



# Revised Total Coliform Rule – Level 1 Assessment Form

## Florida Department of Environmental Protection

**NOTE:** Form to be completed based on data and documents available to the Public Water System and submitted to the DEP district or DOH county office which has jurisdiction of the water system as soon as practical, but **no later than 30 days** after learning that the PWS has triggered this Level 1 Assessment. Failure to conduct the Assessment and complete corrective actions within these 30 days may result in monthly monitoring. **If this is the second Assessment trigger in the past 12 months, you will need to use the Level 2 Assessment form.**

PWS ID#: 3424106 PWS Name: Oak Haven WTP City/Town: Ocala

System Type:  Community  Non-transient, Non-community  Transient, Non-community

Person Conducting Assessment: Lee Cain Person's Title: Operations Director - CWS

Phone: 407-928-1555 Email: lee.cain@clearwatersol.com

Date Assessment Triggered: 10-3-23 Date Assessment Completed: 10-6-23

### Level 1 Triggers:

- >5% total coliform-positive results if required to collect 40 or more samples
- 2 or more total coliform-positive results if required to collect fewer than 40 samples
- Failure to take every repeat sample after total coliform-positive result

**Section A: Review and evaluate elements 1-7. Check any potential causes of contamination identified. **Each section requires a response. Please provide additional explanations in Section B.****

### 1. GENERAL

Issues Identified:  No If yes, please check below and add additional information in Section B.

- Pressure loss/inadequate pressure (<20 psi)  Visible indicators of unsanitary conditions
- Signs of vandalism/forced entry  Power loss
- Water quality measurements out of range
- Other: Well TC positive issues

### 2. SAMPLING SITES

Issues Identified:  No If yes, please check below and add additional information in Section B.

- Unclean/unsuitable sample tap  Change in conditions at sample site  Hot water intrusion
- Unapproved sample site  POE/POU site identified
- Other: Sample taps were sanitized and flushed... now are passing

**3. SAMPLING PROTOCOL**

**Issues Identified:**  No If yes, please check below and add additional information in Section B.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sampling error             | <input type="checkbox"/> Lab indicates possible lab error       | <input type="checkbox"/> Auto sensing faucet/swivel-type faucet |
| <input type="checkbox"/> Change in sample collector | <input type="checkbox"/> Aerator not removed from tap           | <input type="checkbox"/> Improper hold time/storage temperature |
| <input type="checkbox"/> Inadequate tap flushing    | <input type="checkbox"/> Improper sample container/preservative |   |
| <input type="checkbox"/> Other: _____               |   |   |

**4. TREATMENT PROCESS**

**Issues Identified:**  No If yes, please check below and add additional information in Section B.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> O & M procedures not followed                   | <input type="checkbox"/> Unprotected by-pass in treatment process | <input type="checkbox"/> Inadequate disinfection    |
| <input type="checkbox"/> Turbidity measurements out of range             | <input type="checkbox"/> Filter/media contamination               | <input type="checkbox"/> Change in flow rates       |
| <input type="checkbox"/> Treatment added/changed                         | <input type="checkbox"/> Interruption in treatment/power loss     | <input type="checkbox"/> Recent installation/repair |
| <input checked="" type="checkbox"/> Other: Well TC positive issues _____ |   |   |

**5. DISTRIBUTION SYSTEM**

**Issues Identified:**  No If yes, please check below and add additional information in Section B.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Illegal use of hydrants           | <input type="checkbox"/> Leaks                | <input type="checkbox"/> Operation of isolation valves resulting in breakage |
| <input type="checkbox"/> Improper surge control            | <input type="checkbox"/> Low flow             | <input type="checkbox"/> Flushing of fire hydrants/blow-offs                 |
| <input type="checkbox"/> Low disinfectant residual         | <input type="checkbox"/> Main breaks          | <input type="checkbox"/> Improper operation of air-relief/air-vacuum valves  |
| <input type="checkbox"/> Known bio-film accumulation       | <input type="checkbox"/> Booster pump failure | <input type="checkbox"/> Installation of new mains/construction activity     |
| <input type="checkbox"/> Unprotected cross-connection      | <input type="checkbox"/> Flow reversal        | <input type="checkbox"/> Fire-fighting event/sheared hydrant                 |
| <input type="checkbox"/> Improper operation of gate valves | <input type="checkbox"/> Dead end             | <input type="checkbox"/> Standing water/debris in valve vault                |
| <input type="checkbox"/> Other: _____                      |   |  |

**6. STORAGE TANKS**

**Issues Identified:**  No If yes, please check below and add additional information in Section B.

- |   |  |
|---|--|
| <input type="checkbox"/> Low disinfectant residual  | <input type="checkbox"/> Water age/inadequate turnover   |
| <input type="checkbox"/> Lack of maintenance/cleaning/inspection  | <input type="checkbox"/> Unaddressed inspection findings |
| <input type="checkbox"/> Standing water/debris in control vault   | <input type="checkbox"/> Recent work on tank             |
| <input type="checkbox"/> Tank design issues (overflow, vent, hatch, screen size, etc.)  | <input type="checkbox"/> Hatch not sealed                |
| <input type="checkbox"/> Unauthorized access/signs of vandalism   | <input type="checkbox"/> Tank(s) out of service          |
| <input type="checkbox"/> Evidence of contamination from animals/insects   |  |
| <input type="checkbox"/> Incorrect operation of level control valves/altitude valves/related appurtenances                          |  |
| <input type="checkbox"/> Deterioration, rust, holes, or other breaches in vent, overflow pipe, access hatch, screens, ladders, etc. |  |
| <input type="checkbox"/> Other: _____   |  |

**7. SOURCES**

**Issues Identified:**  No      If yes, please check below and add additional information in Section B.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Damaged pitless adaptor   | <input type="checkbox"/> Defective/damaged/missing well cap/well seal      | <input type="checkbox"/> Damaged well casing  |
| <input type="checkbox"/> Well flooded/run-off inundation   | <input checked="" type="checkbox"/> Damaged/missing/unscreened vent        | <input type="checkbox"/> Unapproved source(s) |
| <input type="checkbox"/> Missing/damaged grout seal  | <input type="checkbox"/> Source(s) added/removed                           | <input type="checkbox"/> Change in source(s)  |
| <input type="checkbox"/> Recent work on well pump  | <input type="checkbox"/> Unprotected opening in pump/pump assembly         |   |
| <input type="checkbox"/> Ground slopes towards well  | <input type="checkbox"/> Well pit with standing water/evidence of flooding |   |
| <input type="checkbox"/> Recent heavy rainfall   | <input type="checkbox"/> Improper development/poorly maintained spring box |   |
| <input checked="" type="checkbox"/> Other: Well TC positive issues; well was not properly vented - now completed |  |   |

**Section B – Issue Description:** Use this space to provide additional information on potential causes of contamination identified during your assessment. Include corresponding dates with your findings such as dates of sample collection, low pressure events, extreme weather, etc.

Check if PWS did not find any causes for the contamination.

1. Well has had TC positive issues off and on since January 2022
2. Well was not properly vented - now completed. this may help

**Section C – Corrective Action Taken or to be Taken:** For any possible issues not already being addressed, use this space to describe corrective actions completed at the time of this assessment, a proposed timetable for any corrective actions not already completed, and any interim measures the Public Water System plans to implement prior to the completion of any corrective actions, including specific milestone dates.

1. Well venting has been repaired with FRWAs help.
2. Well has been re-sanitized and recent well samples are clear, free from Total Coliform

**Certification:** I, the owner or responsible party for the public water system named above, hereby certify that all statements provided above are true and accurate to the best of my knowledge.

Print Name: Jessica Thomas

Title: EHS Compliance Coordinator

Signature: Jessica Thomas Digitally signed by Jessica Thomas  
Date: 2023.10.09 10:20:15 -05'00'

Date: 10/9/2023

Phone Number: 314-466-4788

Email: jthomas@cswrgroup.com

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**DEP/DOH Official Use Only**

DEP/DOH Reviewer: \_\_\_\_\_

PWS corrected problem(s): \_\_\_\_\_

Level 1 Assessment Sufficient: \_\_\_\_\_

Consultation Date: \_\_\_\_\_

Corrective Action Plan Approved: \_\_\_\_\_

Approved with changes (attached): \_\_\_\_\_

Revisions Required: \_\_\_\_\_

**Comments**