information (photos or other documentation) as needed to depict assessment findings and corrective actions that have been completed. All assessment elements listed in this template must be addressed in your assessment. Systems with multiple facilities such as wells or storage tanks may need to provide additional pages.

Within 30 days of learning of the treatment technique trigger, submit completed assessment documentation to [your regional office](#) and keep a copy in your water system files.

| Part A: Assessment | | Corrective action needed? | Corrective action(s) taken & date taken |
|---|---|--|---|
| 1. Site and Sampling Protocol | | | |
| 1a. Do you have a written coliform monitoring plan & sampling procedure that ensures samples are representative of the distribution system? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1b. Have there been any changes in sampling conditions or procedures that may have contributed to the treatment technique trigger? Describe: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1c. Inspect the sampling sites: | | | |
| - Are the sampling locations free of potential sources of contamination? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| - Are the sampling taps in good condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| - Other: (describe) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Part A: Assessment | | Corrective action needed? | Corrective action(s) taken & date taken |
|---|---|--|---|
| 2. Distribution 2a. Do you have procedures in place to ensure proper maintenance of the distribution system, including: <ul style="list-style-type: none"> - Appropriate pipe replacement and repair procedures - Replacement and repair of other distribution system components - Regular flushing program - Routine vault inspections - Fully implemented cross connection control program - Maintain positive pressure in all parts of the distribution system | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2b. Has there been any recently reported low pressure (<20 PSI) or complete loss of pressure in the distribution system? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2c. Have there been any changes in distribution conditions or operations that may have contributed to the treatment technique trigger? Describe: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2d. Inspect the distribution system: <ul style="list-style-type: none"> - Are there any visible line breaks or leaks? - Are there any observed unprotected cross connections? - Is there any evidence of vandalism or other security breaches? - Other: (describe) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Storage Facilities 3a. Does your water system have a water storage tank? <i>If no, skip to Section 4.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 3b. Do you have procedures in place for periodic inspection and maintenance of the exterior and interior of each storage facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3c. Have there been any changes in storage conditions or operations that may have contributed to the treatment technique trigger? Describe: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3d. Inspect the storage facilities: <ul style="list-style-type: none"> - Does the tank have any cracks or other openings? - Is the reservoir roof free of any unprotected openings? - Is the access hatch constructed and sealed to keep contaminants out? - If there is an air vent on the storage tank, is it constructed to prevent the entry of contaminants? - Is the overflow line constructed to prevent contaminants from entering the tank? - If the overflow line discharges into a storm drain, to surface water, or directly into a sanitary sewer, is it protected by a proper air gap? - Is there any evidence of vandalism or other security breaches? - Other: (describe) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Part A: Assessment | | Corrective action needed? | Corrective action(s) taken & date taken |
|--|--|--|---|
| 4. Source--Groundwater | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4a. Does your water system have a well or spring? If no, skip to Section 6. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4b. Do you comply with Sanitary Control Area requirements (WAC 246-290-135(2))? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4c. Have there been any changes in source conditions or operations that may have contributed to the treatment technique trigger? Describe: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4d. Inspect the source facilities: - Is the sanitary control area free of all potential sources of contamination? - Is the wellhead or spring box above grade with no potential for flooding? - Is the pressure tank water logged? - Is the well cap sealed and watertight, and the well casing free of unprotected openings? - (For springs) Is the spring box (structure, hatch, and overflow) free of any unprotected openings? - Other: (describe) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. Treatment--Groundwater | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5a. Is any source continuously treated with a disinfectant ? If no, skip to Section 6. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5b. Do you have procedures in place for proper operation and maintenance of disinfection treatment facilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5c. Have there been any changes in treatment equipment or process that may have contributed to the treatment technique trigger? Describe: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5d. Inspect the treatment facilities: - Is the treatment system operating properly? - Is there any evidence of vandalism or other security breaches? - Other: (describe) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. Source—Surface Water Supply (watershed) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6a. Does your water system have a surface water supply? If no, skip to Section 8. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6b. Do you comply with Watershed Control Program requirements (WAC 246-290-135(4))? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6c. Have there been any changes within the watershed or in raw water conditions that may have contributed to the treatment technique trigger? Describe: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |