



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Revised Total Coliform Rule Level 1 Assessment Form

PWS ID#:	PWS Name:	Town:
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Ground Water Source		PWS does not have ground water sources		
6	Source Name: Source Facility ID:	Potential Defect	Description of Defect and Corrective Action Taken/Proposed	Date Corrected/Proposed
6.1	Are there any holes or unprotected openings in the well casing?	Y N N/A		
6.2	Is there any failure or outbreak of a septic or sewer system in the area around the well?	Y N N/A		
6.3	Is the well located in a depressed area where water may collect or is subject to flooding, and has any flooding or ponding occurred?	Y N N/A		
6.4	Is the sanitary seal or well cap improperly installed to the casing and electric conduit, or are they in an unsatisfactory condition?	Y N N/A		
6.5	Does the well lack a vent?	Y N N/A		
6.6	Is the vent not shielded or properly screened?	Y N N/A		
6.7	Is the well pit currently flooded or is there any indication that water collects in the pit?	Y N N/A		
6.8	Is the well pit drain line directly connected to a septic, sewer or storm drain system?	Y N N/A		

Attach additional page for each ground water source: Page ____ of ____