

# Example form 3300-313

Wisconsin Department of Natural Resources  
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[dnr.wi.gov](http://dnr.wi.gov)

## Non-Community Public Water System Level 2 Assessment

Form 3300-313 (R 09/19)

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**Notice:** This form should be used in response to coliform treatment technique triggers found in s. NR 809.313 Wis. Admin Code. Personal information collected will be used for administrative purposes and may be released to requesters to the extent required by Wisconsin's Open Records laws (ss. 19.31-19.39, Wis. Stats.).

System Name	PWSID #	<input type="radio"/> TN system <input type="radio"/> NN system	County <span style="float: right;">▼</span>
Reason for Assessment: <input type="radio"/> Confirmed coliform positive sample <input type="radio"/> Missing (C)heck and/or (R)epeat samples	Due Date for the Completed Assessment: _____		
System representative(s) on site (N/A/ if desktop)	Date of this <input type="radio"/> Site Visit or <input type="radio"/> Desktop Review: _____		
<input type="checkbox"/> RTCR – E. coli present in any current routine, check or repeat samples (E. coli MCL) <input type="checkbox"/> Groundwater Rule – any current triggered sample is E. coli present (GWR Tier 1 PN)	Past 3-year sample results review (incl D, A, C, R, dual-purpose T):		
	Number of total coliform positive samples: _____		
	Number of E. coli positive samples: _____		
			Number of completed Level 2 Assessments: _____

### SECTION A - EVENT BACKGROUND INFORMATION

Have any of the following occurred prior to the date triggering this Level 2 assessment?      Yes    No    NA

- |   |   |
|---|---|
| <input type="checkbox"/> Changes in water quality (taste, odor, appearance)   | <input type="checkbox"/> Recent drought conditions or extreme precipitation event(s)        |
| <input type="checkbox"/> Distribution system drained (closed, seasonal)   | <input type="checkbox"/> Possible sampling procedure error _____                            |
| <input type="checkbox"/> Loss of pressure   | <input type="checkbox"/> Poor sampling site selection _____                                 |
| <input type="checkbox"/> Nearby land use activity is a potential source (blasting, fire suppression, land spreading, septic issues) | <input type="checkbox"/> Visible indicators of unsanitary conditions (vermin, animal waste) |
| <input type="checkbox"/> Operation/Maintenance activities   | <input type="checkbox"/> Visible or scent indicators that a biofilm may be present          |
|   | <input type="checkbox"/> Other _____  |

### SECTION B - SURVEY OF WATER SYSTEM ELEMENTS (Potential Sanitary Defects)

**Element 1 – Source Issues?**      Yes    No    NA

- |   |   |
|---|---|
| <input type="checkbox"/> Casing height low                        | <input type="checkbox"/> Vent damaged/unscreened  |
| <input type="checkbox"/> Conduit damaged/missing                  | <input type="checkbox"/> Well casing is damaged or corroded                                 |
| <input type="checkbox"/> Contamination possible from nearby wells | <input type="checkbox"/> Well cap/well seal is damaged or has unsealed openings             |
| <input type="checkbox"/> Floodwater/runoff ponding/topped well    | <input type="checkbox"/> Well construction unknown  |
| <input type="checkbox"/> Grout or seal around well damaged        | <input type="checkbox"/> Well construction would not meet current construction requirements |
| <input type="checkbox"/> Pit leaking/flooded                      | <input type="checkbox"/> Other _____  |

**Element 2 – Pumps, Pump Facilities and Control Issues?**      Yes    No    NA

- |  |   |
|--|---|
| <input type="checkbox"/> Buried suction line                         | <input type="checkbox"/> Power loss                                     |
| <input type="checkbox"/> Check valve noncomplying location/failure   | <input type="checkbox"/> Pump failure/replacement                       |
| <input type="checkbox"/> Noncomplying flowing well piping            | <input type="checkbox"/> Non-complying well/entry point sampling faucet |
| <input type="checkbox"/> Piping leak/ponding/wet along buried piping | <input type="checkbox"/> Other _____                                    |

**Element 3 – Storage Issues?**      Yes    No    NA

- |   |  |
|---|--|
| <input type="checkbox"/> Pressure not holding under no water demand | <input type="checkbox"/> Waterlogged pressure tank |
| <input type="checkbox"/> Tank deterioration, rust, holes            | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Tank recently replaced                     |  |

**Element 4 – Treatment Issues?**      Yes    No    NA

- |  |  |
|--|--|
| <input type="checkbox"/> Broken part(s) or system malfunction      | <input type="checkbox"/> Recent installation/repair  |
| <input type="checkbox"/> Interruption in treatment/power loss      | <input type="checkbox"/> Required maintenance past due (e.g., UV light replacement)          |
| <input type="checkbox"/> Filter(s) or brine tank not maintained    | <input type="checkbox"/> Testing/maintenance records not completed (on site testing records) |
| <input type="checkbox"/> Required chemical or salt addition missed | <input type="checkbox"/> Other _____   |

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**Element 5 – Distribution System Issues /Cross Connections?**  Yes  No  NA

- |   |  |
|---|--|
| <input type="checkbox"/> Air gaps missing<br><input type="checkbox"/> Dead-end plumbing lines/devices not in use<br><input type="checkbox"/> Leaking distribution piping<br><input type="checkbox"/> Low pressure event | <input type="checkbox"/> Low temperature setting on water heater (encourages biofilm growth)<br><input type="checkbox"/> New piping/addition installed<br><input type="checkbox"/> Vacuum breaker/backflow protection device or assembly missing or required assembly testing is not current<br><input type="checkbox"/> Other _____ |
|---|--|

**SECTION C - DESCRIPTION OF EVENT \***  Check if no possible causes for contamination event were found

**SECTION D - DESCRIPTION OF CORRECTIVE ACTION(S) FOR EACH SANITARY DEFECT\***

List of Specific Sanitary Defects	Assigned Corrective Action	Corrective Action Due Date

Please remember to provide written notification to your DNR/County Representative **within 30 days of completing each corrective action** to avoid a reporting violation. Failure to complete a corrective action (or request an extension) by the due date(s) may result in increased monitoring frequency for at least 1 year.

**Corrective Action(s) Confirmation Requirements**

**Microbiological Confirmation of Effective Corrective Action(s) under s. NR 809.06 Wis. Admin Code:**

Two (2) consecutive sets of two (2) water samples, denoted as "I" (for Investigative) on the sample form, must be coliform-absent to confirm corrective action(s) were effective. If disinfection has been directed by DNR/County Rep, ensure that adequate flushing removes any residual disinfectant before collecting any "I" samples. Sample locations should be discussed with your DNR/County Rep, but typically include: 1) before the pressure tank and 2) in the distribution system.

The first set can be collected 24 hours to 7 days following the date corrective actions were completed or otherwise directed by the DNR/County Rep. Additional sets can be collected no less than 24 hours after the previous set.

Contact your DNR/County Rep if any "I" samples show coliform bacteria are present in order to adjust corrective action(s) due dates if necessary.

**SECTION E - COMMENTS OR RECOMMENDATIONS**

Name of person completing form	Agency	Date Assessment Completed / Reported
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\*Attach additional documentation and photos if needed