

State.

#18143
JRS



ENVIRONMENTAL HEALTH DIVISION

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Murray, Utah 84107-6379
801-313-6608 Fax

Division Director
Royal P. DeLegge, L.E.H.S., M.P.A.
801-313-6600

May 25, 2000 *Larry*

Fred Smolka
Water System Manager
Emigration Improvement District
PO BOX 58945
Salt Lake City, UT 84158

Dear Mr. Smolka:

Attached is the Sanitary Survey Form for the on-site survey which was conducted by Randy Williams and accompanied by Fred Smolka, Mike Hughes, and Keith Hanson between April 11 and May 22, 2000. I appreciate the cooperation of you and your staff in providing me with the time and information needed for this survey.

The assessment of your water system is as follows:

SYSTEM CHARACTERIZATION

Emigration Improvement District/Oaks Water system is a privately owned community water system which serves approximately 300 residents through 91 connections and has no additional connections. Water is provided by two wells which are used year round. The system source capacity was not determined during the survey. A chlorination facility is located at Well #2 well house which uses gaseous chlorine. The system has a 355,000 gallon concrete reservoir supplying the entire system. The system's required storage capacity was calculated to be about 415,500 gallons, using a one acre average size irrigated lot. A contract is in progress or has been completed for engineering and operation of the system.

REQUIREMENTS

All items in the **REQUIREMENTS** section have been **assessed by points**. These points can be reduced as the items in question are corrected and inspected. All corrections must be made within the number of days given. If corrections are not made by the summary date, these points are assessed to the system. The number and letters indicated on this letter correspond to the page numbers and letters on the survey form.

1. Administrative Issues

- 1.D The system is required to have a written sampling plan for bacteriologic sampling to include the required number of sampling sites. It usually includes a map with addresses and the timing of samples. This plan is subject to the approval of the Executive Secretary at the state Division of Drinking Water. 45 days 5 points
- 1.E The system must have a lead/copper plan which will include a system materials evaluation, the reason for sampling sites for each tier, instructions which are given to residents to collect samples, and the number and timing of samples. 45 days 10 points
- 1.F The system must have local authority to enforce a cross connection program. 90 days 10 points
- 1.G The system needs to provide public education or awareness material presentations to system users on an annual basis. 90 days 10 points
- 1.I The system needs to keep written records of cross connection activities including backflow assemble inventories, hazard assessments, and/or test history. 90 days 10 points
- 1.J The system needs an ongoing enforcement activity plan for cross connection and backflow prevention. 90 days 10 points

2. Wells

- 2.E Well discharge piping on Freeze Creek Well 1 must be equipped with (in order of placement from the well head) a smooth nosed sampling tap, a check valve, a pressure gauge, a means of measuring flow and a shutoff valve. 28 days 1 point

5. Storage Reservoir

- 5.C Access covers to the reservoir must include a functional gasket which excludes dust and insects. 60 days 10 points

6. Distribution System

- 6.D The system does not have storage capacity to meet calculated peak daily demand. Please check with the Division of Drinking Water for further details. 18 months 7 points

SUMMARY

REQUIREMENT	TO BE FIXED BY	POINTS
1.D Bacteria sampling site plan	7-15-00	5 points
1.E lead/copper plan	7-15-00	10 points
1.G Cross connect public ed	8-30-00	10 points
1.H Trained cross connect op	8-30-00	10 points
1.I Hazard assessment record	8-30-00	10 points
1.J Cross connect enforcement	8-30-00	10 points
2.E Well discharge piping	6-30-00	1 point
5.C Reservoir access	7-30-00	10 points
6.D Storage capacity	12-01-01	7 points

Total Points 73

The new water system rating criteria rule, often called the Improvement Priority System (IPS), is in effect for this survey. The points from this survey will be added to your total system points on the "to be fixed by" date. Otherwise they shall be given at the time the state receives this survey. If the system has corrected deficiencies and has notified the state before those dates, those points will not be added.

Under the Improvement Priority System (IPS) community water systems are rated "Not Approved" when the point total equals or exceeds 150 points. Similarly, a "Not Approved" rating is assigned when points equal or exceeds 120 points for Non-Transient Non-Community water systems, and equals or exceeds 100 points for Non-Community water systems.

The survey is in accordance with the State of Utah Rules for Public Drinking Water Systems, rule R309. The State Division of Drinking Water Rule can be obtained from the State of Utah Department of Environmental Quality, Division of Drinking Water, 168 N 1950 W, Salt Lake City, UT 84116, phone # 536-420, or can be downloaded from the Internet at <http://www.deq.state.ut.us/egdw/> under Laws, Rules, and Guidance. A self-survey for water systems can be downloaded from Health Department web site at www.slchealth.org/html/eh/html/watersurv.html. If you have any questions about the sanitary survey, you may contact me at 313-6712. Also, in future correspondence, please refer to your water system by both its name and system number (18143) to assist us and the state in filing.

Sincerely,

Randy S. Williams

Randy S. Williams
Water Quality Specialist

RSW

cc. Dave Hansen, Utah State Health Department

Enclosure

eid-oaks4-00.ss

State.

Date of Survey: 4-11-00

DRINKING WATER FACILITY EVALUATION

1. Administrative Issues

(Office Interview)

System Name: EID / Oaks

Number: 18143

Name of Surveyor: _____

Water System Representative(s)/Others accompanying survey:

Fred Smolka

Phone: 381-9847
582-~~7700~~6176

Mike Hughes

Phone: 272-6701

Keith Hanson

Phone: 278-9660

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

0 or 10 Points: 10

B. 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.

0 or 10 Points: 10

Total Points Credited: 20

Service Data

C. Have there been any customer complaints received and validated during the last three (3) years dealing with any of the following list of categories?

** (Indicate the number of complaints received in each category) **

Turbidity 0

Pressure 0

Taste and Odor 0

Sickness (Water System Suspected) 0

Waterborne Disease Outbreak 0

Interruptions in Service or Water Outages 1

Comments:

outage lasted about 1 1/2 hrs.

0 to 100 Points: 0

Source Monitoring

- D. 5 points will be assessed to a water system which does not have an adequate bacteriological sampling site plan. [R309-104-4(6)(1)(d)]
 To be fixed by: _____ 0 or 5 Points: 5
- E. 10 points will be assessed to a water system which does not have an adequate Lead/Copper sampling site plan. [R309-104-4(2)(3)(a)]
 To be fixed by: _____ 0 or 10 Points: 10

Cross Connection

50 points total OR 10 points per element will be assessed to a water system that does not have any of the below listed components of a cross connection control program. [R309-102-5]

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

- F. 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
- G. 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
- H. 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: * 0
- I. 10 points will be assessed to a water system with no written records of cross connection activities, such as, backflow assembly inventories, hazard assessment, and/or test history.
 To be fixed by: _____ 0 or 10 Points: 10
- J. 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: 10

Comments regarding the above notations: Scott Rogers is considered the operator. (Aqua Env. Serv.)

Total Administrative Issue Points: _____

DRINKING WATER FACILITY EVALUATION**2. Wells**

(Field Interview/Inspection)

System Name: EID/Oaks Number: 18143Source Number: 01 Source Name: Well 1 Freeze CreekLocation: Emigration/Oaks Cyn. Period of Use: 01/01-12/31

Latitude: _____ Longitude: _____

A. Was Plan Approval received for this Well? Yes [] No [] Unknown []

B. Well Seal [R309-204-(6)(12)]

50 points will be assessed for any well that does not have a sanitary seal or has unsealed opening 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

C. Proper Lubrication Oil [R309-102-(4)(7) & R309-204-(8)(2)]

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

To be fixed by: _____ 0 or 25 Points: 0

D. Elevation of Top of Well Casing [R309-204-(6)(6)(b)(vi) & R309-204-(6)(13)(a)&(d)]

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: 0Explanation of assigned points: located in vault ~ 18" off floor.

E. Well Discharge Piping Equipment [R309-204-6(12)(e)(iv)]

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) pressure gauge - 0 (4) a flow measuring device and/or (5) 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: 1Explanation of assigned points: Not a smooth nosed tap

F. 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: 6

G. Discharge Piping Air Vent

[R309-204-6(12)(e)(v)]

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: 0

Explanation of assigned points: _____

H. Well House Floor Drain

[R309-204-6(13)(b)]

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 Well Points: 6

ADDITIONAL REQUIRED INFORMATION

(no points assessed)

Is this source covered in a source protection plan?
Is a current well log available for this well?

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

Current flow rate: 0 gpm

Size of Well Casing: 12 inches

Type of Pump: Vertical Turbine

Submersible

Brand/Model of Pump: Grundfos

Discharge piping size: 4 inches

Brand/Model of Motor: Delco-Western

Horsepower/Voltage: 30 / 480

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:

Date of Survey: 4-11-00

DRINKING WATER FACILITY EVALUATION

2. Wells

(Field Interview/Inspection)

System Name: EID/Oaks Number: 18143

Source Number: 02 Source Name: Well 2 Freeze Creek.

Location: Emigration/Oaks Cyn. Period of Use: 01/01-12/31

Latitude: _____ Longitude: _____

A. Was Plan Approval received for this Well ? Yes [] No [] Unknown []

B. Well Seal [R309-204-(6)(12)]

50 points will be assessed for any well that does not have a sanitary seal or has unsealed opening 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

C. Proper Lubrication Oil [R309-102-(4)(7) & R309-204-(8)(2)]

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

To be fixed by: _____ 0 or 25 Points: 0

D. Elevation of Top of Well Casing [R309-204-(6)(b)(vi) & R309-204-(6)(13)(a)&(d)]

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: _____

E. Well Discharge Piping Equipment [R309-204-6(12)(e)(iv)]

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) pressure gauge - 140 lbs. (4) a flow measuring device and/or (5) 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: 0

Explanation of assigned points: _____

F. 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: 0

G. Discharge Piping Air Vent

[R309-204-6(12)(e)(v)]

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 determines.

To be fixed by: _____

0 to 5 Points: 0

Explanation of assigned points: _____

H. Well House Floor Drain

[R309-204-6(13)(b)]

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 Well Points: 0

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: 0 gpm

usu. ~ 250

Size of Well Casing: 12 inches

Type of Pump: Vertical Turbine

Submersible

Brand/Model of Pump: Grundfos

Discharge piping size: 4 inches

Brand/Model of Motor: Delco-Western

Horsepower/Voltage: 30 / 480

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:

Date of Survey: 4-11-00

DRINKING WATER FACILITY EVALUATION

4. Disinfection Facilities Gaseous Chlorine

(Field Interview/Inspection)

System Name: E10 / Oaks Number: 01

Disinfection Station Number 01 Station Name: _____

Location: Next to well Period of Use: 1-

Source(s) Treated Well #2
[include source number(s) and name(s)]

A. Was Plan Approval received for this Chlorinator? Yes [] No [] Unknown []

B. Detectable Residual [R309-102-4(1) & R309-103-2(7)]
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: N/A

C. Chlorine Building [R309-205-10(1)(i)]
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 warm climates.

To be fixed by: _____ 0 or 2 Points: 0

D. Chlorine Residual Test Kit [R309-205-10(1)(j)]
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: 0

E. 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: 0

F. Leak Detection and Repair Kit [R309-205-10(2)(p)]
15 points will be assessed for a water system that uses 1 TON CYLINDERS that does not have 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 proper chlorine leak detection equipment and a type A 150 pound cylinder repair kit.

To be fixed by: _____ 0, 2, 15 or 17 Points: 0

G. Restraint and Isolation of Chlorine Cylinders [R309-205-10(2)(i)]
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: 0

X H. Chlorinator Feed Vent [R309-205-10(2)(f)]

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 room.

To be fixed by: _____

0 or 2 Points: 0

I. Chlorine Feed Rate and Cylinder Usage [R309-205-10(2)(k)]

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: 0

J. Self Contained Breathing Apparatus [R309-205-10-(2)(o)]

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: 0

K. Measurement of Chlorinated Water [R309-205-10(1)(i)]

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: 0

Total Points Assessed: 0

ADDITIONAL REQUIRED INFORMATION (no points assessed)

- Is the chlorination building secure? Yes [] No []
- What condition is the chlorine building in? Good [] Average [] Poor []
- X Is a booster pump used for the chlorinator? Yes [] No []

Pump Brand Grundfos Model _____

Size _____ Capacity 10 lbs/day

Brand of Injector Capital Control Advance 200 Capacity 10 lbs/day

- 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 warning 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:

Aqua Engineering - Scott ~~Admon~~ Royer 299-1327

DRINKING WATER FACILITY EVALUATION

5. Storage Reservoir

(Field Interview/Inspection)

System Name: _____ Number: _____

Reservoir Number: 01 Reservoir Name: Emmigration/Oak Reservoir

Location: Emmigration/Oaks Cr.

Volume: 355,000 (gal) Dimensions: _____

Material of Construction: Concrete

A. Was Plan Approval received for this Storage Unit? Yes [] No [] Unknown []

B. Uncovered Finished Water Storage [R309-210-9 & R309-210-6]
A water system with an uncovered finished water storage shall immediately be assessed a rating of NOT APPROVED.

Uncovered Reservoir? Yes [] No []

C. Storage Reservoir Access [R309-210-14]
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, gasketed, 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: 10

Explanation of assigned points: Needs gasket.

D. Storage Reservoir Vents [R309-210-15]
5 points shall be assessed for storage reservoirs that are not properly vented with a turned down vent and screened with at least No. 14 mesh screen or finer in good condition.

To be fixed by: _____ 0 or 5 Points: 0

E. Storage Reservoir Overflow Piping [R309-210-13]
Up to 15 points shall be assessed to 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: _____

F. Storage Reservoir Drainage [R309-210-10(1)]

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 inched free fall.

To be fixed by: _____ 0 or 2 Points: 0

G. Integrity of Roof and Sidewalls of Water Storage Reservoirs [R309-210-6(1) & R309-210-9(1)]

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 problems and by the degree of possible contamination to the drinking 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: _____

H. Access Ladders and Protective Railings [R309-210-19]

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

I. Internal Coatings of Storage Reservoirs [R309-210-11]

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: 10

ADDITIONAL REQUIRED INFORMATION (no points assessed)

When was this Storage Reservoir last cleaned? ? years ago.

OTHER OBSERVATIONS OR COMMENTS:

Should be cleaned on a regular basis.

DRINKING WATER FACILITY EVALUATION

6. Distribution System

(Field Interview/Inspection)

System Name: EID / Oaks

Number: 18143

A. Was Plan Approval received for this Distribution System? No [] Yes [] Unknown []

B. System Pressures [R309-102-11 & R309-211-5(1)]

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

To be fixed by: _____ 0 or 50 Points: 0

C. Adequate System Source Capacity [R309-203-7(1)]

5 to 50 points may be assessed to a system that does not have adequate source capacity to meet peak daily and/ or average yearly flow requirements. The number of points shall be determined by the severity and frequency of shortages, outages or low pressure.

Existing: _____ gpm To be fixed by: _____

DDW Calculate: _____ gpm

Difference: _____ gpm 0 to 50 Points: —

D. Adequate System Storage Capacity [R309-203-8]

5 to 50 points may be assessed to a system that does not have adequate storage capacity to meet peak daily flow requirements. The number of points shall be determined by the severity frequency of shortages and/or water outages.

Existing: 355,000 gal To be fixed by: _____

DDW Calculate: 415,500 gal

Difference: -60,500 gal 0 to 50 Points: 7

E. Piping Materials [R309-211-6]

30 points will be assessed to a water system that uses unapproved pipe, fittings, and material and material for conveyance of drinking water. Piping and fittings must be NFS approved and or meet AWWA Standards or other appropriate approvals. Abestos 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

F. Clearance from Sewer Lines [R309-211-7]

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

G. Vent Piping on Air and Vacuum Release Valves

[R309-211-6(6)]

Up to 2 points shall be assessed each air and/ or vacuum released 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: NA

Explanation of assigned points: _____

H. Flooded Air and Vacuum Release Valves

20 points will be assessed to a water system for each air and/or vacuum releases valve chamber that is flooded or subject to flooding, where there is indication that the vent is 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, 20, 40 or 50 Points: NA

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? 1

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 pressure zones?

Yes [] No []

If yes, how many? 2

What are the pressure ranges throughout the system (psi)? (low) 60 (high) 80

What are the ranges of the different pressure zones?

Zone Area	Pressure psi range	Controls		
		Automatic	Manual	Remote
1	60 - 80	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
2	60 - 80	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

OTHER OBSERVATIONS OR COMMENTS:

DDW CALCULATIONS

System Name: EID / Oaks

Number: 18143

Indoor Water Use

Population served ----->>> 300
 No. of residential connections ----->>> 91
 No. of other connections --->>> _____ ERCs of other connection _____
ERC = peak day demand of other connections / 800 gal/day
(See next sheet for examples) Total ERCs 91

MINIMUM REQUIREMENTS					
Source		Storage		Water Rights	
Per Unit (gpd/ERC)	Total (gpm)	Per Unit (gallons/ERC)	Total (gallons)	Per Unit (ac-ft/yr)	Total (ac-ft/yr)
800	50.6	400	36,400	0.45	40.80

Outdoor Water Use

Is the drinking water used for outdoor irrigation? Yes No
 Avg irrigated lot size per residential connection (acres) ----->>> 1.00
 Total irrigated acreage of other connections. ----->>> _____
Irrigation zone 4

MINIMUM REQUIREMENTS					
Source		Storage		Water Rights	
Per Unit (gpd/ERC)	Total (gpm)	Per Unit (gallons/ERC)	Total (gallons)	Per Unit (ac-ft/yr)	Total (ac-ft/yr)
5702	360.4	2,848	259,168	1.87	170

Fire Flow Requirement

Does the water system provide fire protection? Yes No
 Maximum fire suppression **demand** for *water system or pressure zone* (gpm) 1000
 Maximum fire suppression **duration** for *water system or pressure zone* (hours) 2
 Required Fire Suppression Storage (gallons) ----->>> 120,000

Total Water System Requirements

MINIMUM REQUIREMENTS					
Source		Storage		Water Rights	
Per Unit (gpd/ERC)	Total (gpm)	Per Unit (gallons/ERC)	Total (gallons)	Per Unit (ac-ft/yr)	Total (ac-ft/yr)
6502	410.9	3,248	415,568	2.32	211

Date of Survey: 4-11-00

DRINKING WATER FACILITY EVALUATION

8. Source Protection

(Field Interview/Inspection)

System Name: EID/Oaks Number: 18143

Source Number: 01 & 02 Source Name: Wells 1 & 2 Spring Creek

Location: _____ System Population: 300

NOTE: *Non-community sources constructed prior to 7/26/93 are not required to have a source protection plan. However, the system will be eligible for incentive points if a source protection plan is implemented.*

A. Is there a current source protection plan in place that covers this source? [R309-113-3(2)] Yes [] No []

B. 5 points will be assessed to a water system that has not delineated a protection area of its groundwater sources in accordance with the required time frame. Points shall remain until the source is properly delineated and the plan has been concurred with the Division personnel.

[R309-113-9] To be fixed by: _____ 0 or 5 Points: 0

C. 5 points will be assessed to a water system that has not inventoried potential sources of contamination for its ground water sources. [R309-113-10]

To be fixed by: _____ 0 or 5 Points: 0

D. 5 points will be assessed to a water system that has not developed a management program for pre-existing potential contamination sources. [R309-113-11]

To be fixed by: _____ 0 or 5 Points: 0

E. 5 points will be assessed to a water system that has not developed a management program for future potential contamination sources.

To be fixed by: _____ 0 or 5 Points: 0

Total Points Assessed: 0

20 CREDIT points will be awarded to a water system that has completed all of its source protection plans before the required due date.

Credit 0 or 20 Points: _____

OTHER OBSERVATIONS OR COMMENTS:

Jerry Kinghorn

DRINKING WATER FACILITY EVALUATION

9. Waiver Verification

(Field Interview/Inspection)

System Name: _____

Number: _____

Source Number: _____ Source Name: _____

Period of Use: _____

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

Are there any potential sources of contamination within 5,000 feet up gradient of the water levels in the 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 up gradient 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.

spraying on road.

Is the source subject to any source 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 []

Does any of the source transmission lines or distribution system contain asbestos/cement pipe? Yes [] No []

OTHER OBSERVATIONS OR COMMENTS:

Under Construction

Utah Division of Drinking Water Database

Summary Report for EID/OAKS WATER SYSTEM Drinking Water System

System Number	18143	Rating	Approved	Population Served	300 35
EPA System Number	4909129	Date Rating Assigned	05/26/95	Residential Connections	91 21
Owner	EMIGRATION IMP DIST	System Type	Community System, Privately	Other Connections	
System Address	PO BOX 58945	System Category	Community	Total Connections	91 21
City State	SALT LAKE UT 84158	Begin Operation	01/01	Outside Use Permitted	Y
County	Salt Lake	End Operation	12/31		
Area	EMIGRATION CANYON	Date Last Surveyed	04/11/96		
Local HD	Salt Lake City/County Health Department	Surveyed By	HANSEN		
		Date Inventory Reviewed	04/17/96		
		Inventoried By	HANSEN		

Notes

[Empty box for notes]

Personnel

Manager	DAVID CROMPTON	Operator	
Phone	582-4903	OperatorPhone	

Certified Operators

Source Info

Source Number	01	Source Name	FREEZE CK WELL	Source Status	In Use	SupplyGPM	
Source Type	WELL GW	WellDepth		OperationBeginDate	01/01	Latitude	Call DDW
Source Category	Groundwater	WellDiameter	08	OperationEndDate	12/31	Longitude	Call DDW
Treatment	None	Grouped	N	InfoSource	QUAD SHEET		
Water Right User Number	-	GroupID:					
Source Number	02	Source Name	FREEZE CK WELL2	Source Status	In Use	SupplyGPM	