

Sanitary Survey - Survey Responses

PWS Number: UTAH18143

Survey ID: 103

Survey Date: 11/5/2012

Survey Name: EMIGRATION ID 2012

User Name: Megan Ferguson

Question Number

General / Background Info

Name/Location:

- 1 Name of public water system: EMIGRATION IMPROVEMENT DISTRICT
- 2 PWS number: UTAH18143
- 3 Physical address: Emigration Canyon
- 4 County: Salt Lake
- 5 Local Health Department::
- | | |
|---|--|
| <input type="checkbox"/> Bear River HD | <input type="checkbox"/> Southeast Utah HD |
| <input type="checkbox"/> Central Utah HD | <input type="checkbox"/> Southwest Utah HD |
| <input type="checkbox"/> Davis County HD | <input type="checkbox"/> Summit County HD |
| <input checked="" type="checkbox"/> Salt Lake County HD | <input type="checkbox"/> Tooele County HD |

General / Background Info

Classification:

- 1 Total System - Design Water Production / Treatment Capacity (GPD):
(ENTRIES MUST BE IN GALLONS PER DAY. DO NOT USE COMAS WITH NUMERIC ANSWER) 1000000
- 2 What is the high peak daily demand (GPD)? (ENTRIES MUST BE IN GALLONS PER DAY. DO NOT USE COMAS WITH NUMERIC ANSWER) 351360
- 3 What is the low peak daily demand (GPD)? (ENTRIES MUST BE IN GALLONS PER DAY. DO NOT USE COMAS WITH NUMERIC ANSWER) 37000
- 4 SDWA classification of system:
- | |
|---|
| <input checked="" type="checkbox"/> C - Community |
| <input type="checkbox"/> NC - Non Community transient |
| <input type="checkbox"/> NP - Non Public |
| <input type="checkbox"/> NTNC - Non Transient Non Co |
- 5.01 Number of residential connections: 235

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- 5.02 Number of commercial and industrial connections: 1

- 5.03 Number of Agricultural connections: 0

- 5.04 Number of Combined connections: 0

- 6 Residential population: 600

- 7 Transient Population: 0

- 8 Non-Transient: Population: 0

- 9 Wholesale Population: 0

- 10 **Seasonal operation?**
 Yes
 No
 NA
 Unknown

- 11 Purchase water?
 Y - Yes
 N - No

- 12 Sell water?
 Y - Yes
 N - No

General / Background Info

Owner:

- 1 Owner type: F - Federal P - Private
 L - Local S - State Government
 M - Mixed
 N - Native American

- 2 Legal ownership by (name or entity): EMIGRATION IMP DIST

- 3 Principal Executive or CEO, Last Name: SMOLKA

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4 Principal Executive or CEO, First Name: FRED

5 Owner's address: PO BOX 58945

6 Owner's address - City: SALT LAKE CITY

7 Owner's address - State: UT - Utah ID - Idaho
 AZ - Arizona NV - Nevada
 CA - California WY - Wyoming
 CO - Colorado

8 Owner's address - Zip code: 84158

9 Owner's telephone: 801-582-6176

10 Owner's email address: fsmolka@mtnstream.com

General / Background Info

Staff:

1 System Manager's Last name: SMOLKA

2 System Manager's First name: FRED

3 System Manager's address: PO BOX 58945

4 System Manager's address - City: SALT LAKE CITY

5 System Manager's address - State: UT - Utah ID - Idaho
 AZ - Arizona NV - Nevada
 CA - California WY - Wyoming
 CO - Colorado

6 System Manager's address - Zip code: 84158

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7	System Manager's telephone:	801-582-6176
8	System Manager's email address:	fsmolka@mtnstream.com
9	Main Operator's Last name:	HALL
10	Main Operator's First name:	LARRY A
11	Main Operator's address:	89 W MONARCH DR.
12	Main Operator's address - City:	BOUNTIFUL
13	Main Operator's address - State:	<input checked="" type="checkbox"/> UT - Utah <input type="checkbox"/> ID - Idaho <input type="checkbox"/> AZ - Arizona <input type="checkbox"/> NV - Nevada <input type="checkbox"/> CA - California <input type="checkbox"/> WY - Wyoming <input type="checkbox"/> CO - Colorado
14	Main Operator's address - Zip code:	84010
15	Main Operator's telephone:	801-209-6382
16	Main Operator's email address:	larryh@aquaeviron.com
17	Emergency phone number:	435-299-1327
18	System FAX number:	801-582-6171

General / Background Info

Previous Survey Info:

1	Date of last sanitary survey:	09/30/2010
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- 2 Last survey conducted by - name: JOHN H OAKESON
- 3 Have all deficiencies noted during previous survey been corrected?
(NOTE: Complete a current IPS report indicating all deficiencies that have been corrected during or prior to current survey. SUBMIT CORRECTIONS TO DDW WITH OTHER SURVEY INFORMATION!)
- Yes
 No
 NA
- Unknown

General / SDWIS Site Visit Info

- 1 Reason for the visit:
- SNSV - Sanitary Survey TRNG - Training
 SSVF - Sanitary Survey Follow LABC - Laboratory certificat
 SHAZ - Sanitary Hazards Inves EMRG - Emergency assistan
 TRTP - Water Treatment Plant ENGR - Engineering
- 2 Questions sent to water system on: 10/15/2012
- 4 Date of the survey (IF SURVEY TAKES MORE THAN ONE DAY INDICATE SURVEY COMPLETION DATE IN NOTES) {A DATE MUST BE ENETERED IN ORDER TO MIGRATE SURVEY} 10/18/2012
- 5 Survey Status: C - Completed
 P - Planned
- 16 Last name of surveyor: (LIST ADDITIONAL NAMES IN NOTES) FERGUSON
- 17 First name of surveyor: (LIST ADDITIONAL NAMES IN NOTES) MEGAN
- 18 Surveyor's organization: SLVHD
- 19 Surveyor phone number: 385 468 3898
- 20 Surveyor e-mail: meferguson@slco.org
- 21 Water system representative(s) present during the survey: (LIST ONLY ONE NAME IN FIELD. ADD ADDITIONAL PARTIES PRESENT IN NOTES) LARRY HALL

22 Official notification of report results sent to water system. (DATE MUST BE ENETERED IN ORDER TO MIGRATE SURVEY)

11/02/2012

Regulations / Plans/Records

- 1 Does the (TCR) sample site plan meet the minimum requirements? (REQUIRED FOR ALL SYSTEMS. ANSWER NO, if no plan is present)
 Yes
 No
 NA
 Unknown

Management / General

- 1 Does the system haul water?
 Yes
 No
 NA
 Unknown

Management / Planning

General:

- 1 The system does not meet the required source capacity requirements? (Answer "No" if source capacity is adequate, use Excel spreadsheet for calculations)
 Yes
 No
 NA
 Unknown
 - 2 The system does not meet the required storage capacity requirements? (Answer "No" if storage capacity is adequate, use Excel spreadsheet for calculations)
 Yes
 No
 NA
 Unknown
 - 3 If the system is a community system that serves 100 or more connections does the system have at least 2 water sources?
 Yes
 No
 NA
 Unknown
 - 4 Has there been any recent modifications to the water system?
 Yes
 No
 NA
 Unknown
- Notes: The brigham fork pump was replaced. The casing (now PVC) was also replaced.
- 5 Are there any undocumented water system facilities? (i.e. tanks, pump stations, treatment facilities, etc.)
 Yes
 No
 NA
 Unknown

6 Local Fire Authority - last name: JOHNSON

7 Local Fire Authority - first name: BOYDE

8 Local Fire Authority -Address: 3300 S 900 W

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9 Local Fire Authority - City:

SALT LAKE CITY

10 Local Fire Authority - State:

- Utah
- Arizona
- California
- Colorado
- Idaho
- Nevada
- Wyoming

11 Local Fire Authority - Zip Code:

84119

12 Local Fire Authority - Telephone #:

801 824 3713

Management / Emergency Response

1 Does your system serve less than 3300 in population?

- Yes
- No
- NA
- Unknown

1.01 Does your system have a written Emergency Response Plan? (Credit points given for "yes" answer)

- Yes
- No
- NA
- Unknown

1.02 Has your Emergency Response Plan been updated within the last 3 years?

- Yes
- No
- NA
- Unknown

2 Does your system serve a population of 3300 or greater?

- Yes
- No
- NA
- Unknown

3 Is there a procedure in place to respond immediately to customer complaints?

- Yes
- No
- NA
- Unknown

3.01 What type(s) of complaints do you receive?

There were some complaints of sulfur smell in the past

3.02 How do you respond to customer complaints?

Complaints are received by Fred Smolka and passed to Larry for response.

Management / Cross-Connections

- | | | |
|------------------------------|---|---|
| 1 | Are there any unprotected connections between the distribution system and any location whereby unsafe water or other contaminating materials may be discharged or drawn into the system? Discribe cross- conn. in notes (lack of a hose bibb vacuum breaker is NOT considered a cross-connection) | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA |
| 2.01 | Legally adopted authority statement? (ALL SYSTEMS ARE REQUIRED TO HAVE A DOCUMENTED AND SIGNED STATEMENT - NO EXCEPTIONS) | <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |
| 2.02 | Documentation of annual public awareness and/or employee training? (ALL SYSTEMS ARE REQUIRED TO DOCUMENT THEIR ACTIVITIES - NO EXCEPTIONS) | <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |
| <i>Flagged for Follow-up</i> | Notes: Larry has developed educational material for common backflow problems to send to home owners with the next mailer. | <input type="checkbox"/> Unknown |
| 2.03 | Documentation of personnel trained to manage the program? (Completion of DDW approved Backflow 101 training OR Class I Backflow Technician Certification IS REQUIRED) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |
| 2.04 | Records of hazards found, protection required and installed, enforcement actions, assembly testing etc.? (ALL SYSTEMS ARE REQUIRED TO DOCUMENT ACTIVITIES ANNUALLY - NO EXCEPTIONS) | <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |
| 2.05 | Documentation of on-going program enforcement? (ie records of periodic hazard assessments, annual test report, updated assembly inventory, etc. The system must have ALL FOUR of the other elements in order to answer this question as "yes") | <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |
| | Notes: no testable backflow assemblies | <input type="checkbox"/> Unknown |

Management / Staffing

- | | | | |
|---|---|---|---|
| 1 | Main Operator's Treatment Certification Level: | <input type="checkbox"/> T1
<input type="checkbox"/> T2
<input checked="" type="checkbox"/> T3
<input type="checkbox"/> T4 | <input type="checkbox"/> NA |
| 2 | Main Operator's Distribution Certification Level: | <input type="checkbox"/> SS
<input type="checkbox"/> D1
<input type="checkbox"/> D2
<input type="checkbox"/> D3 | <input checked="" type="checkbox"/> D4
<input type="checkbox"/> NA |
| 3 | Is the main operator properly certified at the level required for the system? (IF NO CERTIFIED OPERATOR IS REQUIRED DO NOT ANSWER) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA | |
| 4 | If there is a certified operator, is he or she available within 1 hour travel time at all times as required by R309-300? (IF NO CERTIFIED OPERATOR IS REQUIRED DO NOT ANSWER) | <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA | |
| | | <input type="checkbox"/> Unknown | |

Management / Source Protection

- 1 All systems: Has the system appointed a designated person for their source protection program and notified the Division of Drinking Water who that person is? (PLEASE INDICATE CURRENT DESIGNATED PERSON IN NOTES AREA BELOW)
Notes:
- Yes
 No
 NA
 Unknown
- 2 **Is their phone number and address different from the water system?**
- Yes
 No
 NA
 Unknown
- 3 All systems: Does the system have any new, active sources for which a Preliminary Evaluation Report (PER) has not been submitted?
- Yes
 No
 NA
 Unknown
- 4 All systems: Does the system have any active sources with disapproved PERs?
- Yes
 No
 NA
 Unknown
- 5 All systems: Does the system have any active sources with disapproved Drinking Water Source Protection (DWSP) plans?
- Yes
 No
 NA
 Unknown
- 6 All systems: Does the system have any active sources with PERs that have not been upgraded to a full DWSP plan?
- Yes
 No
 NA
 Unknown
- 7 All systems: Is the system current on all required updates of source protection plans for active sources?
- Yes
 No
 NA
 Unknown
- 8 All systems: Has the system submitted revised DWSP plan for all active wells that have been reconstructed?
- Yes
 No
 NA
 Unknown
- 9 CWS and NTNC systems: Are there any old active sources that do not have a DWSP in place?
- Yes
 No
 NA
 Unknown

Sources / General

General:

- 1 Are there any undocumented source(s) physically connected to the drinking water system? (If source is not on system inventory mark "yes")
- Yes
 No
 NA
 Unknown

Sources / Groundwater

WS001-FREEZE CREEK WELL - (Active) / General:

- 1 **Is this a seasonal source?**
- Yes
 No
 NA
 Unknown
- Notes:

Sources / Groundwater

WS001-FREEZE CREEK WELL - (Active) / Construction:

- 1 The well casing does NOT extend a minimum of 18 inches above the finished ground surface or 12 inches above the well house floor? (Answer "No" IF STANDARD IS MET)
 - Yes
 - No
 - NA
 - Unknown
- 2 Is the sanitary seal properly installed and maintained? (Note: If this is a pitless adapter DO NOT ANSWER)
 - Yes
 - No
 - NA
 - Unknown
- 3 Is there a pitless adapter?
 - Yes
 - No
 - NA
 - Unknown
- 4 Is the well casing vented? (Included in rule guidance. A casing vent is not required but must meet requirements if present)
 - Yes
 - No
 - NA
 - Unknown
- 5 Is there a pump to waste line from the well? (Included in rule guidance. A pump to waste line is not required but must meet requirements if present)

Notes: The pump to waste line is temporarily disconnected due to a recent leak. A phlange is covering the pipe.

 - Yes
 - No
 - NA
 - Unknown
- 6 Is there a means to measure drawdown?
 - Yes
 - No
 - NA
 - Unknown
- 7 Is the wellhead properly secured against unauthorized personnel?
 - Yes
 - No
 - NA
 - Unknown

Sources / Groundwater

WS001-FREEZE CREEK WELL - (Active) / Pumps:

- 1 Where does this pumping station pump from and to?

ground to distribution
- 2 What type of pump(s) are at this pumping station?

<input type="checkbox"/> CF - Centrifugal	<input type="checkbox"/> SC - Screw
<input type="checkbox"/> HP - Hand Pump	<input checked="" type="checkbox"/> SU - Submersible
<input type="checkbox"/> JT - Jet	<input type="checkbox"/> VT - Vertical Turbine
<input type="checkbox"/> PD - Positive Displacement	
- 3 Is the building and equipment protected from flooding?
 - Yes
 - No
 - NA
 - Unknown
- 4 What is the actual pumping capacity of this well in gallons per minute (GPM)?

60
- 5 Are cross-connections present in the well discharge piping? (Lack of Hose Bibb Vacuum breaker is NOT considered a cross-connection)
 - Yes
 - No
 - NA
 - Unknown

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- | | | |
|------|---|---|
| 6 | Is adequate drainage provided? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7 | Are toxic chemicals, hazardous or flammable materials or lubricants stored inside the pumping station? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.01 | Pump discharge piping: a smooth-nosed sampling tap?

Notes: A hose bib is used as a sample tap. | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.02 | Pump discharge piping: a positive-acting check valve between the sample tap and the isolation valve? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.03 | Pump discharge piping: pressure gauge? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.04 | Pump discharge piping: flow meter? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.05 | Pump discharge piping shut off valve? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 9 | Where a well pumps directly into a distribution system, is an air release valve or other means of releasing trapped air located on the pump discharge piping? (If well pumps directly to a tank indicate in notes. Answer "yes". Do not answer 9.01, 9.02, 9.03) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA

<input type="checkbox"/> Unknown |
| 9.01 | Is the discharge line from the air release valve properly downturned? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 9.02 | Is the open end of the air release valve screened with #14 mesh corrosion resistant mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 9.03 | Is the open end of the air release valve terminated an appropriate air gap (minimum of 6 inches) above the ground or pumphouse floor? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 10 | Are the correct types of lubricant used (ANSI/NSF 60)?

Notes: submersible | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 11 | Is rotating and electrical equipment provided with protective guards? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Sources / Groundwater

WS002-WELL #2 - (Active) / General:

- 1 Is this a seasonal source? Yes
 No
 NA
 Unknown

Sources / Groundwater

WS002-WELL #2 - (Active) / Construction:

- 1 The well casing does NOT extend a minimum of 18 inches above the finished ground surface or 12 inches above the well house floor? (Answer "No" IF STANDARD IS MET) Yes
 No
 NA
 Unknown
- 2 Is the sanitary seal properly installed and maintained? (Note: If this is a pitless adapter DO NOT ANSWER) Yes
 No
 NA
 Unknown
- 3 Is there a pitless adapter? Yes
 No
 NA
 Unknown
- 4 Is the well casing vented? (Included in rule guidance. A casing vent is not required but must meet requirements if present) Yes
 No
 NA
 Unknown
- 4.01 Is the open end of the vent screened with a #14 mesh screen? Yes
 No
 NA
 Unknown
- 4.02 Is the open end of the vent down-turned? Yes
 No
 NA
 Unknown
- 4.03 Is the open end of the vent terminated with an appropriate air gap above the ground? Yes
 No
 NA
 Unknown
- 5 Is there a pump to waste line from the well? (Included in rule guidance. A pump to waste line is not required but must meet requirements if present) Yes
 No
 NA
 Unknown
- 6 Is there a means to measure drawdown? Yes
 No
 NA
 Unknown
- 7 Is the wellhead properly secured against unauthorized personnel? Yes
 No
 NA
 Unknown

Sources / Groundwater

WS002-WELL #2 - (Active) / Pumps:

- | | | |
|-------|---|--|
| 1 | Where does this pumping station pump from and to? | ground to distribution |
| <hr/> | | |
| 2 | What type of pump(s) are at this pumping station? | <input type="checkbox"/> CF - Centrifugal <input type="checkbox"/> SC - Screw
<input type="checkbox"/> HP - Hand Pump <input checked="" type="checkbox"/> SU - Submersible
<input type="checkbox"/> JT - Jet <input type="checkbox"/> VT - Vertical Turbine
<input type="checkbox"/> PD - Positive Displacement |
| 3 | Is the building and equipment protected from flooding? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4 | What is the actual pumping capacity of this well in gallons per minute (GPM)? | 250 |
| <hr/> | | |
| 5 | Are cross-connections present in the well discharge piping? (Lack of Hose Bibb Vacuum breaker is NOT considered a cross-connection) | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 6 | Is adequate drainage provided? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7 | Are toxic chemicals, hazardous or flammable materials or lubricants stored inside the pumping station? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.01 | Pump discharge piping: a smooth-nosed sampling tap? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.02 | Pump discharge piping: a positive-acting check valve between the sample tap and the isolation valve? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.03 | Pump discharge piping: pressure gauge? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.04 | Pump discharge piping: flow meter? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.05 | Pump discharge piping shut off valve? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

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- 9 **Where a well pumps directly into a distribution system, is an air release valve or other means of releasing trapped air located on the pump discharge piping? (If well pumps directly to a tank indicate in notes. Answer "yes". Do not answer 9.01, 9.02, 9.03)** Yes
 No
 NA
 Unknown
- 9.01 Is the discharge line from the air release valve properly downturned? Yes
 No
 NA
 Unknown
- 9.02 Is the open end of the air release valve screened with #14 mesh corrosion resistant mesh screen? Yes
 No
 NA
 Unknown
- 9.03 Is the open end of the air release valve terminated an appropriate air gap (minimum of 6 inches) above the ground or pumphouse floor? Yes
 No
 NA
 Unknown
- 10 Are the correct types of lubricant used (ANSI/NSF 60)? Yes
 No
 NA
 Unknown
- Notes:
- 11 Is rotating and electrical equipment provided with protective guards? Yes
 No
 NA
 Unknown

Sources / Groundwater

WS003-BRIGHAM FORK WELL - (Active) / General:

- 1 **Is this a seasonal source?** Yes
 No
 NA
 Unknown

Sources / Groundwater

WS003-BRIGHAM FORK WELL - (Active) / Construction:

- 1 **The well casing does NOT extend a minimum of 18 inches above the finished ground surface or 12 inches above the well house floor? (Answer "No" IF STANDARD IS MET)** Yes
 No
 NA
 Unknown
- 2 Is the sanitary seal properly installed and maintained? (Note: If this is a pitless adapter DO NOT ANSWER) Yes
 No
 NA
 Unknown
- 3 **Is there a pitless adapter?** Yes
 No
 NA
 Unknown
- 4 **Is the well casing vented? (Included in rule guidance. A casing vent is not required but must meet requirements if present)** Yes
 No
 NA
 Unknown
- 5 **Is there a pump to waste line from the well? (Included in rule guidance. A pump to waste line is not required but must meet requirements if present)** Yes
 No
 NA
 Unknown

Question Number

- 5.01 Does the pump to waste line discharge through an approved air gap?
 - Yes
 - No
 - NA
 - Unknown
- 5.02 Is the pump to waste line equipped with a #4 non-corrodible mesh screen?
 - Yes
 - No
 - NA
 - Unknown
- 5.03 Does the pump to waste line discharge to a sanitary sewer without proper local authorization?
 - Yes
 - No
 - NA
 - Unknown
- 6 Is there a means to measure drawdown?
 - Yes
 - No
 - NA
 - Unknown
- 7 Is the wellhead properly secured against unauthorized personnel?
 - Yes
 - No
 - NA
 - Unknown

Sources / Groundwater

WS003-BRIGHAM FORK WELL - (Active) / Pumps:

1 Where does this pumping station pump from and to? ground to distribution

2 What type of pump(s) are at this pumping station?

- CF - Centrifugal
- HP - Hand Pump
- JT - Jet
- PD - Positive Displacement

- SC - Screw
- SU - Submersible
- VT - Vertical Turbine

3 Is the building and equipment protected from flooding?

- Yes
- No
- NA
- Unknown

4 What is the actual pumping capacity of this well in gallons per minute (GPM)? 270

5 Are cross-connections present in the well discharge piping? (Lack of Hose Bibb Vacuum breaker is NOT considered a cross-connection)

- Yes
- No
- NA
- Unknown

6 Is adequate drainage provided?

- Yes
- No
- NA
- Unknown

Flagged for Follow-up Notes: A drain pipe has been added to the the well to allow the release of artesian water. This pipe should be screened.

7 Are toxic chemicals, hazardous or flammable materials or lubricants stored inside the pumping station?

- Yes
- No
- NA
- Unknown

8.01 Pump discharge piping: a smooth-nosed sampling tap?

- Yes
- No
- NA
- Unknown

Question Number

- 8.02 Pump discharge piping: a positive-acting check valve between the sample tap and the isolation valve? Yes
 No
 NA
 Unknown
- 8.03 Pump discharge piping: pressure gauge? Yes
 No
 NA
 Unknown
- 8.04 Pump discharge piping: flow meter? Yes
 No
 NA
 Unknown
- 8.05 Pump discharge piping shut off valve? Yes
 No
 NA
 Unknown
- 9 **Where a well pumps directly into a distribution system, is an air release valve or other means of releasing trapped air located on the pump discharge piping? (If well pumps directly to a tank indicate in notes. Answer "yes". Do not answer 9.01, 9.02, 9.03)** Yes
 No
 NA
- 9.01 Is the discharge line from the air release valve properly downturned? Unknown
 Yes
 No
 NA
 Unknown
- 9.02 Is the open end of the air release valve screened with #14 mesh corrosion resistant mesh screen? Yes
 No
 NA
 Unknown
- 9.03 Is the open end of the air release valve terminated an appropriate air gap (minimum of 6 inches) above the ground or pumphouse floor? Yes
 No
 NA
 Unknown
- 10 Are the correct types of lubricant used (ANSI/NSF 60)? Yes
 No
 NA
 Unknown
- Notes:
- 11 Is rotating and electrical equipment provided with protective guards? Yes
 No
 NA
 Unknown

TP001-BRIGHAM FORK CHLORINATOR - (Active) / General

General:

- 1 **Is this plant operated on seasonal basis?** Yes
 No
 NA
 Unknown
- 2 **Does the treatment plant have any treatment processes other than disinfection or fluoridation?** Yes
 No
 NA
 Unknown

TP001-BRIGHAM FORK CHLORINATOR - (Active) / General

Chemical Use:

- | | | |
|------------------------------|---|---|
| 1 | Are liquid chemicals used? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.01 | Is cross-connection control provided on the service water lines that feed the solution tanks? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.02 | Do overflow pipes, when provided, have free fall discharge? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| <i>Flagged for Follow-up</i> | Notes: A 55 gal drum is used as the tank. | |
| 1.03 | If a motor-driven transfer pump is provided, is a liquid level limit switch and an over-flow from the day tank operable? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.04 | Are there adequate spill containment provisions? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.05 | Are acid storage and day tanks provided with separate screened vents? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.06 | Is a means provided to measure the solution level in the day tank or storage tank? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.07 | Are tanks and tank refilling line entry points properly labeled to designate the correct chemical? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.08 | Is cross-connection control provided so that no direct connections exist between any sewer and a drain or overflow from the feeder, solution chamber or tank? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.09 | Are spare parts available for all chemical feeders? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.1 | Are incompatible chemicals stored separately? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.11 | Do daily operating records reflect chemical dosages and total quantities used? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.12 | Are all chemical feeders properly verified for accuracy? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Question Number

- | | | |
|------|--|---|
| 1.13 | Are vents from feeders, storage facilities and equipment exhaust discharged to the outside atmosphere above grade and remote from air intakes? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.14 | Are all chemicals and water contact materials approved by an ANSI/NSF accredited organization? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

TP001-BRIGHAM FORK CHLORINATOR - (Active) / General

Waste Disposal:

- | | | |
|---|--|----------|
| 1 | How are process and plant wastes discharged? | NO WASTE |
|---|--|----------|
-

TP001-BRIGHAM FORK CHLORINATOR - (Active) / Chlorination

General:

Flagged for Follow-up

- | | | |
|---|---|---|
| 1 | What disinfectant residual is maintained at the entry point of the distribution system? | 0.9 |
| 2 | Is at least a trace of residual maintained at all points in the distribution system? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3 | During the past year, has the disinfection process operated uninterrupted while water was being produced? If no, describe in comments.
Notes: Chlorine is not required but is used for aesthetic purposes. | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4 | Have any new connections been added to the system between the point of disinfection and an existing first customer that would change contact time that would affect compliance with regulatory requirements? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5 | Are chlorine residuals tested at least three times a week in the distribution system? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 6 | Are there an adequate number of disinfection residual sample sites and do they provide a representative sample of system conditions? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7 | Is chlorination continuous? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8 | Are the chlorine (i.e., gas, hypochlorite solution, hypochlorite tablets, granules, and powder), chloramines, and chemicals used to generate chlorine dioxide, certified as complying with ANSI/NSF Standard 60, Drinking Water Treatment Chemicals? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 9 | Are solution-feed, direct-feed, or hypochlorite liquid feeders of the positive displacement type? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Question Number

- | | | |
|------------------------------|--|---|
| 10 | Is the flow rate of the water to be treated or chlorine demand of the water to be treated reasonably constant (otherwise requiring automatic proportioning possible)? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 11 | Are overflow pipes, when provided, located where they can be readily monitored? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 12 | Is cross-connection control provided on the service water lines that feed the solution tanks? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 13 | Is there a means to measure the volume of water treated? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14 | Is chlorine residual test equipment available capable of measuring residuals to the nearest 0.1 mg/l in the range below 0.5 mg/l, to the nearest 0.3 mg/l between 0.5 mg/l and 1.0 mg/l and to the nearest 0.5 mg/l above 1.0 mg/l? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 15 | Are spare parts available to replace parts subject to wear and breakage? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 16 | Is a chlorinator bypass, with appropriate turn-out of un-chlorinated water, provided to allow the flow to waste for periods when the chlorination system is not operational? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 17 | Is there chlorinator isolation plumbing provided such that each chlorinator can be removed from the process train (e.g., during maintenance, power outage, other shutdown, etc.) without allowing otherwise unchlorinated water to bypass the unit and be delivered to the public for consumption? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| <i>Flagged for Follow-up</i> | Notes: Chlorine is not required but is used for aesthetic purposes. | <input type="checkbox"/> Unknown |

TP002-WELL 2 CHLORINATOR - (Active) / General

General:

- | | | |
|---|--|---|
| 1 | Is this plant operated on seasonal basis? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 2 | Does the treatment plant have any treatment processes other than disinfection or fluoridation? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

TP002-WELL 2 CHLORINATOR - (Active) / General

Chemical Use:

- | | | |
|---|----------------------------|---|
| 1 | Are liquid chemicals used? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
|---|----------------------------|---|

Question Number

1.01	Is cross-connection control provided on the service water lines that feed the solution tanks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
1.02	Do overflow pipes, when provided, have free fall discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown
<i>Flagged for Follow-up</i>	Notes: A 55 gal drum is used as the tank.	
1.03	If a motor-driven transfer pump is provided, is a liquid level limit switch and an over-flow from the day tank operable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
1.04	Are there adequate spill containment provisions?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
<i>Flagged for Follow-up</i>	Notes: This drum does not have secondary containment	
1.05	Are acid storage and day tanks provided with separate screened vents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown
1.06	Is a means provided to measure the solution level in the day tank or storage tank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
1.07	Are tanks and tank refilling line entry points properly labeled to designate the correct chemical?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
1.08	Is cross-connection control provided so that no direct connections exist between any sewer and a drain or overflow from the feeder, solution chamber or tank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
1.09	Are spare parts available for all chemical feeders?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
1.1	Are incompatible chemicals stored separately?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
1.11	Do daily operating records reflect chemical dosages and total quantities used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
1.12	Are all chemical feeders properly verified for accuracy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
1.13	Are vents from feeders, storage facilities and equipment exhaust discharged to the outside atmosphere above grade and remote from air intakes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown

Question Number

- 1.14 Are all chemicals and water contact materials approved by an ANSI/NSF accredited organization? Yes
 No
 NA
 Unknown

TP002-WELL 2 CHLORINATOR - (Active) / General

Waste Disposal:

- 1 How are process and plant wastes discharged? NO WASTE

TP002-WELL 2 CHLORINATOR - (Active) / Chlorination

General:

- 1 What disinfectant residual is maintained at the entry point of the distribution system? 0.9
- 2 Is at least a trace of residual maintained at all points in the distribution system? Yes
 No
 NA
 Unknown
- 3 During the past year, has the disinfection process operated uninterrupted while water was being produced? If no, describe in comments. Yes
 No
 NA
 Unknown
- 4 Have any new connections been added to the system between the point of disinfection and an existing first customer that would change contact time that would affect compliance with regulatory requirements? Yes
 No
 NA
 Unknown
- 5 Are chlorine residuals tested at least three times a week in the distribution system? Yes
 No
 NA
 Unknown
- 6 Are there an adequate number of disinfection residual sample sites and do they provide a representative sample of system conditions? Yes
 No
 NA
 Unknown
- 7 Is chlorination continuous? Yes
 No
 NA
 Unknown
- 8 Are the chlorine (i.e., gas, hypochlorite solution, hypochlorite tablets, granules, and powder), chloramines, and chemicals used to generate chlorine dioxide, certified as complying with ANSI/NSF Standard 60, Drinking Water Treatment Chemicals? Yes
 No
 NA
 Unknown
- 9 Are solution-feed, direct-feed, or hypochlorite liquid feeders of the positive displacement type? Yes
 No
 NA
 Unknown
- 10 Is the flow rate of the water to be treated or chlorine demand of the water to be treated reasonably constant (otherwise requiring automatic proportioning possible)? Yes
 No
 NA
 Unknown

Question Number

- 11 Are overflow pipes, when provided, located where they can be readily monitored?
 - Yes
 - No
 - NA
 - Unknown

- 12 Is cross-connection control provided on the service water lines that feed the solution tanks?
 - Yes
 - No
 - NA
 - Unknown

- 13 Is there a means to measure the volume of water treated?
 - Yes
 - No
 - NA
 - Unknown

- 14 Is chlorine residual test equipment available capable of measuring residuals to the nearest 0.1 mg/l in the range below 0.5 mg/l, to the nearest 0.3 mg/l between 0.5 mg/l and 1.0 mg/l and to the nearest 0.5 mg/l above 1.0 mg/l?
 - Yes
 - No
 - NA
 - Unknown

- 15 Are spare parts available to replace parts subject to wear and breakage?
 - Yes
 - No
 - NA
 - Unknown

- 16 Is a chlorinator bypass, with appropriate turn-out of un-chlorinated water, provided to allow the flow to waste for periods when the chlorination system is not operational?
 - Yes
 - No
 - NA
 - Unknown

- 17 Is there chlorinator isolation plumbing provided such that each chlorinator can be removed from the process train (e.g., during maintenance, power outage, other shutdown, etc.) without allowing otherwise unchlorinated water to bypass the unit and be delivered to the public for consumption?
 - Yes
 - No
 - NA
 - Unknown

Storage / ST002-WILDFLOWER RESERVOIR - (Active)

Design:

- 1 What is the name of this storage facility?

WILDFLOWER

- 2 What is the total capacity for this storage facility in gallons? (DO NOT USE COMAS IN NUMERIC ANSWER)

1300000

- 3 Is the area surrounding the ground-level storage structure graded in a manner that will prevent surface water from standing within 50 feet of it?
 - Yes
 - No
 - NA
 - Unknown

- 4 Is the storage reservoir cover sloped so that water will drain?
 - Yes
 - No
 - NA
 - Unknown

Storage / ST002-WILDFLOWER RESERVOIR - (Active)

Components:

- 1 Does the water storage structure have ladders, ladder guards, balcony railings, and safely located entrance hatches provided where applicable? Yes
 No
 NA
 Unknown
- 2 **Are air vents present?** Yes
 No
 NA
 Unknown
- 2.01 Air Vents: Turned downward or covered from rain and dust? Yes
 No
 NA
 Unknown
- 2.02 Air Vents: Terminated at a minimum of 24 inches above the surface of a storage tank roof if the tank is a buried structure? Yes
 No
 NA
 Unknown
- 2.03 Air Vents: Screened with #14 non-corrodible mesh screen with a larger gauge protection screen? Yes
 No
 NA
 Unknown
- 3 **Are access openings present?** Yes
 No
 NA
 Unknown
- 3.01 Access opening covers at least 4 inches above the tank roof surface (18 inches above any earthen cover)? Yes
 No
 NA
 Unknown
- 3.02 Access openings: Is the access of the shoe box type with a minimum of a 2 inch overlap? Yes
 No
 NA
 Unknown
- 3.03 Access openings: Is the lid properly gasketed? Yes
 No
 NA
 Unknown
- 4 Are outside access hatches locked? Yes
 No
 NA
 Unknown
- 5 Are there any roof penetrations that are not sealed? (ie a water level indicator cable, holes, etc.) Yes
 No
 NA
 Unknown
- 6 **Are overflow pipes present?
(IF COMBINED WITH DRAIN LINE INDICATE IN NOTES. DO NOT ANSWER QUESTIONS 7 AND 8)** Yes
 No
 NA
Notes: Unknown
- 6.01 Overflow pipes: Terminated 12 to 24 inches above the ground? Yes
 No
 NA
 Unknown

Question Number

- 6.02 Overflow pipes: Screened with #4 mesh non-corrodible screen? Yes
 No
 NA
 Unknown
- 6.03 Overflow pipes: Directly connected to a sanitary sewer? Yes
 No
 NA
 Unknown

Storage / ST002-WILDFLOWER RESERVOIR - (Active)

Maintenance:

- 1 Are there cracks in the walls or covers of the storage tanks?
(ANSWER ONLY ONCE IN THIS SECTION) Yes
 No
 NA
 Unknown
- 2 Is the storage structure interior coating or liner peeling or cracked? Yes
 No
 NA
 Unknown

Storage / ST001-EMIGRATION / OAK RESERVOIR - (Active)

Design:

- 1 What is the name of this storage facility? OAK _____
- 2 What is the total capacity for this storage facility in gallons? (DO NOT USE COMAS IN NUMERIC ANSWER) 355000 _____
- 3 Is the area surrounding the ground-level storage structure graded in a manner that will prevent surface water from standing within 50 feet of it? Yes
 No
 NA
 Unknown
- 4 Is the storage reservoir cover sloped so that water will drain? Yes
 No
 NA
 Unknown

Storage / ST001-EMIGRATION / OAK RESERVOIR - (Active)

Components:

- 1 Does the water storage structure have ladders, ladder guards, balcony railings, and safely located entrance hatches provided where applicable? Yes
 No
 NA
 Unknown
- 2 Are air vents present? Yes
 No
 NA
 Unknown
- 2.01 Air Vents: Turned downward or covered from rain and dust? Yes
 No
 NA
 Unknown

Question Number

- | | | |
|------------------------------|--|---|
| 2.02 | Air Vents: Terminated at a minimum of 24 inches above the surface of a storage tank roof if the tank is a buried structure? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 2.03 | Air Vents: Screened with #14 non-corrodible mesh screen with a larger gauge protection screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3 | Are access openings present? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3.01 | Access opening covers at least 4 inches above the tank roof surface (18 inches above any earthen cover)? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3.02 | Access openings: Is the access of the shoe box type with a minimum of a 2 inch overlap? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3.03 | Access openings: Is the lid properly gasketed? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| <i>Flagged for Follow-up</i> | Notes: A gap in the gasket was repaired before the cocompletion of the survey. | <input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4 | Are outside access hatches locked? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5 | Are there any roof penetrations that are not sealed? (ie a water level indicator cable, holes, etc.) | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 6 | Are overflow pipes present?
(IF COMBINED WITH DRAIN LINE INDICATE IN NOTES. DO NOT ANSWER QUESTIONS 7 AND 8) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| | Notes: Combined | |
| 6.01 | Overflow pipes: Terminated 12 to 24 inches above the ground? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 6.02 | Overflow pipes: Screened with #4 mesh non-corrodible screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 6.03 | Overflow pipes: Directly connected to a sanitary sewer? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Storage / ST001-EMIGRATION / OAK RESERVOIR - (Active)

Maintenance:

- | | | |
|---|---|---|
| 1 | Are there cracks in the walls or covers of the storage tanks?
(ANSWER ONLY ONCE IN THIS SECTION) | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
|---|---|---|

- 2 Is the storage structure interior coating or liner peeling or cracked? Yes
 No
 NA
 Unknown

DS001-UTAH18143 DISTRIBUTION SYSTEM - (Active) / Design

- 1 Do all water mains (installed after 1995) that provide fire flow have a diameter of at least 8 inches? (If no new lines have been added after 1995 answer "yes") Yes
 No
 NA
 Unknown
- 2 Is there any asbestos/cement pipe in use in the system? Yes
 No
 NA
 Unknown

DS001-UTAH18143 DISTRIBUTION SYSTEM - (Active) / Pressure/Flow

- 1 Are all areas of the system capable of providing sufficient water during maximum hourly demand conditions to maintain a minimum pressure of 20 psi within the system measured at all points of connections during normal system operation? Yes
 No
 NA
 Unknown
- 2 Was the system constructed or new portions added after January 1, 2007. Yes
 No
 NA
 Unknown

DS001-UTAH18143 DISTRIBUTION SYSTEM - (Active) / Air & Vacuum Release Valves

- 1 Are air and vacuum release valves used in the system? Yes
 No
 NA
 Unknown
- 1.01 Is the vent line properly screened (#14 mesh) and down turned? Yes
 No
 NA
 Unknown
- 1.02 Does the discharge piping on all air relief valves extend a proper distance above ground and flood level? Yes
 No
 NA
 Unknown
- 1.03 Does the valve chamber have a drain or adequate sump? Yes
 No
 NA
 Unknown
- Flagged for Follow-up* Notes: One of the chambers had water at the time of visit. The water level was not near the AV release valve but regular inspection is recommended.
- 1.04 Does the valve chamber show evidence of flooding? Note: answer either 1.04 or 1.05 but not both. Yes
 No
 NA
 Unknown

DS001-UTAH18143 DISTRIBUTION SYSTEM - (Active) / Cross-Connections

- 1 Does any portion of the distribution system cross under any surface water body? Yes
 No
 NA
 Unknown

- 1.01 Were all the following precautions taken?
 A min. of 2 ft of cover over the pipe; and if the crossing is greater than 15 ft: special construction with restrained joints; valves at each side for pipeline isolation; and permanent taps to allow leakage testing. Yes
 No
 NA
 Unknown

- 2 Does the water system have a program to control the use of fire hydrants? Yes
 No
 NA
 Unknown

Flagged for Follow-up

Notes:

- 3 Are blow offs connected to sanitary or storm sewers or do they exit below flood level in ditches or streams? Yes
 No
 NA
 Unknown

DS001-UTAH18143 DISTRIBUTION SYSTEM - (Active) / Disinfection

- 1 Do your water facility disinfection procedures meet the AWWA C 651 (Water Mains), 652 (Water Storage Facilities) Standards for disinfection for new facilities and O&M including seasonal operation where Yes
 No
 NA
 Unknown

- 2 Do you practice "batch" disinfection? Yes
 No
 NA
 Unknown