



## Level 1 Coliform Investigation Form

Oregon Health Authority, Drinking Water Services

*Complete the coliform investigation and return the form within 30 days to your County, Dept. of Ag, or State regulatory contact*

<b>PWS Name:</b>		<b>PWS ID #:</b>	41
	<b>Name</b>		<b>Telephone #</b>
Operator in Direct Responsible Charge			
Person(s) that collected samples if different than above			
Date of Investigation:			

### INVESTIGATION DETAILS

Did any of the following events occur prior to collection of the positive total coliform samples?	Yes/No	N/A	If Yes, describe issue
1. Loss of pressure anywhere in the system	Y <input type="checkbox"/> N <input type="checkbox"/>		
2. Maintenance on the system that could have introduced contamination	Y <input type="checkbox"/> N <input type="checkbox"/>		
3. Repair of broken water lines	Y <input type="checkbox"/> N <input type="checkbox"/>		
4. New water lines or service connections added to the system	Y <input type="checkbox"/> N <input type="checkbox"/>		
5. Vandalism or unauthorized access to facilities	Y <input type="checkbox"/> N <input type="checkbox"/>		
6. Water line flushing or fire fighting event	Y <input type="checkbox"/> N <input type="checkbox"/>		
7. Low chlorine or chloramine residual anywhere in the system	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
8. Failure of chlorination/UV equipment or minimums not met	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
9. New or different source of water introduced (example: backup well)	Y <input type="checkbox"/> N <input type="checkbox"/>		
10. Loss of electrical power	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
11. Unprotected connection to non-potable water discovered (example: private well, irrigation line, fire sprinkler system)	Y <input type="checkbox"/> N <input type="checkbox"/>		
12. Failure to test all backflow prevention devices within the last year	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
13. Discovery of water system components submerged in water (example: well or valves in a flooded vault)	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
<b>Wells &amp; Springs</b> - Inspect each groundwater source for physical defects and report:	Yes/No	N/A	If Yes, describe issue
1. Cracks or holes in well seal or casing	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
2. Repair/replacement of well/spring components (example: well pump)	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
3. Wellhead flooded or water puddled near well	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
4. Screen for well vent missing or damaged	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
5. Feces, fecal source or other unsanitary conditions at the well/spring	Y <input type="checkbox"/> N <input type="checkbox"/>		
6. Leaking sewer lines or septic tanks near well/spring	Y <input type="checkbox"/> N <input type="checkbox"/>		
7. Cracks or holes in springbox	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
8. Water flowing or puddled on the ground around springbox	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	

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Storage Tanks - Inspect each storage tank for physical defects and report:	Yes/No	N/A	If Yes, describe issue
1. Vent screens missing or damaged	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
2. Roof access hatch or other openings poorly or not sealed	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
3. Screen or flap valve on overflow pipe outlet missing or damaged	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
4. Tank in poor condition	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
5. Tank has not been cleaned in recent memory	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
6. Presence of contamination in tank (example: dead animals, insects)	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
7. Recent maintenance or work done on the tank	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Sampling Protocol - Review and report:	Yes/No	N/A	If Yes, describe issue
1. Tap flushed for less than 3 minutes	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
2. Aerator, screen, hose, or other attachment present during sampling	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
3. Leaky or swivel faucet used	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
4. Samples not kept cool during storage/transportation	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
5. Inside of bottle/lid touched or lid set down	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
6. Heavy rainfall or wind at time of sampling	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
7. Sampled at site not on sampling plan or at a previously unused site	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
8. Other sampling problems	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Other	Yes/No	N/A	If Yes, describe issue
Any other issues/problems/sources of contamination that may have caused the positive coliform result	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	

**SUMMARY:** Based on the results of your investigation and any other available information, what do you believe to be the cause(s) of the positive total coliform sample(s) from your water system? (Do not leave blank)

**CORRECTIVE ACTIONS:** What actions have you taken to correct the above mentioned issue(s)? *If additional time is needed to correct a deficiency, indicate the date that it will be corrected.* (Do not leave blank)

**CERTIFICATION:** I certify that the information submitted in response to the questions above is accurate to the best of my knowledge.

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Additional comments:

**For Agency Use Only:** Reviewed by \_\_\_\_\_ Date Reviewed: \_\_\_\_\_  Complete  Needs Revision