

Notice: Pursuant to ch. NR 809.313 Wis. Adm. Code, Public Water Systems are required to submit this form to the Department of Natural Resources (DNR) within 30 days of being notified that a trigger was exceeded. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law (ss. 19.31-19.39, Wis. Stats.). *Unless otherwise noted, citations refer to Wisconsin Administrative Code.*

SECTION A – PUBLIC WATER SYSTEM AND CONSECUTIVE SYSTEM OWNER INFORMATION

Public Water System Name	PWSID Number	Phone Number (incl. area code)
Consecutive System Name (if applicable)	PWSID Number	Phone Number (incl. area code)

SECTION B – ASSESSMENT AGENT INFORMATION

Name of Assessment Agent	Assessment Date
Agent Mailing Address	Phone Number (incl. area code)

Certifications: Licensed Professional Engineer Other:

SECTION C – RECENT CHANGES, PROBLEMS, AND PERTINANT HISTORICAL ISSUES

Type of Assessment: Level 2 Other:

Documented Health Outbreak, Illness, or Epidemic	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Operator or Personnel Changes	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
System/Operators/Employees do not Meet Operator Certification Requirements	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
No Operator In Charge (OIC) designated or OIC not supervising other operators/employees	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Security and Vandalism Issues or Law Enforcement Involvement	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Loss of Power or Electric at Facilities	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Monitoring Violations	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
EColi, Fecal Coliform, or Total Coliform Positive History (source water and distribution)	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Consumer or Owner Water Quality Complaints	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Source Water or Water Quality Problems or Changes	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Recent Land Use Activities (blasting, fire suppression, land spreading, construction, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Extreme Precipitation Events or Flooding	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Well/Pumping Changes or Equipment Changes or Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Treatment or Treatment Equipment Changes or Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Water Storage (including pressure vessel) or Storage Equipment Changes or Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Distribution System Changes or Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Water Main or Service Line Breaks or Repairs	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Pressure Losses or Pressure Changes	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Water Use Pattern Changes (fire use, factory use, sales, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Unresolved Sanitary Defects	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Other Concerns:	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)
Free Chlorine Level (mg/l) at ECP/TCP Monitoring Site	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>explain*</i>)

*Explanations (*attach additional documentation if necessary*):

SECTION D – MONITORING OBSERVATIONS

Describe observations: note whether each element is satisfactory (S), unsatisfactory (U), or is not present (not applicable – N/A). If a rating is unsatisfactory, provide an explanation to the right of the element and/or provide this information in attached documentation by referencing the assessment element's identification number.

ID	S	U	N/A	Bacteriological Monitoring Program
1				Approved Monitoring Plan is Followed
2				Geographic and Water Use Patterns Represented in the Plan
3				Site Rotation Frequency
4				Non-Monitoring Window Minimized

ID	S	U	N/A	Bacteriological Monitoring Site (where the positive test result(s) occurred)
5				Service Line Materials and Condition
6				Sample Tap Location and Distance From Service Entrance
7				Plumbing System and Cross-Connection Protection
8				Sample Tap (Faucet) Type
9				General Sanitary Condition

ID	S	U	N/A	Bacteriological: Sample Collection and Testing
10				Person Collecting the Sample
11				Bottle Age, Storage, Condition
12				Service and Tap Flushed and Flushing Time (length)
13				Collection Technique
14				Sample Preservation and Shipping
15				Laboratory Certification
16				Test Method and QA/QC Related Issues

ID	S	U	N/A	Chlorine Testing
17				Sample Holding Time (test performed right after collection)
18				Chlorine Test Method
19				Meter and Sample Vial Condition
20				Reagent Expiration Date
21				Reading Meter within 1 Minute of Adding Reagent (free Cl)
22				Check Standards: Run Weekly/Documented/Results

SECTION E – SOURCEWATER (GROUNDWATER) AND PUMP OBSERVATIONS

Describe observations: note whether each element is satisfactory (S), unsatisfactory (U), or is not present (not applicable – N/A). If a rating is unsatisfactory, provide an explanation to the right of the element and/or provide this information in attached documentation by referencing the assessment element's identification number.

ID	S	U	N/A	Groundwater Source and Well Construction
23				Geological and Hydrological Conditions
24				Separation Distance to Potential Contamination Sources
25				Building, Well House, or Pitless Adaptor Housing/Cover
26				Drains (storm and sewer) and Site Drainage
27				Well Construction and Sanitary Seal
28				Well Casing and Integrity of Penetration Points (vents/elect.)
29				Source Water Quality
30				Well Televising/Inspection Results
31				Well Maintenance Practices and Treatment Frequency

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ID	S	U	N/A	Well Pump and Appurtenances
32				Pump Maintenance Practices (pulled/serviced regularly)
33				Suction Line Under Constant Pressure
34				Discharge and Service Line Under Constant Pressure
36				Backflow Protection
37				Check Valve

SECTION F – TREATMENT OBSERVATIONS

Describe observations: note whether each element is satisfactory (S), unsatisfactory (U), or is not present (not applicable – N/A). If a rating is unsatisfactory, provide an explanation to the right of the element and/or provide this information in attached documentation by referencing the assessment element's identification number.

ID	S	U	N/A	Treatment Units
38				Structure
39				Operation and Functionality
40				Media (evaluation frequency and condition)
41				Backwash Frequency
42				Intake and Exhaust (location, orientation, wind shield, screen)
43				Vents (orientation, air gap, and screen)
44				Vacuum/Air Release (orientation, air gap, and screen)
45				Sanitary Condition of Physical Equipment
46				Backflow Protection

ID	S	U	N/A	Treatment Chemicals
47				Chemical Manufacturer and NSF/ANSI 60 Approved
48				Chemical Transfer and Storage
49				Age/Sanitary Condition of Chemicals (particularly phosphates)
50				Dosing, Injection points, and Treatment Effectiveness
51				Backflow Protection

ID	S	U	N/A	Chlorination System
52				Design, Operation, and Functionality
53				Injection (location, injector condition and servicing)
54				Dose (injection or delivery rate and dose consistency)
55				Operational Tests
56				Entry Point Levels

ID	S	U	N/A	UV System
57				Unit Approved (WDNR/WDSPS/NSF 55)
58				Approved Pretreatment Filter and Its Condition
59				Inspection/View Window
60				Wavelength
61				Lamp and Sensor Condition
62				Flow Delay Mechanism (allows proper warm up)
63				Automatic Fixed Flow Rate Control (present/sized correctly)
64				Automatic Shutoff Valve (before UV unit/not bypassed)
65				Backup Unit
66				Functionality

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SECTION G – SURFACE WATER TREATMENT SYSTEMS

Describe observations: note whether each element is satisfactory (S), unsatisfactory (U), or is not present (not applicable – N/A). If a rating is unsatisfactory, provide an explanation to the right of the element and/or provide this information in attached documentation by referencing the assessment element's identification number.

ID	S	U	N/A	Source Water
67				Source Water Changes
68				Monitoring Program (parameters tested and results)
69				Sample Collection (location, method, and frequency)
ID	S	U	N/A	Intakes and Shore Wells
70				Inspection Frequency
71				Functionality
72				Chemical feed
73				Intake Pipe Testing and Integrity
ID	S	U	N/A	Treatment
74				In-Plant Biological, Chemical, Physical Testing/Frequency
75				Management of Waste Streams
76				Cross-Connection Protection
77				Pre-Sedimentation (operation, functionality, testing)
78				Rapid Mix (operation, functionality, testing)
79				Slow Mix/Flocculation (operation, functionality, testing)
80				Sedimentation (operation, functionality, testing)
81				Filtration (operation, functionality, testing)
82				Membrane Filtration (operation, functionality, testing)
83				Ozone (operation, functionality, testing)
84				UV (Reference Section F)
85				Chlorine Disinfection (Reference Section F)
86				Clear Well (operation, functionality, testing)
ID	S	U	N/A	Chemical Use
87				Type of Chemicals
88				Chemical Manufacturer and NSF/ANSI 60 Approved
89				Chemical Transfer and Storage
90				Sanitary Condition of Chemicals (particularly phosphates)
91				Solution Age
92				Application Location, Method, and Frequency
93				Feed System (design, control, operation, dosing consistency)
94				Injection (location, injector condition and servicing)
95				Dose (injection or delivery rate and dose consistency)
96				Back-up System
ID	S	U	N/A	Monitoring
97				Turbidity (test location, monitoring frequency, and levels)
98				Disinfection (test location, monitoring frequency, and levels)
99				Minimum CT Inactivation Ratio
100				LT2 Microbial (test location, monitoring frequency, and levels)

SECTION H – PRESSURE VESSEL AND BOOSTER PUMPS/STATION

Describe observations: note whether each element is satisfactory (S), unsatisfactory (U), or is not present (not applicable – N/A). If a rating is unsatisfactory, provide an explanation to the right of the element and/or provide this information in attached documentation by referencing the assessment element's identification number.

ID	S	U	N/A	Pressure Vessel (Hydro-Pneumatic Tank)
101				Flushing Method and Connections
102				Flushing, Cleaning, and Inspection Frequency
103				Physical Condition
104				Surface and Coating Condition (internal and external)
105				Metal Condition (pitting, corrosion, holes, buckling, etc.)
106				Site Glass
107				Access Hatches, Seals, Gaskets, Penetration Points
108				Bladder Condition, Operation, Pressure, Recharge Frequency
109				Air Volume Control
110				Air Compressor Condition, Air Source, Intake Screen
111				Air Release Valve Condition, Termination Point, Air Gap
112				Pressure Gage, Lines, Valves, Backflow Protection Devices
113				Bypass Piping and Its Use
114				Multi-Tank Configuration: Dead-Ends Not Stagnant
115				Extra Tanks Disconnected
116				Operating Pressures
ID	S	U	N/A	Booster Pumps/Stations
117				Functionality
118				Operating Ranges
119				Suction and Discharge Pressures
120				Low Pressure Alarm
121				Operating Pressures in High Service Area
122				Pressure Effects in Low Service Area

SECTION I – WATER STORAGE FACILITY

Describe observations: note whether each element is satisfactory (S), unsatisfactory (U), or is not present (not applicable – N/A). If a rating is unsatisfactory, provide an explanation to the right of the element and/or provide this information in attached documentation by referencing the assessment element's identification number.

ID	S	U	N/A	Water Storage Facilities
123				Last Cleaned and Inspected
124				Roof and Membrane Condition
125				Wall and floor Condition
126				Operating Levels (depth or pressure)
127				Screens
128				Vents and Overflow Pipes
129				Hatches and Hatch Seals
130				Penetration Points (sealed)
131				Water Quality Observation (Recent Visual)
132				Overall Integrity and Security

SECTION J – DISTRIBUTION

Describe observations: note whether each element is satisfactory (S), unsatisfactory (U), or is not present (not applicable – N/A). If a rating is unsatisfactory, provide an explanation to the right of the element and/or provide this information in attached documentation by referencing the assessment element's identification number.

ID	S	U	N/A	Distribution System
133				Approved/Unapproved Connection with another PWS
134				Other Source Water Interconnections Permitted/BF Protected
135				Private Water Main/Service Loop (backflow protection)
136				Cross-Connection Inspection Program
137				Air Release Valves and Venting (functionality and protection)
138				Pressure Reducing Valves (functionality and protection)
139				Pressure Sustaining Valves (functionality and protection)
140				Flushing Program (frequency, method, effectiveness)
141				Extent of Water Losses
142				Water mains pass through storm or sanitary manholes/lines
143				Water Mains, Valves, Hydrants (operation and functionality)
144				Dead Ends/Zones have flushing devices and flushed regularly
145				System Use Secure (loading station and hydrant use)
146				Pressure (consistently above 20 psi)
147				Distribution System Chlorine Testing Program

SECTION K – SUMMARIZE SANITARY DEFECTS AND UNSATISFACTORY OBSERVATIONS

More detailed information can be provided in supporting documentation and photos attached to this form.

SECTION L – EXPLAIN ANY CORRECTIVE ACTIONS COMPLETED

More detailed information can be provided in supporting documentation and photos attached to this form.

SECTION M – PROPOSED CORRECTIVE ACTION PLAN AND SCHEDULE FOR CORRECTION

More detailed information can be provided in supporting documentation and photos attached to this form.

SECTION N – COMPLETENESS CHECKLIST

Use the checklist below to ensure the form is complete.

• Assessment Form Complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Sanitary Defects and Unsatisfactory Observations Explained	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Actions Completed and Repair Information Provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Proposed Corrective Plan and Correction Schedule Provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Written Report and Supporting Documentation Sent to Owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SECTION O – ASSESSMENT AGENT AND OWNER SIGNATURES

This section is reserved for Assessment Agent and Owner.

I certify that the information provided on this form is accurate and true to the best of my ability.

Assessment Agent Signature	Date
Municipal Official or Owner Signature	Date

SECTION P – DNR REVIEW AND SUMMARY

To be completed by the Wisconsin DNR Representative.

Assessment Agent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Assessment Package	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Explain Likely Cause of Level 2 Trigger:			
Action Plan	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Correction Schedule	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Corrective Actions Completed	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Sanitary Defects Eliminated	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
WDNR Representative Signature	Date		