



## COMMONWEALTH of VIRGINIA

DEPARTMENT OF HEALTH

OFFICE OF DRINKING  
WATER  
Richmond Field Office

Karen Shelton, MD  
State Health Commissioner

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### NOTICE of LEVEL 1 ASSESSMENT REQUIREMENT

SUBJECT: Louisa County  
Waterworks: BIO-CAT Inc.  
PWSID No: 2109060

August 1, 2025

BIO-Cat Inc.  
Attn: Patrick Woodson  
9117 Three Notch Road  
Troy, VA 9117 Three Notch Road

Dear Mr. Woodson,

This notice is to advise you of requirements per Section 12VAC5-590-392 B 1 coliform treatment technique triggers and assessment requirements of the *Waterworks Regulations*. The subject waterworks generated a requirement to perform a Level 1 assessment and submit a completed Level 1 assessment form to this office. A Level 1 assessment is required whenever a waterworks has two or more total coliform-positive samples during a monitoring period; or, there is a failure to collect every required repeat sample after any total coliform-positive sample result.

Based on our records for the July 2025 monitoring period, the subject waterworks had five total coliform-positive samples. One routine total coliform positive sample was collected on July 15, 2025. Three repeat total coliform samples were collected on July 28, 2025. Additionally, one triggered water sample collected on July 28, 2025, tested positive for total coliform bacteria.

#### **Required Actions**

The following actions are required in accordance with Section 12VAC5-590-392 C of the *Regulations*:

- Perform a Level 1 assessment using the enclosed form.
- Submit the completed Level 1 assessment form to this office within 30 days from the date of this letter, **on or before August 31, 2025**.

#### **Additional Information**

A Level 1 assessment evaluates conditions throughout the waterworks to determine possible causes for the total coliform-positive sample results. Sanitary defects (conditions that could

provide a pathway of entry for microbial contamination into the distribution system) identified by the assessment are to be corrected and noted in the assessment. A schedule of corrective action(s) must be included in the assessment for defects not corrected by the above submittal due date.

This office will review the assessment for accuracy and completeness plus verify completion of any scheduled actions to correct sanitary defects. Notify this office, in writing, within one business day upon completion of each corrective action, if a corrective action is listed in a submitted schedule.

If you have any questions or concerns regarding this matter, or should you need any assistance in completing the Level 1 assessment form, please contact me at (804) 338-2887 or [toby.bryant@vdh.virginia.gov](mailto:toby.bryant@vdh.virginia.gov). Additionally, feel free to contact the Environmental Health Specialist, Sr for the district at (804) 910-6111 or email at [lydia.belser@vdh.virginia.gov](mailto:lydia.belser@vdh.virginia.gov).

Respectably,



Toby Bryant, Env. Health Supervisor  
Richmond Field Office

LMB: tb

Enclosure:

1. Level 1 Assessment Form

cc: Louisa County Health Department-attn: Environmental Health Manager  
Louisa County Administrator- Christian Goodwin

**FM-C7-Attachment 1. Level 1 Assessment Form.**

Virginia Department of Health  
Office of Drinking Water (ODW)  
Waterworks Level 1 Assessment

Waterworks Name: BIO-Cat Inc.	PWSID No.: 2109060			
Source Water Type: Groundwater		City/County: Louisa County		
Waterworks Type: <input type="checkbox"/> Community		Population Served: 50		
<input checked="" type="checkbox"/> Nontransient Noncommunity		<input type="checkbox"/> Seasonal		
<input type="checkbox"/> Transient Noncommunity		<input type="checkbox"/> Seasonal		
Owner: BIO-CAT Inc.				Phone: 434-589-4777
Compliance Monitoring Period:	July 2025			
Number of Samples	Required	Collected	Total coliform present	<i>E.coli</i> present
Routine per monitoring period	1	1	1	No
Repeat	3	3	3	No
Triggered source water	1	1	1	No
Date ODW Notified Waterworks Level 1 Assessment Required:	08/01/2025			
Assessment Due Date:	08/31/2025			
Assessment Conducted Date:				
Reason Level 1 Assessment is required:				
1. <input checked="" type="checkbox"/> Two or more coliform present samples				
2. <input type="checkbox"/> Failure to collect all repeat samples (subsequent to coliform present sample)				
3. <input type="checkbox"/> Greater than 5% of samples are coliform present				

Waterworks Assessment Instructions

Consider each assessment element listed in the following evaluation form to determine if the element listed may have contributed to the "present" bacteriological sample results.

A response in a **highlighted** box suggests the assessment element may have contributed to the "present" bacteriological sample results and is a potential Sanitary Defect. Provide an explanation of why the highlighted element could have contributed to the "present" bacteriological sample results in the column titled "Describe any element of concern." Use the "Additional Comments" space on page 4 of the form, if needed. Provide the date and description of Corrective Actions taken in the table on page 5. Provide a list of Additional Actions Needed for uncorrected sanitary defects in the table on page 5. List each item, in any box, by the assessment element number as identified in the first column. Notify the appropriate ODW field office, in writing, no later than seven days after completion of each corrective action, if a corrective action is listed in a submitted schedule.

Notes:

1. For wholesale and consecutive waterworks:
  - a. Review records related to flows, pressures, and water quality parameters at the connection(s) with the wholesale water supplier.
  - b. Consecutive waterworks owners shall notify the wholesale water supplier whenever the consecutive system has been triggered to perform a Level 1 Assessment.
  - c. Wholesale waterworks owners shall notify consecutive waterworks owners as total coliform bacteria could have spread to the consecutive waterworks distribution system.
2. The Level 1 Assessment must be completed based on data and documentation available to the waterworks operator and maintained on file by the waterworks. The completed Level 1 Assessment must be returned to the appropriate ODW-Field Office within 30 days of being notified that the assessment was triggered.

**FM-C7-Attachment 1. Level 1 Assessment Form.**

**Virginia Department of Health  
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Waterworks Level 1 Assessment**

Waterworks Name: BIO-Cat Inc.	PWSID No.: 2109060
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Assessment Elements		Response			Describe any element of concern
		Y	N	N/A	
<b>1. Sample Site</b>					
1.1	Were all sites used listed on approved BSSP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.2	Are the sample tap and the surrounding area clean?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.3	Describe sample tap fixtures (e.g., outdoor hose bib, indoor cold water faucet, etc.?)				Description:
1.4	Is the sample tap a swivel faucet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Sample Collection Protocol</b>					
2.1	Was the sample collector properly instructed in collection procedures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.2	Were taps flushed adequately (approx. 5 minutes)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.3	Were aerators removed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.4	Were sample containers sealed/unopened/untampered prior to use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.5	Were the sample containers/rim or cap contaminated during sampling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.6	Were the taps disinfected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.7	Were samples shipped/delivered per laboratory instruction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>3. Recent Operational Changes to the System</b>					
3.1	New/different/emergency well used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Changes in operation or treatment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Any possible contamination events not directly related to operations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	If seasonal system, was start-up initiated without flushing and disinfection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.5	Sites with low chlorine residual (<0.2 mg/L)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.6	Did power outages occur prior to "present" bacteria results?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. Recent Distribution System Event That Might Introduce Contaminants</b>					
4.1	Low water pressure (<20 psi)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Cross-connection problem	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Pump station problem	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	Fire hydrants/blow off used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Line break/repair or nearby construction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Yard hydrants near sample location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	Customer complaints about pressure, water quality prior to sampling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Assessment Elements		Response			Describe any element of concern
		Y	N	N/A	
<b>5. Storage Tanks/Tank Sites</b>					
5.1	Are lot/tank ladder secured from unauthorized access?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.2	Are roof access hatches on atmospheric tanks locked and properly sealed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.3	Are roof vents on atmospheric tanks properly sealed/screened?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.4	Are structures water tight/without leak?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.5	Any hole/damage in the tank structure that is not sleeved or protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.6	Are drain and overflow line outlets screened?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.7	Have tank(s) been serviced, repaired, or maintained recently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.8	Any recent unusual changes in tank water levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. Treatment Process Upsets Or Change Noted:</b>				<input type="checkbox"/>	
6.1	Has there been an interruption of treatment operations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	Are chemical solution containers uncovered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.3	Does building housing treatment equipment reflect poor house keeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	Any chlorine residual <0.2 mg/L at entry point to distribution system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	Any turbidity values ≥ 0.3 NTU in water entering the distribution system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.6	Did treatment fail to continuously meet 4 log inactivation of viruses requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7. Water Supply Well(s)</b>				<input type="checkbox"/>	
7.1	Is well house free of pests/vermin?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.2	Is well cap and seal securely in place?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.3	Is well casing vent properly screened?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.4	Is electrical connection to pump secure and sealed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.5	If there is an air release or screened pressure relief valve, is the release feature piped to grade?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.6	Is the wellhead free of any cross-connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.7	Any hoses left connected to a hose bib w/o a vacuum breaker in well house?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Assessment Elements		Response			Describe any element of concern
		Y	N	N/A	
<b>7. Water Supply Well(s) cont.</b>				<input type="checkbox"/>	
7.8	Is the well pump blow-off line air gapped w/screened discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.9	Any recent ponding or flooding around wellhead?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.10	Is well site secure? (i.e. fenced, gate or building locked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.11	Was a triggered source water sample result total coliform present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.12	Has the well pump been replaced during the current monitoring period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>8. Source – Surface/GUDI Water Supply</b>				<input type="checkbox"/>	
8.1	Has there been an incident of raw water turbidity ( $\geq 100$ NTU) within 14 days prior to sampling?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Typical turbidity ranges from ____ to ____.
8.2	Any sewage overflow, storm water discharge or construction excavation in the vicinity of the source within 14 days prior to sampling?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>9. Source – Spring(s)</b>				<input type="checkbox"/>	
9.1	Recent heavy rainfall, flooding event prior to sampling?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Typical turbidity ranges from ____ to ____.
9.2	Recent incident of water turbidity ( $\geq 100$ NTU) prior to sampling?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9.3	Has there been any damage, change or repairs to the spring(s) infrastructure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9.4	Have there been any unusual changes or incidents recently within the spring recharge area prior to the sampling event?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Additional Comments					

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PWSID No.: 2109060

<b>Summary</b>		
Assessment Elements/Sanitary Defects		Corrective Action Taken and Date
<b>Additional Actions Needed But Not Completed</b>		
Action Needed		Completion Deadline:
<p><b>Conclusions:</b></p> <p><input type="checkbox"/> A cause for the contamination was not determined.</p>		
<p><b>Assistance with assessment provided by:</b></p> <p> </p>		
<p><b>Print name of person completing the form:</b> _____</p> <p>Signature: _____ Date: _____</p>		
<p><b>Print name of Waterworks Representative:</b> _____</p> <p>Signature: _____ Date: _____</p>		

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Reserved for VDH-ODW Review			
	Response		
	Yes	No	Comments
1. Has assessment been completed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Was likely reason for TC+ occurrence found?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Was assessment completed on time?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have all identified problems or sanitary defects been corrected by the waterworks?	<input type="checkbox"/>	<input type="checkbox"/>	
a. If 'No', has an acceptable schedule of corrective actions been provided?	<input type="checkbox"/>	<input type="checkbox"/>	
b. If a correction schedule is necessary, has schedule been entered into SDWIS?	<input type="checkbox"/>	<input type="checkbox"/>	

ODW Reviewer: \_\_\_\_\_  
(Print)

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