



LEVEL 2 ASSESSMENT – TRANSIENT PUBLIC WATER SYSTEM

State Form 55983 (R5 / 12-20)
 Indiana Department of Environmental Management
 Office of Water Quality – Drinking Water Branch

Mail, e-mail, or fax this form and supporting documents to:
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH
 100 North Senate Avenue, Room N1201
 Indianapolis, IN 46204
 E-mail: CapCert@idem.in.gov

INSTRUCTIONS: A Certified Level 2 Assessor or agent of the State **must** complete this form. The goal of this assessment is to resolve this system's total coliform contamination. The assessor will provide a determination of the cause of this total coliform contamination by checking "Yes" on the appropriate checkboxes below. With each issue checked "Yes", the assessor will follow with a narrative in the "Issue Description" AND "Corrective Action" columns. If any question or section does not apply, simply strike through or mark as N/A. The system representative listed below is responsible for implementing the corrective actions identified within thirty (30) days of this assessment and will provide documentation (photos or receipts) of the corrective actions to IDEM at CapCert@idem.in.gov.

Public Water System Identification (PWSID) number 2460069	Name of system Maple Grove UMC
Name of system representative John Taylor	How representative is affiliated with the system OP, SA, EC, EC, AC

1. SAMPLING SITES	Issue(s) Found?	Description of Issue	Corrective Action(s)
Unclean, leaking, damaged or unsuitable tap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Changed sampling location	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Unapproved or unsuitable sampling location	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Low / inadequate disinfection residual	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Plumbing changes or additions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Plumbing breaks or failure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Cross connection adjacent sampling site (such as, but not limited to, reverse osmosis unit)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Untested backflow device(s) adjacent sample site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. SAMPLING PROTOCOL	Issue(s) Found?	Description of Issue	Corrective Action(s)
Tap wasn't flushed (prior to sampling)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Tap wasn't disinfected (prior to sampling)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Aerator or screen damaged or corroded	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Public Water System Identification (PWSID) number 2460069	Name of system Maple Grove UMC
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2. SAMPLING PROTOCOL <i>(continued)</i>	Issue(s) Found?	Description of Issue	Corrective Action(s)
Old sample bottle	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Did not get the water samples in on the time to UPS - Different time zone</p>	<p>Getting samples to UPS on time.</p>
Bottle seal broken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
New person collected water sample	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Sampling error	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Improper hold time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Improper storage temperature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

3. OPERATIONAL CHANGES	Issue(s) Found?	Description of Issue	Corrective Action(s)
New sample tap installed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
New treatment device added	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Source added	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Source abandoned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
New storage tank added	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Visible indicators of unsanitary conditions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Recent repairs to water lines	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Water system was NOT disinfected / flushed following plumbing construction or repairs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Loss of power	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Public Water System Identification (PWSID) number
2460069

Name of system
Maple Grove UMC

4. DISTRIBUTION SYSTEM	Issue(s) Found?	Description of Issue	Corrective Action(s)
Low flow / dead end main	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Low disinfection residuals (if applicable) review systems records, sample (if needed)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Water line breaks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Loss of pressure or low pressure (less than 20 psi)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Water leaks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Construction or installation of plumbing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Cross connection issue(s) including but not limited to softener waste lines, irrigation, boiler make-up, baptismal, fire suppression, mop sinks, manufacturing process systems	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Untested backflow device(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inadequate flushing of water lines due to inactivity or closure of the facility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Evidence of vandalism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

5. TREATMENT	<input type="checkbox"/> N/A	Issue(s) Found?	Description of Issue	Corrective Action(s)
Treatment device malfunctioning		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Treatment added or changed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Cross connection issue(s)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inadequate disinfection		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Interruption in treatment / power loss		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Chemical feed rate problems		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Filter contamination		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

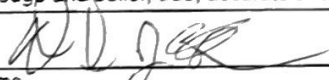
Public Water System Identification (PWSID) number 2460069	Name of system Maple Grove UMC
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5. TREATMENT (continued) <input type="checkbox"/> N/A	Issue(s) Found?	Description of Issue	Corrective Action(s)
Maintenance schedules not followed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Chemical day tanks empty / inadequately sealed (e.g. softener out of salt)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Evidence of short circuiting in treatment process	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Evidence of contamination	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

6. STORAGE TANK <input type="checkbox"/> N/A	Issue(s) Found?	Description of Issue	Corrective Action(s)
Tank(s) is damaged, rusty, or has holes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Tank bladder(s) is waterlogged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Hydropneumatic tank malfunctioning	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vent / overflow screen damaged / missing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Signs of vandalism / unauthorized access	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Recent work or repair of tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Evidence of contamination	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Standing water around tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Debris around tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Water age / inadequate turnover	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Lack of maintenance or inspection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Public Water System Identification (PWSID) number 2460069	Name of system Maple Grove UMC
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7. SOURCE - WELLS	Issue(s) Found?	Description of Issue	Corrective Action(s)
Cracked, broken, or missing well cap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Cracked or damaged well casing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If well casing is cracked, is the protective barrier missing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Well screen missing or damaged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Missing or damaged grout seal (voids around well allowing contaminants into well)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Recent work on pump	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Well pump cycling improperly	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Pump assembly leaking / damaged (jet pump or vertical turbine only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Evidence of contamination	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Flooding or standing water near well	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Standing water / flooding in well pit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Ground slopes toward well casing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Air relief valve missing screen and / or air gap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

CERTIFICATION		
I certify, under penalty of law, that I am a Certified Level 2 Assessor, and that this document was prepared by me or under my direction, and the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am also aware that there are significant penalties for submitting false information.		
Signature 	Date (month, day, year)	
Printed name Daniel J Keane	Title Drinking Water Inspector	License number(s) (if applicable)
Telephone number ()	E-mail address	

Please save a copy of this form and return the original form along with a copy of your training information (including, but not limited to, an Indiana Water Basics Course (INWBC) certificate of completion) to the Indiana Department of Environmental Management. It is important to provide the system representative with a copy of this document. The drinking water system is responsible for completion of all corrective action(s) identified within thirty (30) days of this assessment.

Public Water System Identification (PWSID) number 2460069	Name of system Maple Grove UMC
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<i>FOR IDEM USE ONLY</i>				
Name of IDEM reviewer			Date of IDEM consultation (if needed) (month, day, year)	
Document preparer completed INWBC <input type="checkbox"/> Yes <input type="checkbox"/> No	Level 2 Assessment accepted <input type="checkbox"/> Yes <input type="checkbox"/> No	PWS has corrected the problem <input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective Action Plan approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved with changes <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments				