

U T A H D I V I S I O N O F D R I N K I N G W A T E R

PUBLIC WATER SYSTEM IMPROVEMENT PRIORITY REPORT
04/11/96

18143 - FREEZE CREEK WATER CO

System Manager: RICHARD W. MOFFAT
System Address: 127 S 500 E #310
 SALT LAKE UT 84102
Phone Number..: 521-4781
Type of System: COMMUNITY-PRIVATELY OWNED

Searches Back to...: 03/95
Current Rating.....:
Period of Operation: 01/01 to 12/31
Last Surveyed By...: R.HANSEN
Date Last Surveyed.: 06/24/94

General/Administration Information

No Missing General/Administrative Information

Certified Operator Information

No Certified Operator Requirements

Bacteriological Information

No Bacteriological Violations found

Chemical Information

Chemical (IOC) monitoring violation in 1995 for source 02 (FREEZE CK WELL2)	10 points
Chemical (NO2) monitoring violation in 1995 for source 02 (FREEZE CK WELL2)	35 points
Chemical (NO3) monitoring violation in 1995 for source 01 (FREEZE CK WELL)	35 points
Chemical (NO3) monitoring violation in 1995 for source 02 (FREEZE CK WELL2)	
Chemical (RAD) monitoring violation in 1995 for source 02 (FREEZE CK WELL2)	10 points
Chemical (VOC) monitoring violation in 1995 for source 02 (FREEZE CK WELL2)	10 points

Lead / Copper Information

No Lead / Copper Infractions

Physical Facilities Information

No Physical Facility Infractions

Total Points 100 points

****RETURN THIS REPORT WITH CORRECTIONS****

C. DRINKING WATER FACILITY EVALUATION

1. Administrative Issues

(Office Interview)

System Name Freeze Creek Water Co. Number 18143

Survey Date 4-11-96

Name of Surveyor DAVID F. HANSEN

Water System Representative(s)/Others accompanying survey:

RICHARD MOFFAT Phone 521-4781

Phone _____

Phone _____

10 points will be credited to a water system with a current Emergency Response Program.

To be fixed by ___/___/___ 0 or 10 Points _____

10 points will be credited to a water system which has a written Financial Management Plan; including an appropriate rate structure, infra-structure replacement plan, master plan.

Please Submit

To be fixed by ___/___/___ 0 or 10 Points 10

Total Points Credited 10

2 points may be assessed to a COMMUNITY water system that does not provide an annual report to the Division of Drinking Water.

0 or 2 Points 0

Service Data

Have there been any interruptions in service during the last five years? Yes [] No []

If yes, please explain when, why and the duration.

Standard Line Breaks

****COMPLETE AND RETURN****

Source Monitoring

5 points will be assessed to a water system which does not have an adequate bacteriological sampling site plan.

To be fixed by 7/1/96 0 or 5 Points 5

10 points will be assessed to a water system which does not have an adequate Lead/Copper sampling site plan.

To be fixed by 7/1/96 0 or 10 Points 10

Cross Connection

50 points will be assessed to a water system that does not have any of the below listed components of a cross connection control program.

To be fixed by 10/30/96 0 or 50 Points 50

Describe why 50 points were assessed At this time no points will be assessed. However a Cross Connection Control Program must be developed and submitted to the DDW within 180 days

A water system which only has some of the components of a cross connection control program shall be assessed the following number of points.

10 points will be assessed to a water system which does not have local authority to enforce a cross connection program (i.e., ordinances, bylaws or policies).

To be fixed by ___/___/___ 0 or 10 Points _____

10 points will be assessed to a water system which does not provide public education or awareness material presentations on an annual basis.

To be fixed by ___/___/___ 0 or 10 Points _____

10 points will be assessed to a water system which does not have an operator with training in the area of cross connection.

To be fixed by ___/___/___ 0 or 10 Points _____

10 points will be assessed to a water system with no written records of cross connection activities, such as, backflow assembly inventories, hazard assessments, and/or test history.

To be fixed by ___/___/___ 0 or 10 Points _____

10 points will be assessed to a water system which does not have an on-going enforcement activity plan.

To be fixed by ___/___/___ 0 or 10 Points _____

C. DRINKING WATER FACILITY EVALUATION

2. Wells (Field Interview)

System Name Freeze Creek Water Co. Number 18143
Source Number 01 Source Name Freeze Creek Well 01
Location _____
Period of Use 01/01 12/31 Latitude 40 47 11.0 Longitude 111 44 33.0

A. Well Seal

50 points will be assessed for any well that does not have a sanitary seal or has unsealed openings in the top of the well that could allow contamination to enter the well.

A properly installed and maintained pitless adapter will meet this criteria if it has been approved by the Division of Drinking Water for the specific installation.

To be fixed by ___/___/___ 0 or 50 Points 0

B. Proper Lubrication Oil

25 points will be assessed for any well that requires oil lubrication if the oil used is not a mineral grade suitable for human consumption.

To be fixed by ___/___/___ 0 or 25 Points 0

C. Elevation of Top of Well Casing

1 to 20 points will be assessed for any casing that does not extend at least 12" above the concrete floor or 18" above the ground, or five feet above the highest flood level. No points will be assessed if a properly installed and approved pitless adapter is used. Range of points will be determined by degree of exposure to flooding, drainage, condition of floor and other factors which may jeopardize the integrity of the wellhead. If insufficient height above floor or ground, identify any conditions or factors which could jeopardize the well's sanitary integrity.

To be fixed by ___/___/___ 0 to 20 Points 0

Explanation of assigned points _____

D. Screening of Well Casing Vent

5 points will be assessed for a well casing vent that is not properly covered with a number 14 mesh screen.

To be fixed by ___/___/___ 0 or 5 Points 5

E. Well Discharge Piping Equipment

1 point assessed for each of the following items which are not present or serviceable on the discharge piping: (1) a smooth nosed sampling tap (2) a check valve (3) a pressure gauge (4) a flow measuring device and/or (5) a shut off valve. CIRCLE ITEMS NOT FOUND OR NOT SERVICEABLE, AND IDENTIFY IF THEY ARE NOT IN THE ORDER LISTED.

To be fixed by ___/___/___ 0 to 5 Points 1

Explanation of assigned points _____

F. Discharge Piping Air Vent

1 to 5 points assessed for each well that does not have an air relief valve on the discharge piping. Relief Valve piping must be turned down and properly screened with number 14 mesh screen. Integrity of screen must be determined.

To be fixed by ___/___/___ 0 to 5 Points 5

Explanation of assigned points _____

G. Well House Floor Drain

1 to 5 points assessed for well houses that do not have a drain to daylight floor drain that is fully serviceable. Where does the drain end up?

To be fixed by ___/___/___ 0 to 5 Points 2

Explanation of assigned points _____
_____ *pump to waste line and drain line must be properly screened with a #4 mesh screen*

Total Points Assessed 13

ADDITIONAL REQUIRED INFORMATION (no points assessed)

Is this source covered in a source protection plan? Yes [] No []

Is a current well log available for this well? Yes [] No []

Current flow rate (determined during survey) 400 set at 200 gpm gpm Size of Well Casing 8 inches

Type of Pump: Verticle turbine _____ Submersible _____

Size of discharge piping 4 inches. Brand of pump _____ Model 1

Motor Information

Brand _____ Model _____

Horsepower 40 Voltage _____

Is there a pump to waste line with an adequate air gap (twice pipe diameter)? Yes [] No []

If there is a Pump House, is it secure? Yes [] No []

Does it have adequate heating? Yes [] No []

Does it have adequate lighting? Yes [] No []

Does it have adequate ventilation? Yes [] No []

Is the floor elevation at least 6 inches above the surrounding ground elevation? Yes [] No []

OTHER OBSERVATIONS OR COMMENTS

C. DRINKING WATER FACILITY EVALUATION

2. Wells (Field Interview)

System Name Freeze Creek Water Co. Number 18143
Source Number 02 Source Name _____
Location _____
Period of Use 01/01 12/31 Latitude 40 47 19.5 Longitude 111 44 07.0

A. Well Seal

50 points will be assessed for any well that does not have a sanitary seal or has unsealed openings in the top of the well that could allow contamination to enter the well.

A properly installed and maintained pitless adapter will meet this criteria if it has been approved by the Division of Drinking Water for the specific installation.

To be fixed by ___/___/___ 0 or 50 Points 0

B. Proper Lubrication Oil

25 points will be assessed for any well that requires oil lubrication if the oil used is not a mineral grade suitable for human consumption.

To be fixed by ___/___/___ 0 or 25 Points 0

water lubricated

C. Elevation of Top of Well Casing

1 to 20 points will be assessed for any casing that does not extend at least 12" above the concrete floor or 18" above the ground, or five feet above the highest flood level. No points will be assessed if a properly installed and approved pitless adapter is used. Range of points will be determined by degree of exposure to flooding, drainage, condition of floor and other factors which may jeopardize the integrity of the wellhead. If insufficient height above floor or ground, identify any conditions or factors which could jeopardize the well's sanitary integrity.

To be fixed by ___/___/___ 0 to 20 Points 0

Explanation of assigned points _____

D. Screening of Well Casing Vent

5 points will be assessed for a well casing vent that is not properly covered with a number 14 mesh screen.

To be fixed by ___/___/___ 0 or 5 Points 5

E. Well Discharge Piping Equipment

1 point assessed for each of the following items which are not present or serviceable on the discharge piping: (1) a smooth nosed sampling tap (2) a check valve (3) a pressure gauge (4) a flow measuring device and/or (5) a shut off valve. CIRCLE ITEMS NOT FOUND OR NOT SERVICEABLE, AND IDENTIFY IF THEY ARE NOT IN THE ORDER LISTED.

To be fixed by ___/___/___ 0 to 5 Points 1

Explanation of assigned points _____

F. Discharge Piping Air Vent

1 to 5 points assessed for each well that does not have an air relief valve on the discharge piping. Relief Valve piping must be turned down and properly screened with number 14 mesh screen. Integrity of screen must be determined.

To be fixed by ___/___/___ 0 to 5 Points 5

Explanation of assigned points _____

G. Well House Floor Drain

1 to 5 points assessed for well houses that do not have a drain to daylight floor drain that is fully serviceable. Where does the drain end up?

To be fixed by ___/___/___ 0 to 5 Points 0

Explanation of assigned points _____

Total Points Assessed 16

ADDITIONAL REQUIRED INFORMATION (no points assessed)

Is this source covered in a source protection plan? Yes [] No []

Is a current well log available for this well? Yes [] No []

Current flow rate (determined during survey) 300 gpm Size of Well Casing 8 inches

Type of Pump: Verticle turbine _____ Submersible _____

Size of discharge piping _____ inches. Brand of pump _____ Model _____

Motor Information

Brand _____ Model _____

Horsepower 75 Voltage _____

Is there a pump to waste line with an adequate air gap (twice pipe diameter)? Yes [] No []

If there is a Pump House, is it secure? Yes [] No []

Does it have adequate heating? Yes [] No []

Does it have adequate lighting? Yes [] No []

Does it have adequate ventilation? Yes [] No []

Is the floor elevation at least 6 inches above the surrounding ground elevation? Yes [] No []

OTHER OBSERVATIONS OR COMMENTS

C. DRINKING WATER FACILITY EVALUATION

3. Springs (Field Interview)

System Name _____ Number _____

Source Number _____ Source Name _____

Location _____

Period of Use _____ Latitude _____ Longitude _____

A. Ponding of Water and Surface Drainage around Spring

0 to 20 points assessed for presence of, or indication of, standing water that collects over this spring collection area. Number of points will be determined by degree or amount of surface drainage, moss and/or algae in water indicating duration of ponding and the possible source of water, rainfall or incomplete collection.

To be fixed by ___/___/___ 0 to 20 Points _____

Explanation of assigned points _____

B. Impervious Soil Cover or Liner

10 points will be assessed for a spring source that does not have a minimum of 10 feet of impervious soil cover or two feet of cover with an acceptable liner.

To be fixed by ___/___/___ 0 or 10 Points _____

C. Roots in Collection Pipes

10 points will be assessed for any spring collection system where deep rooted vegetation is interfering with the collection system.

To be fixed by ___/___/___ 0 or 10 Points _____

D. Deep Rooted Vegetation

10 points will be assessed for a spring source that has deep rooted vegetation growing in the spring collection area.

NOTE: if 10 points are added with Item C, do not add additional 10 points here.

To be fixed by ___/___/___ 0 or 10 Points _____

E. Physical Features of Spring Boxes

Up to 25 points shall be assessed for spring collection and/or junction boxes which do not have the following items: 1) a proper shoe box lid, 2) a gasket on the lid, 3) #14 mesh screen on the vent line, 4) adequate air vents with #14 mesh corrosion resistant screen, and 5) locked and raised access entry. Range points shall be determined by the absence or condition of the above items about 5 pts each.

To be fixed by ___/___/___ 0 to 25 Points _____

Explanation of assigned points _____

F. Fencing of Spring Collection Area

10 points shall be assessed for any spring collection area that does not have a stock tight fence around the collection area. No points shall be assessed for collection areas located in remote areas or areas of controlled access where no grazing or public access is possible.

To be fixed by ___/___/___ 0 or 10 Points _____

G. Diversion Channel for Surface Runoff

5 points shall be assessed for a spring collection area that does not have a diversion channel capable of diverting surface water away from the collection area

To be fixed by ___/___/___ 0 or 5 Points _____

H. Flow Measurement

5 points shall be assessed for each spring system that does not have permanent flow measuring device.

To be fixed by ___/___/___ 0 or 5 Points _____

I. Overflow and/or Drain Outlet

Up to 10 points shall be assessed for a spring box with an overflow/drain line that is not properly screened with a No. 4 mesh screen and/or does not have adequate free fall of at least 12 inches. The number of points assessed shall be determined by the presence and condition of the screen and the amount of free fall and the slope and drainage of the area around the outlet.

To be fixed by ___/___/___ 0 to 10 Points _____

Explanation of assigned points _____

Total Points Assessed _____

ADDITIONAL REQUIRED INFORMATION (no points assessed)

Is this source covered in a source protection plan? Yes [] No []

Type of collection pipe _____ Confined Aquifer? Yes [] No []

Distance to Surface Water <100 feet [] 100 to 200 feet [] > 200 feet []

Current flow rate (determined during survey) _____ gpm

OTHER OBSERVATIONS OR COMMENTS

C. DRINKING WATER FACILITY EVALUATION

4. Disinfection Facilities Gaseous Chlorine

(Field Interview)

Not In Use

System Name _____ Number _____

Disinfection Station Number _____ Station Name _____

Location _____

Source(s) Treated _____
(include source numbers(s) and name(s))

A. Detectable Residual

10 points will be assessed to a chlorinated water system that does not maintain a chlorine residual at all times.

To be fixed by ___/___/___ 0 or 10 Points _____

B. Chlorine Building

2 points will be assessed for each chlorine building that is not properly heated, lighted, and vented. Ventilation must include exhausting room air at or near floor level. Heating may be unnecessary in warmer climates.

To be fixed by ___/___/___ 0 or 2 Points _____

C. Chlorine Residual Test Kit

2 points will be assessed to a chlorinated water system that does not have a functional chlorine residual test kit.

To be fixed by ___/___/___ 0 or 2 Points _____

D. Cylinder Wrench on Yolk Valve

2 points will be assessed to a chlorinated water system that does not have a chlorine cylinder wrench on the yoke valve.

To be fixed by ___/___/___ 0 or 2 Points _____

E. Leak Detection and Repair Kit

15 points will be assessed for a water system that uses 1 TON CYLINDERS that does not have proper chlorine leak detection equipment and a type B 1 ton cylinder repair kit.

2 points will be assessed for a water system that uses 150 POUND CYLINDERS that does not have proper chlorine leak detection equipment and a type A 150 pound cylinder repair kit.

To be fixed by ___/___/___ 0 or 2 or 15 or 17 Points _____

F. Restraint and Isolation of Chlorine Cylinders

2 points will be assessed to a water system that does not have chlorine cylinders properly restrained and isolated from normal operating areas.

To be fixed by ___/___/___ 0 or 2 Points _____

G. Chlorinator Feed Vent

2 points will be assessed to a water system that does not have chlorinator feeder vents properly vented and screened to outside of the chlorine building.

To be fixed by ___/___/___ 0 or 2 Points _____

H. Chlorine Feed Rate and Cylinder Usage

2 points will be assessed to a water system that does not have the equipment to accurately measure the chlorine feed rate and the usage of the cylinder (scales).

To be fixed by ___/___/___ 0 or 2 Points _____

I. Self Contained Breathing Apparatus

5 points will be assessed to a water system using gaseous chlorine that does not have access to a self contained breathing apparatus for chlorine emergencies.

5 points will be assessed to a system that stores the apparatus in the chlorine room where getting to it would require exposure to chlorine gas.

To be fixed by ___/___/___ 0 or 5 Points _____

J. Measurement of Chlorinated Water

2 points will be assessed to a water system that does not have a means of measuring the volume of water treated with chlorine.

To be fixed by ___/___/___ 0 or 2 Points _____

Total Points Assessed _____

ADDITIONAL REQUIRED INFORMATION (no points assessed)

Is the chlorination building secure? Yes [] No []

What condition is the chlorine building in? Good [] Average [] Poor []

Is a booster pump used for the chlorinator? Yes [] No []

Pump Brand _____ Model _____

Size _____ Capacity _____

Brand of Injector _____ Capacity _____

Are there spare parts on hand to repair the chlorinator? Yes [] No []

Does the chlorinator feed line have an in line screen or flush valve? Yes [] No []

Are there exterior warnings signs on the chlorine building? Yes [] No []

Are the doors hinged to open outward and equipped with panic bars? Yes [] No []

OTHER OBSERVATIONS OR COMMENTS

C. DRINKING WATER FACILITY EVALUATION

4. Disinfection Facilities Liquid Hypochlorite

(Field Interview)

System Name _____ Number _____

Disinfection Station Number _____ Station Name _____

Location _____

Source(s) Treated _____
(include source numbers(s) and name(s))

A. Detectable Residual

10 points will be assessed to a chlorinated water system that does not maintain a chlorine residual at all times.

To be fixed by ___/___/___ 0 or 10 Points _____

B. Chlorine Building

2 points will be assessed to a water system for improperly housed and secured hypochlorite station(s).

To be fixed by ___/___/___ 0 or 2 Points _____

C. Chlorine Residual Test Kit

2 points will be assessed to a chlorinated water system that does not have a functional chlorine residual test kit.

To be fixed by ___/___/___ 0 or 2 Points _____

D. Spare Parts for Hypochlorinator

2 points will be assessed to a water system that does not have spare parts on hand to repair or replace the hypochlorinator.

To be fixed by ___/___/___ 0 or 2 Points _____

E. Measurement of Chlorinated Water

2 points will be assessed to a water system that does not have a means of measuring the volume of water treated with chlorine.

To be fixed by ___/___/___ 0 or 2 Points _____

Total Points Assessed _____

ADDITIONAL REQUIRED INFORMATION (no points assessed)

What condition is the chlorine building in? Good [] Average [] Poor []

Hypochlorinator Brand _____ Model _____

Size _____ Capacity _____

Average Feed Rate _____ Solution Concentration _____

OTHER OBSERVATIONS OR COMMENTS

C. DRINKING WATER FACILITY EVALUATION

5. Storage Reservoir

(Field Interview)

System Name Freeze Creek Number 18143

Reservoir Number 01 Reservoir Name _____

Location _____

Volume in Gallons 300,000 Dimensions _____

Material of Construction Concrete Buried

A. Uncovered Finished Water Storage

A water system with an uncovered finished water storage reservoir shall immediately be assessed a rating of NOT APPROVED.

Uncovered Reservoir? Yes [] No []

B. Storage Reservoir Access

10 points shall be assessed for a water storage reservoir's access cover that is not an overlapping (shoe box) type lid, that is not locked and does not extend at least 4 inches above the top of the tank or finished grade.

To be fixed by ___/___/___ 0 or 10 Points 0

Explanation of assigned points _____

C. Storage Reservoir Vents

5 points shall be assessed for storage reservoirs that are not properly vented with a downturned vent and screened with at least No. 14 mesh screen or finer in good condition.

To be fixed by ___/___/___ 0 to 5 Points 0

D. Storage Reservoir Overflow Piping

Up to 15 points shall be assessed to a reservoir that has an overflow that is either 1) unscreened with a minimum of no. 4 mesh screen, ⁽²⁾ inadequately sized, 3) improperly sloped, and/or 4) without at least 12 inches of free fall or an adequate air gap if connected to the sewer. Number of points assigned shall be determined by the number and severity of the above mentioned items.

To be fixed by ___/___/___ 0 to 15 Points 0

Explanation of assigned points No points will be assessed at this time. However, when replacing the screen it should be # 4 mesh screen

E. Storage Reservoir Drainage

2 points shall be assessed for a reservoir which does not have an adequate drain line that is properly screened with at least no. 4 mesh and 12 inches of free fall.

To be fixed by ___/___/___ 0 or 2 Points 0

F. Integrity of Roof and Sidewalls of Water Storage Reservoirs

Up to 50 points shall be assessed to a reservoir that has cracks and/or other unprotected openings in the roof or sidewalls which are not water tight, or which may affect the structural integrity of the reservoir. Points shall be determined by the severity of the problems and by the degree of possible contamination to the drinking water by surface water, rodents, birds, and/or any other means permitted by the deficiency in the roof or walls of the reservoir.

To be fixed by ___/___/___ 0 to 50 Points 0

Explanation of assigned points _____

G. Access Ladders and Protective Railings

2 points shall be assessed for each storage reservoir that does not have a safe and serviceable access ladder and/or protective railings where required.

To be fixed by ___/___/___ 0 or 2 Points 0

H. Internal Coatings of Storage Reservoirs

30 points shall be assessed for each storage reservoir that has internal coatings that are not in compliance with ANSI/NSF Standard 61.

To be fixed by ___/___/___ 0 or 30 Points 0

Total Points Assessed 0

ADDITIONAL REQUIRED INFORMATION (no points assessed)

When was this Storage Reservoir last cleaned? _____ years ago

OTHER OBSERVATIONS OR COMMENTS

C. DRINKING WATER FACILITY EVALUATION

6. Distribution System (Field Interview)

System Name Freeze Creek Number 18143

A. System Pressures

50 points will be assessed to a water system which fails to provide at least 20 psi in all locations of the water system at all times, including peak instantaneous flow conditions.

To be fixed by ___/___/___ 0 or 50 Points 0

B. Piping Materials

30 points will be assessed to a water system that uses unapproved pipe, fittings, and material for conveyance of drinking water. Piping and fittings must be NSF approved and/or meet AWWA Standards or other appropriate approvals. Asbestos Cement pipe that has successfully passed a distribution system asbestos monitoring program according to the Drinking Water Rules shall not be assessed any points.

To be fixed by ___/___/___ 0 or 30 Points 0

PVC

C. Clearance from Sewer Lines

30 points will be assessed to a water system that has improperly installed water lines which do not have adequate clearance or separation from sewer lines.

To be fixed by ___/___/___ 0 or 30 Points 0

D. Vent Piping on Air and Vacuum Release Valves

Up to 2 points shall be assessed each air and/or vacuum release valve that does not have a properly turned down screen vent, for a maximum total of 20 points possible.

To be fixed by ___/___/___ 0 to 20 Points 0

Explanation of assigned points _____

E. Flooded Air and Vacuum Release Valves

20 points will be assessed to a water system for each air and/or vacuum release valve chamber that is flooded or subject to flooding, where there is indication that the vent is subject to submergence with a total possible of 50 points for the system.

To be fixed by ___/___/___ 0 to 20 to 50 Points 0

Explanation of assigned points _____

Total Points Assessed 0

ADDITIONAL REQUIRED INFORMATION (no points assessed)

Does the water system provide fire protection? Yes [] No []

If yes, how many hydrants? _____

Does the water system have a periodic flushing program? Yes [] No []

Does the flushing program include hydrant maintenance? Yes [] No []

Does the water system have dead end water lines? Yes [] No []

Does the water system have multiple pressure zones? Yes [] No []

If yes how many pressure zones? _____

What are the pressure ranges throughout the system? (low) _____ - _____ (high)

What are the ranges of the different pressure zones?

Pressure Zone Area	psi range	Controls		
		Automatic	Manual	Remote
_____	_____ - _____	_____	_____	_____
_____	_____ - _____	_____	_____	_____
_____	_____ - _____	_____	_____	_____
_____	_____ - _____	_____	_____	_____
_____	_____ - _____	_____	_____	_____
_____	_____ - _____	_____	_____	_____

OTHER OBSERVATIONS OR COMMENTS

C. DRINKING WATER FACILITY EVALUATION

7. Pump Stations

(Field Interview)

System Name Freeze Creek Number 18143

Name of Station _____ Location _____

Pump Station Is

- Used to fill storage reservoir *Well #2 fill tank*
 Used to boost system pressure
 Used to pressurize water out of a storage reservoir

NOTE: No points will be issued for any of the following information.

Are there multiple pumps such that with any one pump out of service the remaining pumps can meet the peak instantaneous demand?

Yes [] No []

If yes, how many pumps? _____

Horsepower	Pipe Size	GPM
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are the pumps accessible for service and repairs?

Yes [] No []

Are there pressure controls on the suction line of the pump that will automatically shut down the pump when the inlet pressure drops below 20 psi?

Yes [] No []

Are there serviceable pressure gauges on the discharge piping?
on the suction piping?

Yes [] No []
Yes [] No []

Is there an air and vacuum release valve installed with a No. 14 mesh screened vent?

Yes [] No []

Is there surge protection or a pressure relief valve installed to prevent water hammer?

Yes [] No []

Is there a standby power source available in case of power outages or equipment breakdown?

Yes [] No []

Is the pump station properly heated, lighted and ventilated?

Yes [] No []

Is pump station located in a below grade vault?

Yes [] No []

If yes, are proper safety measures exercised and electrical circuits properly protected?

Yes [] No []

Is there a current station log book and a preventative maintenance schedule?

Yes [] No []

OTHER OBSERVATIONS OR COMMENTS

C. DRINKING WATER FACILITY EVALUATION

8. Source Protection

(Field Interview)

NOTE: Attach this to each source worksheet for wells and springs.

System Name Freeze Creek Number 18143

Source Number 01 Source Name Well # 1

Location _____

Period of Use _____ Latitude 40 47 11.0 Longitude 111 44 33.0

NOTE: No points issued for any of the following information.

Is there a current source protection plan in place that covers this source?

Yes [] No []

Is there any potential sources of contamination within 5,000 feet upgradient of the water levels in the spring source or 5,000 foot radius of a well?

Yes [] No []

NOTE: (If a source protection plan has been established for this source, then the 5,000 feet distance shall be replaced by the delineated 3 year time of travel distance.)

Describe any potential sources such as fuel storage, septic tanks, pesticide or chemical storage tanks, industry, mining or feedlots? _____

Has the area within 5,000 feet upgradient of the water level in a spring or within 5,000 feet radius of a well been sprayed for insects or weed control in the last 10 years?

Yes [] No []

If yes, describe type and method of application of chemicals. _____

Is the source subject to any surface water intrusion or flooding at any time during the year?

Yes [] No []

Is there an adequate management plan in place to effectively eliminate the risk of contaminant sites polluting the source?

Yes [] No []

OTHER OBSERVATIONS OR COMMENTS

C. DRINKING WATER FACILITY EVALUATION

8. Source Protection

(Field Interview)

NOTE: Attach this to each source worksheet for wells and springs.

System Name Freeze Creek Number 18143

Source Number 02 Source Name Well #2

Location _____

Period of Use _____ Latitude 40 47 19.0 Longitude 111 49 07.0

NOTE: No points issued for any of the following information.

Is there a current source protection plan in place that covers this source?

Yes [] No []

Is there any potential sources of contamination within 5,000 feet upgradient of the water levels in the spring source or 5,000 foot radius of a well?

Yes [] No []

NOTE: (If a source protection plan has been established for this source, then the 5,000 feet distance shall be replaced by the delineated 3 year time of travel distance.)

Describe any potential sources such as fuel storage, septic tanks, pesticide or chemical storage tanks, industry, mining or feedlots? _____

Has the area within 5,000 feet upgradient of the water level in a spring or within 5,000 feet radius of a well been sprayed for insects or weed control in the last 10 years?

Yes [] No []

If yes, describe type and method of application of chemicals. _____

Is the source subject to any surface water intrusion or flooding at any time during the year?

Yes [] No []

Is there an adequate management plan in place to effectively eliminate the risk of contaminant sites polluting the source?

Yes [] No []

OTHER OBSERVATIONS OR COMMENTS

FirstName	MiddleInitial	LastName	WorkPhone	HomeAddress	City	State	Zip
GARY	E	BANTA	264-2645	PO BOX 452	RIVERTON	UT	84065
BRAD	D	BECKSTEAD	254-6173	13720 S 7213 W	RIVERTON	UT	84065
DAVID	H	BERATTO	565-8903	12895 S 1615 W	RIVERTON	UT	84065
STEVEN	L	BOWEN	254-3742	PO BOX 1712	RIVERTON	UT	84065
MARVIN	A	BOYACK	254-7904	13681 S 2260 W	RIVERTON	UT	84065
MAURY	J	BUTTERFIELD	565-8908	2080 W 13180 S	RIVERTON	UT	84065
LANCE	M	DALTON	254-0704	2035 W 13220 S	RIVERTON	UT	84065
MITCHELL	L	ELLIS	583-2186	12475 S 3240 W	RIVERTON	UT	84065
DANNY	J	ERNEST	565-8908	12814 S 5815 W	HERRIMAN	UT	84065
DALLIN DENNIS		EWELL	942-1391	13211 S 2900 W	RIVERTON	UT	84065
KEN	W	FARLEY	254-2200	14471 S 2200 W	BLUFFDALE	UT	84065
RICHARD	L	FISHER	-	10601 S 1300 W	SOUTH JORDAN	UT	84065
DUANE	C	GREEN	254-0704	1545 W 11745 S	RIVERTON	UT	84065
KEITH	J	HANSON	278-9660	12374 S LAMPTON	RIVERTON	UT	84065
EDWARD	E	HUIISH	-	PO BOX 512	RIVERTON	UT	84065
JOHN	D	ISELL	565-8903	12845 S 2525 W	RIVERTON	UT	84065
JASON	M	JEPPSON	565-8903	1349 W 12800 S	RIVERTON	UT	84065
ROBERT SCOTT		JOHNSON	565-8908	12612 S 2230 W	RIVERTON	UT	84065
MELVIN	R	JOHNSON	565-8903	12374 S 2240 W	RIVERTON	UT	84065
PETER	T	KEERS	278-9660	12473 S 1450 W	RIVERTON	UT	84065
GRANT	F	LUND	596-5066	15481 S CAMP W	BLUFFDALE	UT	84065
DAVID	G	MECHAM	254-0464	2969 W COUNTRY	BLUFFDALE	UT	84065
JOHN BRYANT		MILLER	254-4441	125 N 1ST W	HERRIMAN	UT	84065
FRANK	J	MONTOYA	565-8903	10332 S 2200 W	RIVERTON	UT	84065
TRACY		MORGANSON	968-9081	14700 S ROSE CRE	HERRIMAN	UT	84065
SCOTT	C	OLSEN	565-8908	2182 W 12360 S	RIVERTON	UT	84065
RANDALL	T	PETERSEN	483-6821	9692 S PENDLETO	SOUTH JORDAN	UT	84065
TROY	H	SHINSEL	571-2232	2796 W 15000 S	BLUFFDALE	UT	84065
KENNETH	C	TWITCHELL	483-6731	12856 S 1980 W	RIVERTON	UT	84065
GARY	H	WHITE	571-3991	11799 S REDWOO	RIVERTON	UT	84065
ALDEN		WINTERS	254-3742	10355 S 1540 W	SOUTH JORDAN	UT	84065

521-4793

FirstName	MiddleInitial	LastName	WorkPhone	HomeAddress	City	State	Zip
DERROLD	B	ALVEY	565-8908	6781 S BALDWIN	WEST JORDAN	UT	84084
NICK	V	ANDERSON	280-2352	6831 S 3420 W	WEST JORDAN	UT	84084
R. SCOTT		ANNIS	561-2352	6845 RENAE ST *M	WEST JORDAN	UT	84084
SHANE	D	BENNETT	254-3742	2825 W 6680 S	WEST JORDAN	UT	84084
HAL	D	CREW	264-2645	8745 S 1326 W	WEST JORDAN	UT	84084
STEVEN	P	DAVIS	264-2645	6545 S PURPLE SA	WEST JORDAN	UT	84084
RYAN	C	DEARING	280-2352	7366 S REDWOOD	WEST JORDAN	UT	84084
THOMAS	H	DESPAIN	264-2645	7308 S 1975 W	WEST JORDAN	UT	84084
BYRD WILLIAM		EPPLEY III	576-6500	4641 W ODIN LN	WEST JORDAN	UT	84084
CRAIG	F	FAHRNI	565-8903	7153 S 1320 W	WEST JORDAN	UT	84084
TERRY	J	FARRELL	264-2645	6332 S 3975 W	WEST JORDAN	UT	84084
PATTI	J	FAUVER	536-4196	6672 S 1570 W	WEST JORDAN	UT	84084
RYAN	D	GRYGLA	568-7284	6546 S 3200 W	WEST JORDAN	UT	84084
DENNIS	L	HOLLAND	483-6731	2742 W 7500 S	WEST JORDAN	UT	84084
BRET	W	HORROCKS	568-7280	2136 W 7420 S	WEST JORDAN	UT	84084
KENDALL	D	HUFFMAN	280-2352	7188 S 1975 W	WEST JORDAN	UT	84084
LARRY	D	KESLER	568-7280	2485 W 7625 S	WEST JORDAN	UT	84084
THEODORE	L	KETTEN	568-7193	6671 S GEORGIA	WEST JORDAN	UT	84084
GEORGE	B	LEATHAM	254-6173	6665 S 2635 W	WEST JORDAN	UT	84084
DANNY "JOE"		MORGAN	561-1418	7372 S 2172 W	WEST JORDAN	UT	84084
JEFFERY	W	MOULTON	565-8908	6501 CLEMATIS W	WEST JORDAN	UT	84084
JOHN	A	MURDOCK	568-7200	3753 W MANSFIEL	WEST JORDAN	UT	84084
JERRY	O	NIELSON	250-2118	6692 S 5420 W	WEST JORDAN	UT	84084
CRAIG	K	PETERSON	568-7280	7541 S 2920 W	WEST JORDAN	UT	84084
AN		PHAN	583-2186	3295 W COYBRO	WEST JORDAN	UT	84084
DORVIN DON		ROSE JR	565-8908	6507 S LOTUS WA	WEST JORDAN	UT	84084
FRANCISCO	C	SABUCO	942-1391	6513 S CLERNATES	WEST JORDAN	UT	84084
RANDY	V	TIMM	280-2352	7551 S 5490 W	WEST JORDAN	UT	84084
TRACY	K	TIMOTHY	565-8903	6450 CLEMATIS W	WEST JORDAN	UT	84084
WILLIAM		WATSON	483-6731	3269 W 6880 S	WEST JORDAN	UT	84084
KENNARD	S	WILCOCK	536-4202	7402 S 3100 W	WEST JORDAN	UT	84084
JAMES	C	WILCOX	968-1011	5027 W 6560 S	WEST JORDAN	UT	84084
ROBIN		REED	722-5176	PO BOX 26	WHITEROCKS	UT	84085
DON		TAVEAPONT	722-5176	PO BOX 7	WHITEROCKS	UT	84085
SCOTT	S	ANDERSON	292-4421	1220 W 1500 S	WOODS CROSS	UT	84087
JAMES	E	BARTON	298-6180	872 W 1935 S	WOODS CROSS	UT	84087
RONALD	J	BOWN	565-8903	744 W 1000 S	WOODS CROSS	UT	84087
BILL		FLANDERS	546-8540	131 N 800 W	WEST BOUNTIFUL	UT	84087
JEFFREY	L	IVERSON	292-4486	230 N 1100 W	WEST BOUNTIFUL	UT	84087
STEVEN	J	MAUGHAN	292-4486	1323 N 725 W	WEST BOUNTIFUL	UT	84087
LAWRENCE	E	PAGE	298-6180	769 W 1000 S	WOODS CROSS	UT	84087
MARK	E	SLAGOWSKI	298-6180	1484 N 1100 W	WEST BOUNTIFUL	UT	84087
STEPHEN	R	YENCHIK	295-4012	1282 S 875 W	WOODS CROSS	UT	84087

FirstName	MiddleInitial	LastName	WorkPhone	HomeAddress	City	State	Zip
DONALD "LYNN"		BANCROFT	264-2645	8253 S 3200 W	WEST JORDAN	UT	84088
RODNEY	P	BERTELSEN	968-1011	3410 W 7800 S	WEST JORDAN	UT	84088
JAMES	W	CARBINE	565-8903	3508 W 8280 S	WEST JORDAN	UT	84088
DANNY	R	CRUMP	254-3742	4721 W ATHENS D	WEST JORDAN	UT	84088
PATRICK	P	DENNIS	571-2232	1589 PONDEROSA	WEST JORDAN	UT	84088
DAVID	J	FRITZ	561-6726	8673 S 3965 W	WEST JORDAN	UT	84088
EDWIN	J	HANSEN	250-2118	8219 S 3400 W	WEST JORDAN	UT	84088
JOHN	A	HUBBARD JR	561-6700	8941 S 3780 W	WEST JORDAN	UT	84088
BRYAN	K	HURLEY	569-6172	3375 W 7800 S #14	WEST JORDAN	UT	84088
WILLIAM LARRY		LOVE	565-8908	8343 S 3450 W	WEST JORDAN	UT	84088
JOHN	H	OAKESON	568-7280	1854 W GUARD C	WEST JORDAN	UT	84088
ALLEN	A	TAYLOR	565-8908	1109 W 9000 S	WEST JORDAN	UT	84088
JACK	D	TRUJILLO	280-2352	8400 S 4000 W #18	WEST JORDAN	UT	84088
DUFF	G	TURNER	565-8908	1057 W 8600 S	WEST JORDAN	UT	84088
PAUL	J	WANLASS	565-8903	8114 S 2470 W	WEST JORDAN	UT	84088
MICHAEL	L	WILSON	568-7280	4033 W LAUREL RI	WEST JORDAN	UT	84088
NETTIE	M	APLAND	-	PO BOX 604	SANDY	UT	84090
RICHARD	J	KIMBALL	942-1391	PO BOX 2412	SANDY	UT	84091
FRED BLAKE		ANDERSON	-	2362 WILLOW VIE	SANDY	UT	84092
STEVE	D	ANDERSON	565-4340	11714 S SHADY O	SANDY	UT	84092
JEFFREY	J	BRYANT	254-7904	11530 S JORDAN	SANDY	UT	84092
JULIE	M	FRANZ	521-6040	PO BOX 920083	SNOWBIRD	UT	84092
R. JEFFREY		HILBERT	565-8903	1433 E CORBY CIR	SANDY	UT	84092
STEPHEN	R	HIRSCHI	942-1391	9858 S BLOSSOM	SANDY	UT	84092
DANNIE	J	POLLOCK	968-3551	9835 S RIGGS CIR	SANDY	UT	84092
RODNEY	S	SORENSEN	568-7280	2095 E 10095 S	SANDY	UT	84092
CHARLES	P	WILLIAMS	742-2222	IRON BLOSSOM L	SNOWBIRD	UT	84092
CHARLES SCOTT		ADAMSON	596-5066	1777 SUNRISE PAR	SANDY	UT	84093
DIRK	O	ANDERSON	565-8908	2146 LORITA WAY	SANDY	UT	84093
RANDY	B	BULLOUGH	483-6731	2555 QUAIL HOLL	SANDY	UT	84093
CRAIG	A	DODGE	583-2186	1784 E SUNRISE M	SANDY	UT	84093
GARY	C	DURRANT	942-1391	1655 E 8685 S	SANDY	UT	84093
WILLIAM	L	GARRETT	943-1108	2382 WOODCHU	SANDY	UT	84093
RONALD	D	LOWRY	572-1533	8480 SOUTH 1575	SANDY	UT	84093
DAVID	E	SKOUBYE	942-1391	1462 SILVERCREST	SANDY	UT	84093
JOHN	A	ALLRED	583-2186	10318 CARNATIO	SANDY	UT	84094
MICHAEL SCOTT		ARNOLD	561-6700	10312 ZINNIA	SANDY	UT	84094
CLAUDIA	M	BALLIF	942-1391	854 E LAFAYETTE S	SANDY	UT	84094
MONICA	S	BEAL	942-1391	1072 E PINERIDGE	SANDY	UT	84094
STEPHEN	J	BLAKE	565-8903	8635 GREEN WAY	SANDY	UT	84094
DUANE	J	BOLANDER	565-8908	1201 E LORI CIRCL	SANDY	UT	84094
JEFFREY	D	BUDGE	571-3991	10893 JASON DR	SANDY	UT	84094
R. LADELL		HARSTON	571-3991	9759 SILICA DR	SANDY	UT	84094

FirstName	MiddleInitial	LastName	WorkPhone	HomeAddress	City	State	Zip
WILLIAM	W	HEMPEL	561-6719	932 E PEACH BLO	SANDY	UT	84094
LAMAUN	A	JENSEN	571-3991	1136 VIOLET DR	SANDY	UT	84094
RONALD	G	KIDD	565-8903	901 E 10715 S	SANDY	UT	84094
JEFFREY	L	KING	565-8903	914 SEGO LILY DR	SANDY	UT	84094
JOSEPH	A	LARSEN	227-9766	10905 S 1030 E	SANDY	UT	84094
A. CORY		MILLER	571-3991	9849 SUNFLOWER	SANDY	UT	84094
DANIEL	H	RAWSON	571-3991	9769 SILICA DR	SANDY	UT	84094
WADE	T	TUFT	565-8908	1095 E 9430 S	SANDY	UT	84094
R. BRENT		COOK	532-1522	3322 STAR FIRE RD	SOUTH JORDAN	UT	84095
STEVEN	B	STOCKING	942-1391	1343 W 11150 S	SOUTH JORDAN	UT	84095
MARK	B	WILLIAMS	568-7280	4012 W 9470 S	SOUTH JORDAN	UT	84095
KURT		ALLOWAY	359-3059	525 S 900 E #A3	SALT LAKE CITY	UT	84102
EVAN	L	BAKER	278-0982	232 "G" ST	SALT LAKE CITY	UT	84103
MARTIN	J	BARTH	531-4379	727 4TH AVE	SALT LAKE CITY	UT	84103
LAURA		DE LA GARZA	569-6652	353 E 10TH AVE	SALT LAKE CITY	UT	84103
JEFFREY	L	GRIMSDELL	483-6731	1601 W 400 S #63	SALT LAKE CITY	UT	84104
JED	L	STONE	321-1999	1252 ANDREW AV	SALT LAKE CITY	UT	84104
ROBERT	J	TABISH	561-6700	1254 S STEWART ST	SALT LAKE CITY	UT	84104
GUS	P	BACKMAN	483-6731	1929 S 500 E	SALT LAKE CITY	UT	84105
BRIAN	F	GOETZ	649-9500	1400 S 600 EAST	SALT LAKE CITY	UT	84105
D. MICHAEL		NELSON	583-2211	1521 HARVARD A	SALT LAKE CITY	UT	84105
TIMOTHY	R	O'HARA	483-6775	1501 S 500 E	SALT LAKE CITY	UT	84105
STEPHEN	F	POREDA	536-4210	839 E GARFIELD A	SALT LAKE CITY	UT	84105
JAMES	E	STAPLES	581-8292	1005 S 900 E	SALT LAKE CITY	UT	84105
JAMES	Y	TAYLOR	582-3663	1650 E 1700 S	SALT LAKE CITY	UT	84105
DONALD "KELLY	"	ERICKSON	565-8903	3447 S 620 E	SALT LAKE CITY	UT	84106
J ERIK		HANSEN	561-6719	2766 S 1000 E	SALT LAKE CITY	UT	84106
KIM		HILLS	799-4044	518 DRIGGS AVE	SALT LAKE CITY	UT	84106
AREND		KOORING	942-1391	2791 LAKE ST	SALT LAKE CITY	UT	84106
MICHAEL	D	MILLER	583-2186	1719 LA HAR DR	SALT LAKE CITY	UT	84106
THOMAS	F	MOROZIN	583-2186	633 WILMINGTON	SALT LAKE CITY	UT	84106
DEAN		STOCK	483-6014	529 E DIVISION LN	SALT LAKE CITY	UT	84106
MARK	R	WINTERS	565-8903	1145 E BRICKYAR	SALT LAKE CITY	UT	84106
WAYNE	P	ANDERSON	565-8903	279 E 4800 S	MURRAY	UT	84107
CLEVE	S	BOLINGBROKE	536-4209	820 E BRIARMEAD	MURRAY	UT	84107
JON	F	EYRE	583-2186	824 E MARJANE A	MURRAY	UT	84107
PATRICK	M	HENDERSON	264-2645	427 SAUNDERS	MURRAY	UT	84107
GREGORY	M	HUMPHRIES	942-1391	4128 S 380 E #241	MURRAY	UT	84107
MIKE	J	MCHENRY	264-2645	133 W 5878 S	MURRAY	UT	84107
RICHARD	E	MUMFORD	254-0704	326 E 6240 S	MURRAY	UT	84107
CASEY	R	NIELSEN	942-1391	232 E 5900 S	MURRAY	UT	84107
MICHAEL	C	SIGLER	565-8908	440 E CREEKSIDE	MURRAY	UT	84107
GREGORY	E	WILLIAMS	280-2352	4159 S 570 E #19-	SALT LAKE CITY	UT	84107

FirstName	MiddleInitial	LastName	WorkPhone	HomeAddress	City	State	Zip
KERRY	C	GEE	649-8011	2180 E BLAINE AV	SALT LAKE CITY	UT	84108
KIRK	A	MERRILL	565-8908	1890 S FOOTHILL	SALT LAKE CITY	UT	84108
DENNIS	A	POTTS	583-2186	2502 DOWNINGT	SALT LAKE CITY	UT	84108
RUSSELL	S	RANCK	943-1108	2636 S 2000 E	SALT LAKE CITY	UT	84109
LINDA	F	TOWNES	565-8908	3241 E LOUISE AV	SALT LAKE CITY	UT	84109
KI SUNG		PARK	-	751 S 300 E #D206	SALT LAKE CITY	UT	84111
JAMES	A	SAMUL	596-5066	1104 S BLAIR ST	SALT LAKE CITY	UT	84111
ROBERT	W	RABER	483-6731	447 E STANLEY AV	SALT LAKE CITY	UT	84115
CHERYL	A	SLAYMAKER	535-6247	431 E HOLLYWOO	SALT LAKE CITY	UT	84115
MARVIN	R	TAYLOR	483-6014	2174 S BLAIR ST	SALT LAKE CITY	UT	84115
GARY	D	BARRETT	483-6731	928 N DOROTHEA	SALT LAKE CITY	UT	84116
JOHN	D	MIDDLETON	571-2232	1767 W NEW HAM	SALT LAKE CITY	UT	84116
MICHAEL	D	MILLER	777-8638	944 CORNELL #B *	SALT LAKE CITY	UT	84116
DAVID	F	MORZELEWSKI	298-6180	1454 DUPONT AV	SALT LAKE CITY	UT	84116
BRADLEY	G	ARGENTOS	583-2186	4636 STRATTON D	SALT LAKE CITY	UT	84117
DALLAS	S	COOK	561-6720	5346 S COTTONW	SLC *MOVED*	UT	84117
LEROY	W	HOOTON, JR.	483-6768	1377 LAKEWOOD	SALT LAKE CITY	UT	84117
RICHARD	J	JONES	262-5511	1379 COBBLE CRE	SALT LAKE CITY	UT	84117
BEVAN	H	ALLEN	277-2893	4814 ROCKFACE	KEARNS	UT	84118
BLAKE	R	ANDERSON	968-1011	5944 SWAN BRIDG	KEARNS	UT	84118
LESTER	J	ANDERSON	596-5066	3699 W CHRISTY H	BENNION	UT	84118
PATRICK CRAIG		BOHN	943-1108	5670 S 3275 W	BENNION	UT	84118
HAROLD	M	BROWN	535-6482	5981 S TUMERICK	KEARNS	UT	84118
DAN	L	CLARK	596-5066	5057 S 5185 W	KEARNS	UT	84118
DANIEL	K	EATCHEL	-	3523 W 6060 S (*M	SALT LAKE CITY	UT	84118
THOMAS	C	GLORE	569-6632	5075 W 4700 S #18	KEARNS	UT	84118
DOUGLAS	A	HANSEN	277-2893	5220 S 5120 W	KEARNS	UT	84118
J. DUANE		KILLPACK	943-1108	5710 S FAIRWOO	SALT LAKE CITY	UT	84118
MARK	L	LARSON	968-1011	5463 S 3535 W	TAYLORSVILLE	UT	84118
EDWARD	A	NELSON	254-3742	5320 S JORDAN C	TAYLORSVILLE	UT	84118
VERL	B	NEWBY	968-9081	1882 CHATEAU A	SALT LAKE CITY	UT	84118
MARCO ANTONI		PALACIOS	975-4828	3741 W BRANDY B	SALT LAKE CITY	UT	84118
WILLIAM ED		POWELL	943-1108	5461 S SILVERTIP D	KEARNS	UT	84118
MICHAEL	L	QUINTANA	561-2352	6123 DON CARLO	BENNION	UT	84118
BRAD	S	RHODES	968-1011	4062 W 5615 S	KEARNS	UT	84118
ERIC	R	ROBINSON	968-1011	6038 MILSTEAD LN	KEARNS	UT	84118
RAY		STOKES	565-8903	5349 WEST HIGHW	KEARNS	UT	84118
JOHNNY	D	TRIMBLE	565-8903	6143 LONGMORE	KEARNS	UT	84118
GREGORY	L	VAN WAGENEN	943-1108	4983 CAHOON CI	SALT LAKE CITY	UT	84118
DEON	E	WHITTLE	565-8908	5246 STOCKTON S	KEARNS	UT	84118
JAMES	T	WILEY	254-3742	4996 W CORIAND	KEARNS	UT	84118
DOUGLAS	J	WRIGHT	483-6014	3116 MIDWEST DR	SALT LAKE CITY	UT	84118
SHARLA	J	BARBER	531-4291	3075 S 3086 W (*M	WEST VALLEY	UT	84119

UTAH DIVISION OF DRINKING WATER

PUBLIC WATER SUPPLY INFORMATION SYSTEM

04/11/96

WATER SYSTEM NUMBER: 18143

NAME: FREEZE CREEK WATER CO
 OWNER: RICHARD W. MOFFAT
 ADDRESS: 127 S 500 E #310
 SALT LAKE UT 84102
 AREA: EMIGRATION CANYON
 COUNTY: SALT LAKE
 TYPE: COMMUNITY-PRIVATELY OWNED
 MANGR.: RICHARD W. MOFFAT
 PHONE: 521-4781
 OPER.:
 PHONE: -

RATING: *Approved*
 RATING ASSIGNED: *05/28/96*
 INVENTORY REVIEWED: 04/21/94
 INVENTORIED BY: SCANLAN
 LAST SURVEYED: 06/24/94
 SURVEYED BY: R.HANSEN
 LAST PLAN APPR.: / /
 SYSTEM ENGINEER:
 BEGIN OPERATION: 01/01
 END OPERATION: 12/31

POPULATION: *38 60*
 RESIDENTIAL CONN.: 21
 OTHER CONNECTIONS:
 TOTAL NO. CONNECTIONS: *25*
 TYPE OTHER CONN.:
 OUTSIDE USE PERMITTED: YES
 CALC PEAK DEMAND (GPD):
 GPD/1440 = DEMAND (GPM):
 PEAK HOURLY DEMAND:

-BACTERIOLOGIC QUALITY-
 SAMPLES REQ/MONTH: 1
 MONTH INSUF. SAMPLS: 0
 MONTH UNSAT RESULT: 0
 RECORD SATIS.: YES
 12 MOS END.: 12/31/95

- - - - -STORAGE- - - - -
 NUMBER OF UNITS: 1
 MATERIAL: CONCRETE
 CAPACITY: 300,000
 ADEQUATE:

- - - TREATMENT- - - - -
 TYPE: NONE
 PLANT:
 CAPACITY (MGD): .00
 INSTALLED: 19

- - - - -DISTRIBUTION - - - - -
 PUMP/GRAVITY: PUMPED
 FIRE HYDRANTS: YES
 PRESSURE ADEQ.: YES
 PCT METERED: 100
 MASTER METER:

* NO.	SOURCE		- - WELL - -		YIELD (GPM)	SOURCE		SOURCE LOCATION	
	TYPE	SOURCE NAME	TYPE	DIA		CONCUR	TYPE OF TREATMENT	-LATITUDE - DEG MIN SEC	-LONGITUDE- DEG MIN SEC
01	WELL	FREEZE CK WELL		8		NONE	40 47 11.0	111 44 33.0	
02	WELL	FREEZE CK WELL2				NONE	40 47 19.5	111 44 07.0	

UTAH DIVISION OF DRINKING WATER
PUBLIC WATER SYSTEM IMPROVEMENT PRIORITY REPORT
04/24/96

18143 - FREEZE CREEK WATER CO

System Manager: RICHARD W. MOFFAT
System Address: 127 S 500 E #310
SALT LAKE UT 84102
Phone Number.: 521-4781
Type of System: COMMUNITY-PRIVATELY OWNED

Searches Back to...: 04/95
Current Rating.....: Approved
Period of Operation: 01/01 to 12/31
Last Surveyed By...: HANSEN
Date Last Surveyed.: 04/11/96

General/Administration Information

FREEZE CREEK MUST DEVELOP AND SUBMITT A CROSS CONNECTION CONTROL PLAN (50 POINTS)	50 Pts Effective 07/30/96
FREEZE CREEK HAS DEVELOPED A FINANCIAL MANAGEMENT PLAN (CREDIT 10 POINTS)	Credit 10 points
FREEZE CREEK MUST DEVELOP A BACTERIOLOGICAL SAMPLING SITE PLAN (5 POINTS)	15 Pts Effective 07/20/96
FREEZE CREEK MUST DEVELOP A LEAD/COPPER SAMPLING SITE PLAN (10 POINTS)	

Certified Operator Information

No Certified Operator Requirements

Bacteriological Information

No Bacteriological Violations found

Chemical Information

Chemical (IOC) monitoring violation in 1995 for source 02 (FREEZE CK WELL2)	10 points
Chemical (NO2) monitoring violation in 1995 for source 02 (FREEZE CK WELL2)	35 points
Chemical (NO3) monitoring violation in 1995 for source 02 (FREEZE CK WELL2)	35 points
Chemical (RAD) monitoring violation in 1995 for source 02 (FREEZE CK WELL2)	10 points
Chemical (VOC) monitoring violation in 1995 for source 02 (FREEZE CK WELL2)	10 points

Lead / Copper Information

No Lead / Copper Infractions

Physical Facilities Information

THE WELL CASING VENT FOR WELLS 1 AND 2 MUST BE PROPERLY SCREENED WITH A NO. 14 MESH NON-CORRODIBLE SCREEN (5 POINTS)	13 Pts Effective 06/30/96
THE DISCHARGE PIPING FOR WELLS 1 AND 2 AIR VENTS MUST BE PROPERLY SCREENED WITH A NO. 14 MESH NON-CORRODIBLE SCREEN (5 POINTS)	
THE DISCHARGE PIPING FROM FREEZE CREEK WELL NO.1 MUST BE EQUIPPED WITH A SMOOTH NOSE SAMPLING TAP (1 POINT)	
THE PUMP TO WASTE LINE AND FLOOR DRAIN FOR WELL NO.1 MUST BE PROPERLY SCREENED (2 POINTS)	

U T A H D I V I S I O N O F D R I N K I N G W A T E R

PUBLIC WATER SYSTEM IMPROVEMENT PRIORITY REPORT

04/24/96

18143 - FREEZE CREEK WATER CO

Physical Facilities Information (continued)

Total Points

90 points

****RETURN THIS REPORT WITH CORRECTIONS****