



**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION**

Division of Water Supply and Geoscience  
 Bureau of Safe Drinking Water  
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**REVISED TOTAL COLIFORM RULE LEVEL 2 ASSESSMENT FORM**

Public Ground Water Systems **Less than or Equal (<=)** 1000 Persons

An approved party must review and evaluate all the elements for possible sanitary defects. Indicate Yes, No, or N/A if the element is not applicable to the water system. **All sections of this form must be completed, and all applicable checkboxes must be marked.** If a potential sanitary defect is identified, provide a description of the defect, corrective actions taken or proposed, and the date that the corrective action was completed or proposed to be completed. Attach additional pages, a copy of the water system’s most recent RTCR Sampling Plan, and include any supporting documentation (e.g. invoices, estimates, receipts) where necessary. **The supplier of water is required to submit the completed form within thirty (30) days** after learning your system has exceeded a treatment technique trigger (not from receipt of the Bureau of Safe Drinking Water’s letter) in accordance with N.J.A.C. 7:10-5.8 (b). The completed form can be sent by mail or e-mail via: [watersupply@dep.nj.gov](mailto:watersupply@dep.nj.gov). Failure to submit a completed assessment and supporting documentation in their entirety, as indicated above, may result in the issuance of a treatment technique violation.

For more information on the Revised Total Coliform Rule, visit our website at <http://www.nj.gov/dep/watersupply/dws-sampreg.html>.

<b>PWSID#:</b>	<b>PWS Name:</b>	<b>Site Visit Date:*</b>
<b>System Type:</b> <input type="checkbox"/> CWS <input type="checkbox"/> NTNC <input type="checkbox"/> TNC		
<b>Level 2 Trigger:</b>		
<input type="checkbox"/> <i>E. coli</i> MCL violation <input type="checkbox"/> Second Level 1 trigger in a rolling 12-month period <input type="checkbox"/> Voluntary Level 2 Assessment (including request for sample reduction)		
Month/Year of Treatment Technique Trigger: _____		
Name of State Approved Party: _____ Certification/License #: _____		
<input type="checkbox"/> Licensed Operator <input type="checkbox"/> Licensed Professional Engineer <input type="checkbox"/> Licensed Well Driller <input type="checkbox"/> Licensed Pump Installer <input type="checkbox"/> State/County Official		
<input type="checkbox"/> <b>Most recent RTCR Sampling Plan is attached.</b>		

\*Site Visit Date is the day when the on-site inspection was completed.

**Approved Party:**

**Certification:** I certify under penalty of law that I am the person authorized to perform a Level 2 Assessment, and the information contained herein is true, accurate and complete to the best of my knowledge and belief. I certify that I was present as the Sections as indicated below were evaluated and filled in their entirety. Failure to comply with N.J.A.C. 7:10-5.8(d) may result in the issuance of a state violation and being referred to Compliance and Enforcement for penalties and enforcement action.

Completed by:	Certification/License #:
Signature:*	Date:
Email:	Phone#:
<b>Sections I certify I assessed:</b> <input type="checkbox"/> General <input type="checkbox"/> Source <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution <input type="checkbox"/> Storage/Pressure Tanks <input type="checkbox"/> Sampling <input type="checkbox"/> Summary	
<b>*This must be signed and dated by an approved party, or the assessment is considered incomplete and the system will incur a treatment technique violation per 40 CFR 141.860(b).</b>	

PWSID:  System Name:

**Water System Owner or Water System’s Licensed Operator of Record (i.e. Supplier of Water):**

**Certification:** I certify under penalty of law that I am the person authorized to complete a Level 2 Assessment form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief. I certify that I have filled out this form, in the presence of the approved party, its entirety and failure to complete and submit this form will result in the issuance of a treatment technique and state violations. I acknowledge, upon issuance of a violation, I will be referred to Compliance and Enforcement for penalties and enforcement action.

Name:		<input type="checkbox"/> I certify that the approved party was on site the date indicated in the site visit field.	
Signature:		Date:	
Contact Name:	Contact Email:	Contact Phone#:	
<p><b>*This must be signed and dated by the water system owner or licensed operator of record, or the assessment is considered incomplete and the system will incur a treatment technique violation per 40 CFR 141.860(b).</b></p>			

**Licensed Operator (if applicable):**

Name:		<input type="checkbox"/> I certify that the approved party was on site the date indicated in the site visit field.	
Signature:		Date:	
Contact Email:		Contact Phone#:	

PWSID:  System Name:

1	General		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
1.1a	Is the water system required to have a licensed operator of record? If yes, provide the name and license number of the licensed operator of record.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
1.1b	If yes to question number 1.1a, provide a copy of the licensed operator of record's log for the month prior to and in which the RTCR was triggered.	<input type="checkbox"/> N/A			
1.2	Has there been vandalism and/or unauthorized access to any water system facilities? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
1.3	Has there been any community illness suspected of being waterborne? (e.g., The public health official has determined an outbreak occurred.) If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
1.4	Has there been any customer complaints of taste or odor problems? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
1.5a	Does the system have a septic system? If yes, provide the details listed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last time the system was pumped: Date: _____ Date of last inspection: _____ Distance between septic & well(s): _____		
1.5b	Is the distance between the septic and well less than the allowed distance according to N.J.A.C 7:10-11.7(b)(2) and/or does not meet building specifications for wells below the allowable limit? If yes, provide the next steps to reach compliance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
1.6	Is the septic system routinely maintained or inspected? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
1.7	Was maintenance performed or repairs made to the septic or sewer system recently? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date(s) of service:		
1.8	Have there been any interruptions to electrical power? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident:		

PWSID:  System Name:

1.9	Other comments on the general water system information including identification of proposed corrective actions:			
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2	Source		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
2.1	How many wells were in operation within 7 days prior to and/or during the sampling event? Provide the well permit number(s). If there is no well permit number, provide the water state facility code(s) instead, e.g. WL001001.	# In Use:			
2.2	Were any new, emergency, or inactive wells in operation/ introduced into the system within 7 days prior to and/or during the sampling event? If yes, provide a description including the facility code(s), e.g. WL001001, and well permit numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.3	Are there any abandoned wells on the property? If yes, provide a number of wells and their location.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.4	Regarding 2.3, were all of these wells properly decommissioned per N.J.A.C. 7:9D, Sub. 3? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
2.5	Is there evidence of standing water near the wellhead(s)? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.6	Is the sanitary seal(s) intact? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.7	Is the well cap(s) vented? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
2.8	Is the vent(s) screened? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
2.9	Is the wellhead(s) flush to grade or under 12" above grade? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.10a	Is the wellhead(s) in a pit? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.10b	Is the pit the wellhead(s) is in dry? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

PWSID:	<input type="text"/>	System Name:	<input type="text"/>		
2.11a	Is the wellhead(s) secured from unauthorized access? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.11b	Is the wellhead(s) physically protected? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.12	Have there been any sewer overflows, chemical spills, contaminants, or other disturbances nearby? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.13	Has any recent repair/work been performed to the source(s) or its components? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of service:		
2.14	Are there any other observations of well construction/operation that would bear on observed positives? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.15	Other Comments on the source including identification of proposed corrective actions:				

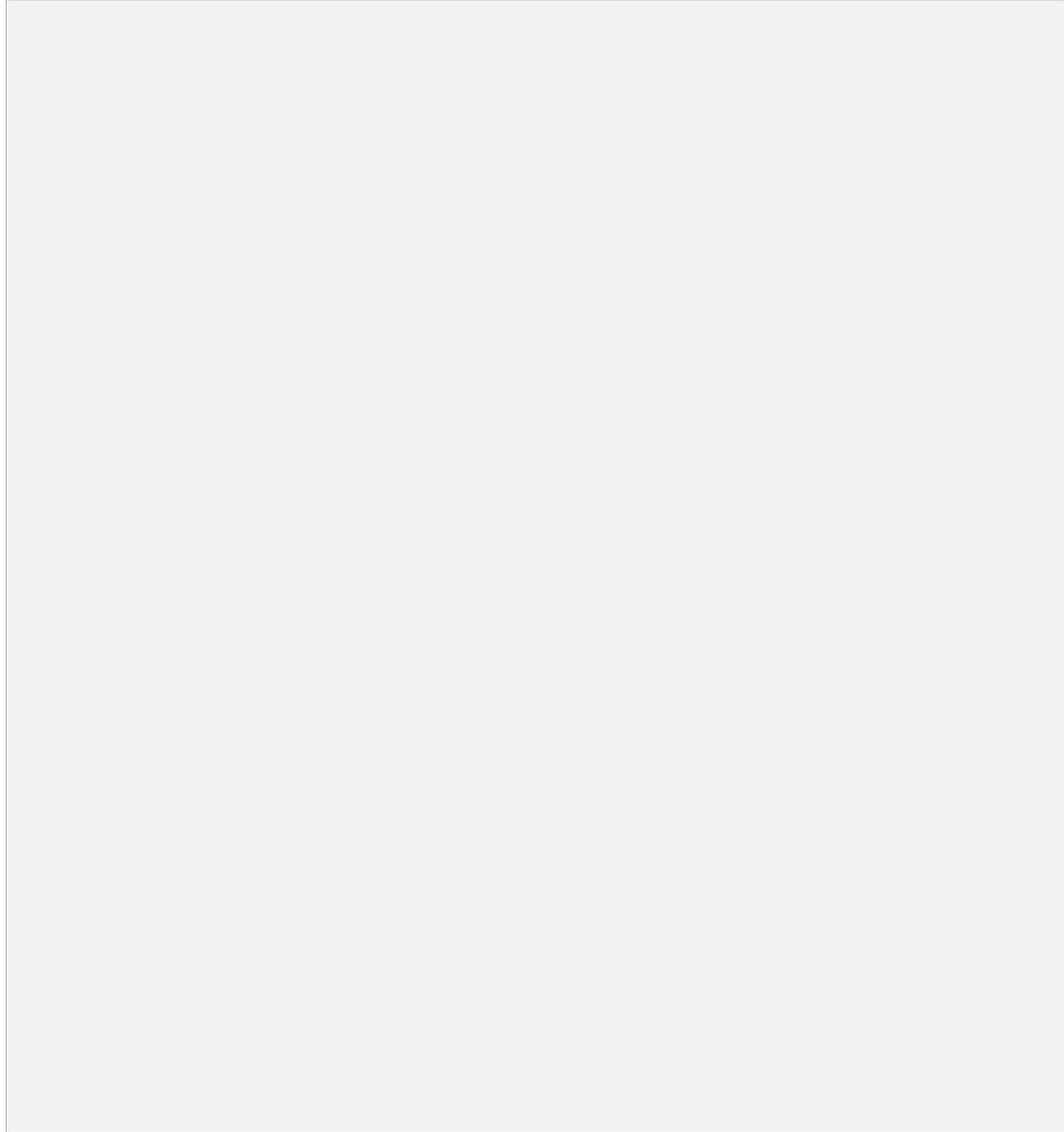
3	Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No If no, move to Section 4.	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
3.1	Have there been any interruptions in the treatment process (e.g. lapses in chemical feed, disinfection)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of incident:	
3.2	Have treatment devices been maintained and operating normally? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.3	Has there been any recent installation or repair of treatment equipment? If yes, provide a description including dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.4	Were there any recent changes in the treatment process? (e.g. addition of a process, change in chemical or dosage) If yes, provide a description including dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.5	Is disinfection the last treatment process in the system? If no, provide a description. This should be consistent with the treatment train drawn below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

PWSID:  System Name:

3.6	What is the chlorine residual measured at the plant tap today?	<input type="checkbox"/> N/A	Total: _____ Free: _____ Date: _____		
3.7	What is the UV intensity measured at today?	<input type="checkbox"/> N/A	Value: _____ Date: _____		
3.8a	Were the flow rates above the rated capacity? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3.8b	Provide the flow rate capacity or attach the permit showing the flow rate capacity.		<input type="checkbox"/> Attached Capacity: _____		
3.9	Were there any failures to meet the CT requirements? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.10	Is there any treatment installed that is currently not in use and, if so, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.11	List the last treatment service date for all treatment units and by whom:	<input type="checkbox"/> N/A	Device: _____ Date: _____ Servicer: _____		
3.12	List the last backwash date for all treatment units:	<input type="checkbox"/> N/A	Device: _____ Date: _____		
3.13	Is there any point of use treatment? If yes, provide the type, location, installation date, and specifications.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____ Location: _____ Installation Date: _____ Specifications: _____		
3.14	Is the point of use device routinely maintained and inspected? Provide the date it was last maintained and by whom.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Servicer: _____		

PWSID:  System Name:

**3.15** Sketch and label the water system's Treatment Train that consists of all units and processes in order from the well to the point of entry. **\*Attach additional sheets if necessary.**



<b>3.16</b>	Other comments on the treatment system including proposed corrective actions:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PWSID:  System Name:

4	Distribution	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
4.1	Was the sample collected in a hydraulically isolated area of the distribution system (e.g. separate pressure zone, dead-end)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.2	System pressure: Is there evidence that the system experienced low (<20 psi) or negative pressure? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of Incident:	
4.3	Is there an irrigation system served by the potable source? If yes, provide the location.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.4	Is there a fire suppression system served by the potable source? If yes, provide the location.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.5	Were any cross connections identified? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.6	Are backflow prevention devices present? If yes, provide a description and where. If no, provide a corrective action. <i>(Required if system has an irrigation or fire suppression system served by the potable source.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4.7	Regarding 4.5, have backflow prevention device(s) been operational and maintained? If yes provide the most recent date of maintenance and by whom.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4.8	Have there been any water main repairs, removals, or additions? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.9	Were any leaks or main breaks discovered during the investigation? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.10	Is there any evidence of intentional contamination in the distribution system? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.11	Are there areas where it is difficult to maintain a residual (e.g. dead-ends)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

PWSID:	<input type="text"/>	System Name:	<input type="text"/>		
4.12	Have there been any operating issues with control valves (i.e. Pressure Reducing Valves, Altitude)? If yes, provide a description and a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.13	Most recent pump in distribution system (e.g. booster pump) maintenance/service date:	<input type="checkbox"/> N/A			
4.14	Other comments on the distribution system including proposed corrective actions:				

5	Storage/Pressure Tanks		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
5.1	How many storage tanks are in the system?	# In Use:	Identify tank(s) and the type of tank(s):		
5.2	Are the facilities secured from unauthorized access? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.3	Do the access openings have proper gaskets and/or seal tightly? If no, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
5.4	Was there any observed leaks or physical deterioration (e.g. rust) of the tanks? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.5	Could the physical condition of the tanks be a source of contamination including leaks? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.6	When was the last tank inspection(s) date(s)?		Tank: _____ Date of last inspection: _____  Tank: _____ Date of last inspection: _____		
5.7	Was the tank analyzed for total coliform/ <i>E. coli</i> ? If yes, attach lab report(s) and provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.8	Is the bladder in the pressure tank waterlogged? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

PWSID:  System Name:

5.9	Has there been any evidence of vandalism or intentional contamination at the storage tank(s)? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.10	Did the pressure tanks deviate from normal operating pressure? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.11	Other comments on the storage system including proposed corrective actions:				

6	Sampling		Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed	For official State use only**
6.1	Were the Total Coliform samples collected by a NJDEP certified laboratory? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.2	Were the samples collected according to the RTCR Sampling Plan? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.3	Was the sampling plan revised prior to the collection of the positive samples? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.4	Have conditions changed at the sample site since last sample collection? If yes, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.5	Have there been any additional analytical samples, such as special, elective, and/or investigatory, collected, including source samples which were positive? If yes, provide a description and attach the corresponding lab reports.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach the corresponding lab reports.		
6.6	Were there any visible indicators of unsanitary conditions? If yes, provide a description and a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

PWSID:  System Name:

6.7	What is the condition of the tap(s)?				
6.7A	<input type="checkbox"/> Clean/sanitary				
6.7B	<input type="checkbox"/> Corroded				
6.7C	<input type="checkbox"/> Unclean/unsanitary				
6.7D	<input type="checkbox"/> Recently replaced				
6.7E	<input type="checkbox"/> Improper construction				
6.7F	<input type="checkbox"/> Leaking/Broken				
6.7G	<input type="checkbox"/> No problems seen				
6.7H	<input type="checkbox"/> Other				
6.8	Was the sample tap leaking or broken? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.9	Was the sample taken from an outside spigot or tap? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.10	Was the sample taken from a swivel faucet? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.11	Did the sample tap have a point of use treatment device on it? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.12	Were Standard Operating Procedures followed during Total Coliform samples collection and handling? If no, provide a description and documentation from laboratory or sample collector.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.12 A(1)	Were you present when the sampling occurred? If yes, provide a yes or no response to 6.12A(2).	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.12A (2)	Was the aerator removed? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
6.12B	Was the sample site flushed prior to sample collection? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.12C	Were appropriate sample collection techniques followed? (This includes eliminating water splashing from sink and sampler not touching the inside of the sample bottle.) If no, provide a description and documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.12D	Was the laboratory contacted for this assessment to ensure all laboratory quality control processes were followed? If no, provide a description.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

PWSID:  System Name:

6.12E	If the laboratory was contacted, provide the date and name of person contacted:			
6.13	Is there potential for hot water to enter the sample tap? If yes, provide a corrective action.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.14	Other comments on sampling including proposed corrective actions:			

**\*The system must submit their Revised Total Coliform Rule Sampling Plan with this Level 2 Assessment.**

<b>7</b>	<b>Summary</b>
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Identify and summarize the issues that were found during the assessment. Using the selection below, check all that apply and briefly summarize the corrective action performed as a result of these findings.

**Describe all issues found and corrective actions, including completed and proposed timeframes.** Please attach all documentation (i.e. lab reports, chain of custody forms, repair receipts, photographs, etc.) regarding implemented corrective actions.

**Sanitary Defect(s) Identified:**

- Source  
  Treatment  
  Distribution System  
  Storage Tanks/Pumps  
  Sampling  
 If no sanitary defects were found during the assessment, check this box to certify that the assessment was completed in accordance with the EPA *RTCR Assessments and Corrective Actions Guidance Manual*.

If shock chlorination was performed, provide the details below\*:

Date of chlorination and party that conducted the chlorination	Product Used	NSF/ANSI 60 certified  Y or N	Residual at POE	Residual at furthest point in Distribution System	Contact time (number of hours)	Flush Date

***\*Prior approval from the State is required prior to disinfecting a source (shock chlorination) as a single corrective action (i.e. not following repairs/other corrective actions based on findings) if no sanitary defects are identified and addressed under the assessment. Disinfection must be conducted in accordance with N.J.A.C. 7:1-11.6, 7, &10 for community water systems and N.J.A.C. 7:10-12.11 for noncommunity water systems.***

PWSID:

System Name:

Sanitary Defect Identified	Corrective Action	Corrective Action Completion Date or Proposed Completion Date	Owner Initials	Licensed Operator Initials	Approved Party Initials

**NJDEP USE ONLY**

**\*\*Only document insufficient and/or inadequate responses in the "For Official State Use Only" column using an "X" and provide additional information in the comment section below.**

**PWSID#:** \_\_\_\_\_ **Date of Level 2 Trigger:** \_\_\_\_\_ **NJEMS RTC#:** \_\_\_\_\_

**NJDEP Reviewer:** \_\_\_\_\_ **Signature of Reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Level 2 Assessment Adequate:  Yes  No      Corrective Actions Completed:  Yes  No

**NJDEP Supervisor:** \_\_\_\_\_ **Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Level 2 Assessment Adequate:  Yes  No      Corrective Actions Completed:  Yes  No

**Comments on inadequacies (if any):**

**Licensed Operator Violations to be referred (if applicable):**

*Include citations.*

**RTCR Sampling Plan**  Approved  Deficient  Under Review

**Comments (additional):**