



LEVEL 1 ASSESSMENT FORM FOR NONCOMMUNITY PUBLIC WATER SUPPLIES

*Issued under authority of the Safe Drinking Water Act, 1976 PA 399, as amended, MCL 325.1001 et seq., and its Administrative Rules (Act 399).
Failure to submit certification is a violation of Act 399 and may subject the water supply to enforcement actions.*

This assessment is intended to review general water system infrastructure and operating and sampling protocols. This form should be completed by a knowledgeable representative of the water system. **To avoid a violation, this form must be completed and returned to the local health department (LHD) no later than _____ .**

Noncommunity Water System Name: _____	Public Water Supply ID: _____ MI _____	Source ID (if applicable): _____	Date Completed: _____	Form required in response to: Total Coliform Positive(s): <input type="checkbox"/> Failure to Collect Repeat Samples After Initial Routine Positive: <input type="checkbox"/>
Name/Title of Person Completing Onsite Assessment: _____	Telephone Number: _____	E-mail Address: _____		

Issues	Check	Description (attach additional sheets if necessary)
1. Has anything unusual occurred prior to sample collection? Loss of pressure, power outage, operation and maintenance activities, vandalism, visible indicators of unsanitary conditions, heavy rainfall, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe all issues identified along with the approximate date of the occurrence (e.g., Replaced well pump on May 1, samples taken next day, results were positive for total coliform, etc.).
2. Have there been any recent changes to the water system? New plumbing installed, pump replacement, pressure tank replacement, treatment system installed, operational changes, issues with, or new potential sources of, contamination, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Sampling Site/Protocol: Sample tap damaged or inaccessible, improper sampling techniques, improper sample location, failure to collect repeat samples after initial routine positive, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Well: Damaged, loose, or missing well cap, vent screen, conduit; problem with wellhead; evidence of flooding, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Treatment Process (if applicable): Interruptions, chemical refill overdue, filter change due, incorrect chemical solution concentration, dosage adjustment needed, other operations and maintenance issues, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Corrective Action (attach additional sheets if necessary) <input type="checkbox"/> Supply will be following Level 1 Corrective Action Plan (CAP) provided by the local health department (LHD); e.g., chlorination, flushing, sampling, etc., on or before [date] _____ OR <input type="checkbox"/> A detailed CAP proposal and timeline is attached. OR <input type="checkbox"/> No sanitary defect(s) identified – No CAP proposed.
6. Pressure Tank: Recent work performed, pressure tank issues, pump runs more often than normal, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Distribution System: Plumbing in disrepair, leaking joints, pressure loss, cross connections, dead-end plumbing, frozen pipes, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Other: Check applicable box and, if yes, describe event or condition in "Description" box.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Local Health Department Use Only	<input type="checkbox"/> LHD collected assessment information (above) via phone
Date of Trigger: _____	Date Reviewed: _____ Reviewed By: _____
<input type="checkbox"/> CAP Paperwork Complete	Date System Notified CAP Approved: _____ <input type="checkbox"/> Corrections completed within approved timeline

Submit to LHD: _____



LEVEL 1 ASSESSMENT FORM GUIDANCE

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Conducting this Level 1 Assessment is intended to protect public health by identifying "sanitary defects" so they can be corrected. Sanitary defects could provide a pathway of entry for microbial contamination into the distribution system. Indicate a failure, or indicate imminent failure, in a barrier that is already in place. Sampling that indicates the presence of bacteria triggers a Level 1 Assessment. The assessment helps to identify whether one or more sanitary defects are present.

The Level 1 Assessment examines source water, treatment, distribution system, and relevant operational practices. It is performed by someone familiar enough with the system to answer the questions on the assessment form (e.g., owner, certified operator, or LHD).

A Level 1 Assessment must be completed and submitted to the LHD within 30 days of either of the following triggers:

1. The system has two or more total coliform-positive samples in the same month, including repeat samples collected after the end of the month; or
2. The system fails to take every required repeat sample after any single routine total coliform-positive sample.

Some of the common causes of coliform detections in the water supply system are:

- Loss of pressure due to power outage or electrical work.
- Maintenance performed on the distribution system (e.g., replace burst pipe and failure to disinfect afterwards).
- Pressure tank or pump replaced.
- Reduced isolation distances to sources of contamination.
- Treatment (water softener) system installed, or different treatment chemicals/filters purchased.
- Sample collected from wrong location.
- Unapproved or loose-fitting well cap and electrical conduit.
- Water ponding near the wellhead.
- Plumbing leaks.
- Sample tap in poor condition.
- Cross connections (connection between the drinking water supply and a potential source of contamination).
- Biofilm buildup in the system.
- Dead-end plumbing (places where water could stagnate).

If the water supply failed to collect repeat samples after any single routine total coliform-positive sample, the supply **must** collect the repeat samples immediately and submit the results to the LHD.

The assessment form must be completed and submitted to the LHD within 30 days of the date of the trigger (Item 1 or 2 above). A CAP, including a timeline, must be submitted to the LHD for approval if a sanitary defect was identified.

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.