

August 13, 2015

Eric Hawkes, Manager
Emigration Improvement District
PO Box 58945
Salt Lake City, UT 84158

Dear Mr. Hawkes:

Subject: UTAH18143 Emigration Improvement District Sanitary Survey

On July 14th, 2015, Pui Shum, Andrew Dibb and I conducted a sanitary survey of the Emigration Improvement District. We met with you to review the physical system and operations. I appreciate your time, effort and the cooperation in conducting the sanitary survey as well as your exceptional willingness to provide safe drinking water.

Emigration Improvement District serves approximately 600 residents totaling: 278 residential and 2 commercial. There are approximately: 4 active wells, 2 active storage tanks, 3 culinary water treatment/chemical feed facilities. The system also maintains air/vacuum release valves spread throughout miles of distribution mains and lines, including miscellaneous valves, etc.

The Utah Division of Drinking Water (DDW) rates public drinking water systems using the Improvement Priority System Rule, R309-400. Points are assigned based on violations of the Drinking Water Rules. Points assessed during a sanitary survey will become part of the total IPS points if not corrected within the time frame specified in this report.

As a result of the survey, I wish to present the recommendations and conclusions in this cover letter. I encourage you to follow the recommendations and take the necessary actions to correct the noted deficiencies. Corrections of these issues identified in these recommendations and conclusions are necessary in order for your water system to be in compliance with the Safe Drinking Water Rules. Once these corrections have been made, please notify the Division of Drinking Water so they can remove the IPS points.

The Ground Water Rule became effective December 1, 2009. Any significant deficiencies identified during the sanitary survey; 1) must be corrected with 120 days of the date of completion of this survey, or 2) your system must enter into a corrective action plan with the Division of Drinking Water to address the correction of the significant deficiencies. Failure to do will result in a treatment technique violation.

During the survey Emigration Improvement District received 73 IPS points.

The following deficiencies were noted during the sanitary survey:

1. WS004 – Upper Freeze Creek Well Source Protection:

- a. This source has a PER that has not been upgraded to a full DWSP
 - i. This is a **significant** deficiency

30 IPS points have been assigned

2. Cross Connection Control Plan:

- a. The system lacks documentation of annual public awareness and/or employee training
 - i. **10 IPS points have been assigned**
- b. The system lacks trained personnel to manage the program
 - i. **10 IPS points have been assigned**
- c. The system lacks records of hazards found, protection required and installed, enforcement actions, assembly testing etc.
 - i. **10 IPS points have been assigned**
- d. The system lacks documentation of on-going program enforcement
 - i. **10 IPS points have been assigned**

3. WS001-FREEZE CREEK WELL:

- a. There is no smooth-nosed sampling tap located on the discharge piping.
 - i. **1 IPS points have been assigned**

4. TP002-WELL 2 CHLORINATOR:

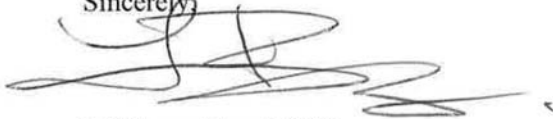
- a. The chlorine tank lacks adequate spill containment provisions
 - i. **2 IPS points have been assigned**

Enclosed are copies of the completed survey questions, deficiency report, capacity calculations and the inventory report. The Division of Drinking Water will provide a copy of your IPS Report after staff has transferred the sanitary survey information into the main DDW database.

I encourage you to take the necessary actions to correct the noted deficiencies. Once the deficiencies are corrected, please use the *IPS Deficiency Correction Notice* to notify the state Division of Drinking Water so they can delete the appropriate IPS points assigned for those deficiencies. This form can be obtained from their website;
http://www.deq.utah.gov/forms/water/dw/docs/2014/03Mar/pdf/e-deficiency_reporting_form-v2.pdf

Feel free to contact me at (385) 468-3898, e-mail libenavidez@slco.org if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lili Benavidez', with a stylized flourish extending to the right.

Lili Benavidez, LEHS
Salt Lake County Health Department
Bureau of Water Quality and Hazardous Waste

Enclosures

cc: Elden Olsen, DDW.
cc: David Hansen, DDW.
cc: John Oakeson, DDW
cc: Larry Hall, Aqua Engineering

Sanitary Survey - Deficiency Report

PWS Number: UTAH18143

Total Demerit Points: 73

Survey Date: 8/13/2015

Survey Name: EMIGRATION ID 2015 NEW

Surveyor Name: John Oakeson

Sanitary Survey Category: SM

SDWIS Severity Code: Significant Deficiency

Management / Source Protection

All systems: Does the system have any active sources with PERs that have not been upgraded to full DWSP plans?

Answer Recorded: Yes

Comments: RR309-600-7(2)(b) & R3 R309-600-7(2)(b) & R309-605-7(1)(c)(iii) require a PWS to correct deficiencies in a disapproved DWSP plan and resubmit it within 90 days of the disapproval date. 30 demerit points have been assigned. This deficiency should be corrected within 120 days of notification or have a corrective action plan approved by DDW

Notes: Verified with the Division of Drinking Water that the Upper Freeze Creek Well WS004 has not been upgraded to a full DWSP. Please refer to DDW.

Demerit Points: 30

Days to Correct Deficiency: 120

SDWIS Deficiency Description: SP02 NO DWSP REVISION SUBMITTED AFTER REDEV OF SOURCE

Sanitary Survey Category: SM

SDWIS Severity Code: Minor Deficiency**Management / Cross-Connections**

Documentation of annual public awareness and/or employee training? (ALL SYSTEMS ARE REQUIRED TO DOCUMENT THEIR ACTIVITIES - NO EXCEPTIONS)

Answer Recorded: No

Comments: R309-105-12(2)(b) **R309-105-12(2)(b) requires each public water system to have a cross connection control program which includes providing public education or awareness material. 10 demerit points shall be assigned.**

Notes: The system manager is unaware of any public awareness on cross connection

Demerit Points: 10

Days to Correct Deficiency: 0

SDWIS Deficiency Description: M004 CCC-NO ANNUAL PUBLIC EDUCATION OR AWARENESS

Documentation of personnel trained to manage the program? (Completion of DDW approved Backflow 101 training OR Class I Backflow Technician Certification IS REQUIRED)

Answer Recorded: No

Comments: R309-105-12(2)(c) **R309-105-12(2)(c) requires each public water system to have a cross connection control program which includes an operator with adequate training in the area of cross connection control or backflow prevention. 10 demerit points shall be assigned.**

Notes: There is currently no employee trained to manage the program.

Demerit Points: 10

Days to Correct Deficiency: 0

SDWIS Deficiency Description: M005 CCC-LACKS OPERATOR TRAINING

Sanitary Survey Category: SM

SDWIS Severity Code: Minor Deficiency

Management / Cross-Connections

Records of hazards found, protection required and installed, enforcement actions, assembly testing etc.? (ALL SYSTEMS ARE REQUIRED TO DOCUMENT ACTIVITIES ANNUALLY - NO EXCEPTIONS)

Answer Recorded: No

Comments: R309-105-12(2)(d) **R309-105-12(2)(d) requires each public water system to have a cross connection control program which includes written records of cross connection control activities. 10 demerit points shall be assigned.**

Notes: The system manager states that he is unaware of the location of any backflow preventers throughout the system and is unsure if any testable apparatuses exist. There are no records maintained that the system manager is aware of.

Demerit Points: 10**Days to Correct Deficiency:** 0**SDWIS Deficiency Description:** M006 CCC-LACKS WRITTEN RECORDS

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")

Answer Recorded: No

Comments: R309-105-12(2)(e) **R309-105-12(2)(e) requires each public water system to have a cross connection control program which includes test history and documentation of on-going enforcement. 10 demerit points shall be assigned.**

Notes: As the system manager is unaware of any assemblies and backflow devices, there is no documentation of on-going enforcement.

Demerit Points: 10**Days to Correct Deficiency:** 0**SDWIS Deficiency Description:** M007 CCC-LACKS ON-GOING ENFORCEMENT PLAN

Division of Drinking Water System Capacity Calculation Sheet (Last Update 1/30/2014)

Enter the green cells only.

System Name:

Emigration ID

System Number:

18143

1. Indoor Water Use

Convert "Number of other connections" (Cell E9) to ERCs here. [ERCs of other connections = peak day demand of other connections in gal per day / 800 gpd]

Number of residential connections

278

Number of other connections ---

2

ERCs of other connections

10.0

(Example: water use of 2 factories equals to water use of 55 homes.)

Enter number of non-residential connections, e.g., 2 industrial connections.

Total Equivalent Residential Connections (ERCs)

288.0

MINIMUM REQUIREMENTS FOR INDOOR WATER USE					
Source		Storage		Water Rights	
Per ERC (gpd/ERC)	Total (gpm)	Per ERC (gallons/ERC)	Total (gallons)	Per ERC (ac-ft/yr)	Total (ac-ft/yr)
800	160.0	400	115,200	0.45	129.60

2. Outdoor Water Use

Enter estimated irrigated acre

Is the drinking water used for outdoor irrigation?

☒ Yes ☐ No

Residential ERCs using drinking water for irrigation

100

Percentage of Residential ERCs using DW for irrigation

36%

Average irrigated acreage per residential connection

0.10

Total irrigated acreage of other connections (park, school, etc.)

0.00

(Enter notes here. Check whether and what % of outdoor irrigation is supplied by drinking water.)

Enter total irrigated acres of other connections here.

Irrigation zone

4

Select Irrigated Zone # from the list. See "Irrigation Demands & Map" tab on the bottom of the screen.

MINIMUM REQUIREMENTS FOR OUTDOOR WATER USE					
Source		Storage		Water Rights	
Per ERC (gpd/ERC)	Total (gpm)	Per ERC (gallons/ERC)	Total (gallons)	Per ERC (ac-ft/yr)	Total (ac-ft/yr)
570	39.6	285	28,480	0.19	18.70

3. Fire Flow Water Use

Enter fire flow in gpm.

Does the water system provide fire protection?

☒ Yes ☐ No

Maximum fire suppression demand for water system or pressure zone (gpm)

1,500

Maximum fire suppression duration for water system or pressure zone (hours)

2

Required Fire Suppression Storage (gallons)

180,000

(Verify minimum fire flow and duration with local fire code officials first. Enter notes here, e.g., fire official contact info.)

Enter duration in hours.

Water System Capacity Requirements

MINIMUM CAPACITY REQUIREMENTS					
Source (indoor + outdoor)		Storage (indoor + outdoor + fire)		Water Rights (indoor + outdoor)	
Per ERC (gpd/ERC)	Total (gpm)	Per ERC (gallons/ERC)	Total (gallons)	Per ERC (ac-ft/yr)	Total (ac-ft/yr)
1,370	199.6	685	323,680	0.64	148.30

Does this system have adequate source capacity (R309-510-7)?

This source capacity assessment is a general overall system calculation. It may not reflect the variations in individual areas or pressure zones.

Existing Sources:

830.0

gpm

Linked to Cell I99 below.

Required Source Capacity:

199.6

gpm

Linked to Cell C51 above.

% of Req'd Capacity:

415.8%

Difference:

630

gpm

Negative number means: (1) additional source capacity is needed, and (2) insufficient source deficiency points should be assessed.

Does this system have adequate storage capacity (R309-510-8)?

This storage capacity assessment is a general overall system calculation. It may not reflect the variations in individual areas or pressure zones.

Existing Storage: 1,300,000 gal
Required Storage Capacity: 323,680 gal
% of Req'd Capacity: 401.6%
Difference: 976,320 gal

Linked to Cell I118 below.

Linked to Cell E51 above.

Negative number means: (1) additional storage volume is needed, and (2) insufficient storage deficiency points should be assessed.

Transient Non-Community Water Systems - ERC Calculation for Indoor Water Use ("See R309-510, Tables 510-1, 2, & 4 for other facility types.")

		MINIMUM REQUIREMENTS FOR INDOOR USE							
		Source		Storage					
Facility Type		GPD/person*	Calculated GPD/site or pad	Gallons/person	Gallon/site or pad	ERC/site or pad	# of Sites or pads	ERCs	
Modern Recreation Camp		60	0	30	0	0.0		0.0	
Semi-Developed Camp w/ flush toilets		20	0	10	0	0.0		0.0	
Semi-Developed Camp w/o flush toilets		5	0	2.5	0	0.0		0.0	
RV Park		N/A	100	N/A	50	0.1		0.0	
*Number of people per camp site			If applicable, enter number of people per camp site here.						
		Source (GPD/vehicle)	Storage (Gal./vehicle)	ERC/1000 vehicles served	# of Vehicles served	ERCs	If applicable, enter this number to Cell 17 or 18.		
Roadway Rest Stop w/ flushometer valves		7	3.5	8.8		0.0			

Emigration ID**Projected ERCs Calculation (optional)**

Existing Residential Connections 400

Number of Obligated Future ERCs 0

Total Projected ERCs 400

If you need to calculate projected future demand & req'ts (including both existing & future residential connections), enter this number to Cell I8 as "Number of residential connection."

(Enter notes here. Click on the "Additional Notes" tab on the bottom of the screen, if additional space is needed.)

Summary of Water Sources (in gallons per minute)

WS001	Freeze Creek Well	80
WS002	Well #2	250
WS003	Bringham Fork Well	250
WS004	Upper Freeze Creek Well	250

Total Source Capacity 830

Maximum ERCs (assuming indoor use only) 1494

Summary of Storage Facilities (in gallons)

ST001	Emigration/Oak Reservoir	300,000
ST002	Wildflower Reservoir	1,000,000

Total Storage Capacity 1,300,000

Diaphragm or air pressure tanks shall not be considered effective storage volume for (1) community systems, or (2) NTNC with significant demand.

Sanitary Survey - Survey Responses

PWS Number: UTAH18143

Survey ID: 66

Survey Date: 8/13/2015

Survey Name: EMIGRATION ID 2015 NEW

User Name: John Oakeson

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:: | <table border="0"><tr><td><input type="checkbox"/> BEAR RIVER HD</td><td><input type="checkbox"/> SOUTHEAST HD</td></tr><tr><td><input type="checkbox"/> CENTRAL UTAH HD</td><td><input type="checkbox"/> SOUTHWEST HD</td></tr><tr><td><input type="checkbox"/> DAVIS COUNTY HD</td><td><input type="checkbox"/> SUMMIT COUNTY HD</td></tr><tr><td><input checked="" type="checkbox"/> SALT LAKE VALLEY HD</td><td><input type="checkbox"/> TOOELE COUNTY HD</td></tr></table> | <input type="checkbox"/> BEAR RIVER HD | <input type="checkbox"/> SOUTHEAST HD | <input type="checkbox"/> CENTRAL UTAH HD | <input type="checkbox"/> SOUTHWEST HD | <input type="checkbox"/> DAVIS COUNTY HD | <input type="checkbox"/> SUMMIT COUNTY HD | <input checked="" type="checkbox"/> SALT LAKE VALLEY HD | <input type="checkbox"/> TOOELE COUNTY HD |
| <input type="checkbox"/> BEAR RIVER HD | <input type="checkbox"/> SOUTHEAST HD | | | | | | | | | |
| <input type="checkbox"/> CENTRAL UTAH HD | <input type="checkbox"/> SOUTHWEST HD | | | | | | | | | |
| <input type="checkbox"/> DAVIS COUNTY HD | <input type="checkbox"/> SUMMIT COUNTY HD | | | | | | | | | |
| <input checked="" type="checkbox"/> SALT LAKE VALLEY 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) | 1238400 | | | | |
| | Notes: DDW says WS001 (60 gpm, safe 100); WS002 (250 gpm, safe 200); WS003 (270 gpm, safe 300); WS004 (280 gpm, safe 400) | | | | | |
| 2 | What is the high peak daily demand (GPD)? (ENTRIES MUST BE IN GALLONS PER DAY. DO NOT USE COMAS WITH NUMERIC ANSWER) | 396000 | | | | |
| | Notes: The operator gave me a figure of 275 gpm. This was converted to gallons per day. | | | | | |
| 3 | What is the low peak daily demand (GPD)? (ENTRIES MUST BE IN GALLONS PER DAY. DO NOT USE COMAS WITH NUMERIC ANSWER) | 36000 | | | | |
| | Notes: The operator gave me a figure of 25 gpm. This was converted to gallons per day. | | | | | |
| 4 | SDWA classification of system: | <table border="0"><tr><td><input checked="" type="checkbox"/> C - Community</td></tr><tr><td><input type="checkbox"/> NC - Non Community transient</td></tr><tr><td><input type="checkbox"/> NP - Non Public</td></tr><tr><td><input type="checkbox"/> NTNC - Non Transient Non Co</td></tr></table> | <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 |
| <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 | Number of service connections: | | | | | |

Question Number

5.01 Number of residential connections: 278

Notes: The system manager reports that in 2015 there are 278 residential connections to his knowledge.

5.02 Number of commercial and industrial connections: 2

Notes: The system manager states the commercial connections are the Sun and Moon Café and the Fire Station.

5.03 Number of Agricultural connections: 0

5.04 Number of Combined connections: (SEPARATE CATEGORY - NOT TOTAL OF ALL OTHER TYPES OF CONNECTIONS) 0

6 Population

6.01 Residential population: 600

Notes: The system manager estimates 600.

6.02 Transient Population: 0

6.03 Non-Transient: Population: 0

6.04 Wholesale Population: 0

7 Seasonal operation?

- ☐ Yes
☒ No
☐ NA
☐ Unknown

7.01 Effective Begin Date: (Will be answered by DDW) 6/1/1977

7.02 Numeric Month of opening: 1

7.03 Numeric Day of opening: 1

7.04	Numeric Month of closing:	12
7.05	Numeric Day of closing:	31
8	Purchase water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
	Notes: According to DDW, there is no record of water purchased from other PWS.	
8.01	Name of system purchased from: (IF MORE THAN ONE SYSTEM NAME, LIST FIRST SYSTEM IN FIELD AND OTHERS IN NOTES)	<hr/> <hr/>
8.02	PWS number of system purchased from: (IF MORE THAN ONE SYSTEM NUMBER, LIST FIRST SYSTEM IN FIELD AND OTHERS IN NOTES)	<hr/> <hr/>
8.03	Has this interconnection been approved by DDW?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
9	Sell water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
	Notes: According to DDW, there is no record of any sales to other PWS.	
9.01	Name of system sold to: IF MORE THAN ONE SYSTEM NAME, LIST FIRST SYSTEM IN FIELD AND OTHERS IN NOTES)	No <hr/> <hr/>
9.02	PWS number of system(s) sold to: (IF MORE THAN ONE SYSTEM NUMBER, LIST FIRST SYSTEM IN FIELD AND OTHERS IN NOTES)	<hr/> <hr/>

Owner:

- EMIGRATION ID 2015 NEW

Question Number

- 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: 801-243-5741
- 10 Owner's email address: eric@ecid.org

General / Background Info

Staff:

- 1 System Manager's Last name: Hawkes
- 2 System Manager's First name: Eric
- 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
- 7 System Manager's telephone: 801-243-5741

Question Number

8	System Manager's email address:	<u>eric@ecid.org</u>
	Notes: <u>erichawkes@comcast.net</u>	
9	Main Operator's Last name:	<u>Hall</u>
10	Main Operator's First name:	<u>Larry</u>
11	Main Operator's address:	<u>89 W Monarch Dr</u>
12	Main Operator's address - City:	<u>Bountiful</u>
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:	<u>84010</u>
15	Main Operator's telephone:	<u>801-209-6382</u>
16	Main Operator's email address:	<u>larryh@aquaaenviron.com</u>
17	Emergency phone number:	<u>801-209-6382</u>
18	System FAX number:	<u>801-299-0153</u>

General / Background Info

Previous Survey Info:

1	Date of last sanitary survey:	<u>10/16/2012</u>
2	Last survey conducted by - name:	<u>Megan Ferguson</u>

Question Number

- 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-up ☐ LABC - Laboratory certification
☐ SHAZ - Sanitary Hazards Invest ☐ EMRG - Emergency assistance
☐ TRTP - Water Treatment Plant ☐ ENGR - Engineering
- 2 Questions sent to water system on: 07/07/2015
- 3 Notify Local Health Department. (REQUIRED FOR ALL DEQ AND DDW STAFF AS PER DEPARTMENT POLICY). _____
- 4 Date of the survey (IF SURVEY TAKES MORE THAN ONE DAY INDICATE FIELD SURVEY COMPLETION DATE IN NOTES SECTION) {A DATE MUST BE ENTERED IN ORDER TO MIGRATE SURVEY} 07/14/2015
- 5 Survey Status:
- ☒ C - Completed
☐ P - Planned
- 6 Source Evaluation: (SURVEYOR - DO NOT ANSWER)
- ☐ S - Significant deficiency(ies)
☐ M - Minor Deficiency(ies)
☐ R - Recommendation(s) made
☐ N - No deficiencies/recommend
- 7 Treatment system evaluation: (SURVEYOR - DO NOT ANSWER)
- ☐ S - Significant deficiency(ies)
☐ M - Minor Deficiency(ies)
☐ R - Recommendation(s) made
☐ N - No deficiencies/recommend
- 8 Distribution system evaluation: (SURVEYOR - DO NOT ANSWER)
- ☐ S - Significant deficiency(ies)
☐ M - Minor Deficiency(ies)
☐ R - Recommendation(s) made
☐ N - No deficiencies/recommend
- 9 Finished water Storage evaluation: (SURVEYOR - DO NOT ANSWER)
- ☐ S - Significant deficiency(ies)
☐ M - Minor Deficiency(ies)
☐ R - Recommendation(s) made
☐ N - No deficiencies/recommend
- 10 Pump facility evaluation: ((SURVEYOR - DO NOT ANSWER)
- ☐ S - Significant deficiency(ies)
☐ M - Minor Deficiency(ies)
☐ R - Recommendation(s) made
☐ N - No deficiencies/recommend
- 11 Monitoring and reporting evaluation: (SURVEYOR - DO NOT ANSWER)
- ☐ S - Significant deficiency(ies)
☐ M - Minor Deficiency(ies)
☐ R - Recommendation(s) made
☐ N - No deficiencies/recommend

Question Number

12	System management and operations: (SURVEYOR - DO NOT ANSWER)	<input type="checkbox"/> S - Significant deficiency(ies) <input type="checkbox"/> M - Minor Deficiency(ies) <input type="checkbox"/> R - Recommendation(s) made <input type="checkbox"/> N - No deficiencies/recommend
13	Operator compliance with state requirements: (SURVEYOR - DO NOT ANSWER)	<input type="checkbox"/> S - Significant deficiency(ies) <input type="checkbox"/> M - Minor Deficiency(ies) <input type="checkbox"/> R - Recommendation(s) made <input type="checkbox"/> N - No deficiencies/recommend
14	Last name of surveyor: (LIST ADDITIONAL NAMES IN NOTES)	Benavidez
	Notes: Shum, Dibb	
15	First name of surveyor: (LIST ADDITIONAL NAMES IN NOTES)	Liliana
	Notes: Pui, Andrew	
16	Surveyor's organization:	Salt Lake County Health Department
17	Surveyor phone number:	385-468-3898
18	Surveyor e-mail:	libenavidez@slco.org
19	Water system representative(s) present during the survey: (LIST ONLY ONE NAME IN FIELD. ADD ADDITIONAL PARTIES PRESENT IN NOTES)	Eric Hawkes
20	Official notification of report results sent to water system. (DATE MUST BE ENTERED IN ORDER TO MIGRATE SURVEY)	08/07/2015
Flagged for Follow-up		
21	Did the surveyor review and discuss the master report, DWSP report and exception report with the system representatives?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
	Notes: During the time of the survey, these were the active facilities: 4 sources, 3 chlorinators, 2 reservoirs. All of these facilities were listed on the inventory report provided by DDW.	
22	If the system has sample analysis data that DDW does not have did the surveyor obtain copies of the missing data and forward to DDW?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown
23	Did the surveyor verify the correctness of all contact information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
	Notes: This information was based on the system managers knowledge at the time of the survey.	
24	Did the surveyor verify accuracy of populations and number of connections?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
	Notes: Based on the system manager's knowledge at the time of the survey.	

Question Number

- | | | |
|-------|---|---|
| 25 | Did the surveyor conduct an EXIT INTERVIEW with the system representatives including identifying all significant deficiencies at the conclusion of the survey? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 26 | Upon completion of the survey, the time/cost elements associated with the survey shall be reported to the Division as follows: | |
| 26.01 | How many hours did the surveyor spend to prepare survey documents prior to field survey? (Round to closest quarter hour) | <u>.5</u> |
| 26.02 | What was the number of hours to complete the system field survey (arrival time to completion and should include travel time between water system facilities)?(Round up to nearest quarter hour) | <u>5</u> |
| 26.04 | What was the total number of hours of travel from office to system and time to return to office at the end of the field survey? (Round up to nearest quarter hour) | <u>1.5</u> |
| 26.05 | How much time did it take to finish the Survey Report? (Round to nearest quarter hour) | <u>4</u> |
| 30 | Did you survey multiple water systems? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 30.01 | If yes, how many? | <u> </u> |

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) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input checked="" type="checkbox"/> Unknown |
| | Notes: This was unavailable during the survey. The system manager states that the operator Larry Hall, will provide. | |

Management / General

- | | | |
|------|---|---|
| 1 | Does the system haul water? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.01 | Is the water system a community water system? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.02 | Has system received DDW approval to haul water? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Question Number

- 1.03 Are the DDW guidelines for water hauling followed? (ie draw water from an approved source, periodically clean and disinfect equipment, load, disinfect water and unload water properly)
- ☐ 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
- 1.01 Does the system meet a minimum of 90% of the required source capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☐ No
☐ NA
☐ Unknown
- 1.02 Does the system meet a minimum of 80% of the required source capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☐ No
☐ NA
☐ Unknown
- 1.03 Does the system meet a minimum of 70% of the required source capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☐ No
☐ NA
☐ Unknown
- 1.04 Does the system meet a minimum of 60% of the required source capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☐ No
☐ NA
☐ Unknown
- 1.05 Does the system meets less than 60% of the required source capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ 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
- 2.01 Does the system meet a minimum of 90% of the required storage capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☐ No
☐ NA
☐ Unknown
- 2.02 Does the system meet a minimum of 80% of the required storage capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☐ No
☐ NA
☐ Unknown
- 2.03 Does the system meet a minimum of 70% of the required storage capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☐ No
☐ NA
☐ Unknown
- 2.04 Does the system meet a minimum of 60% of the required storage capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☐ No
☐ NA
☐ Unknown

Question Number

2.05	Does the system meet less than 60% of the required storage capacity? (ANSWER ONLY ONCE IN THIS SECTION)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3	If the system is a community system that serves 100 or more connections does the system have at least 2 water sources?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
4	Has there been any recent modifications to the water system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
	Notes: The system manager states that Upper Freeze Creek Well WS004 was added in 2013.	
4.01	Does the system have evidence of DDW review of recent modifications or are there any undocumented water system facilities, excluding sources? (i.e. tanks, pump stations, treatment facilities, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	Notes: At the time of the survey, the Health Department was not aware of any undocumented facilities. On July 31, the Health Department was notified that DDW may have different information.	<input checked="" type="checkbox"/> Unknown
4.02	Recent modifications - Briefly describe modifications or undocumented facilities	WS004 Upper Freeze Creek Well was added in 2013
	Notes: This information is according to the system manager's statement during the survey.	
5	Local Fire Authority - last name:	Gray
6	Local Fire Authority - first name:	Stewart
7	Local Fire Authority -Address:	3380 South 900 West
8	Local Fire Authority - City:	Salt Lake City
9	Local Fire Authority - State:	<input checked="" type="checkbox"/> Utah <input type="checkbox"/> Arizona <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Idaho <input type="checkbox"/> Nevada <input type="checkbox"/> Wyoming
10	Local Fire Authority - Zip Code:	84119
11	Local Fire Authority - Telephone #:	801-743-7233
12	Local Fire Authority - Email address:	

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
Notes: The system manager is unaware of an Emergency Response Plan
- 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
- 2.01 Does your system have the EPA required Emergency Response Plan? ☐ Yes
☐ No
☐ NA
☐ Unknown
- 2.02 Has your Emergency Response Plan been updated within the last 3 years? (Credit points given for "yes" answer) ☐ 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? Pressure and leaks
- 3.02 How do you respond to customer complaints? Customers can call in or send complaints via emails through the systems websites.
Notes: A field test is conducted. The meter is located and the water is turned off.

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? Describe cross-conn. In notes (lack of a hose bibb vacuum breaker is NOT considered a cross-connection) ☐ Yes
☐ No
☐ NA
☒ Unknown
Notes: This information is not known to the Health Department. DDW may have different information. 150 IPS points may be assessed if there is an unprotected connection.
- 2 Does the water system have all 5 of the following elements of a written cross-connection control program ? (ALL SYSTEMS ARE REQUIRED TO HAVE DOCUMENTATION OF ALL FIVE ELEMENTS - NO EXCEPTIONS)

Question Number

- 2.01 Legally adopted authority statement? (ALL SYSTEMS ARE REQUIRED TO HAVE A DOCUMENTED AND SIGNED STATEMENT - NO EXCEPTIONS)
 Notes: The system has a written policy that states its authority. The system manager provided a copy during the survey.
☒ Yes
☐ No
☐ NA
☐ Unknown
- 2.02 Documentation of annual public awareness and/or employee training? (ALL SYSTEMS ARE REQUIRED TO DOCUMENT THEIR ACTIVITIES - NO EXCEPTIONS)
 Notes: The system manager is unaware of any public awareness on cross connection
☐ Yes
☒ No
☐ NA
☐ 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)
 Notes: There is currently no employee trained to manage the program.
☐ Yes
☒ No
☐ NA
☐ Unknown
- 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)
 Notes: The system manager states that he is unaware of the location of any backflow preventers throughout the system and is unsure if any testable apparatuses exist. There are no records maintained that the system manager is aware of.
☐ Yes
☒ No
☐ NA
☐ Unknown
- 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")
 Notes: As the system manager is unaware of any assemblies and backflow devices, there is no documentation of on-going enforcement.
☐ Yes
☒ No
☐ NA
☐ Unknown

Management / Staffing

- 1 Main Operator's Treatment Certification Level:
 Notes: Larry Hall holds this certification
☐ T1
☐ T2
☐ T3
☒ T4
☐ NA
- 2 Main Operator's Distribution Certification Level:
 Notes: Larry Hall holds this certification
☐ SS
☐ D1
☐ D2
☐ D3
☒ D4
☐ NA
- 3 Is the main operator properly certified at the level required for the system? (IF NO CERTIFIED OPERATOR IS REQUIRED DO NOT ANSWER)
☒ Yes
☐ No
☐ NA
☐ Unknown
- 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)
☒ Yes
☐ No
☐ NA
☐ 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: Dan Barnett with Barnett Water Consulting
☒ Yes
☐ No
☐ NA
☐ Unknown

Question Number

2	Is their phone number and address different from the water system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
2.01	Updated address:	106 W 500 S Suite 101
	Notes: Bountiful UT 84010	
2.02	Updated phone number:	801-292-4662
	Notes: mobile: 801-550-4404	
3	All systems: Does the system have any active sources with disapproved PERs or disapproved DWSPs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
4	All systems: Does the system have any active sources with PERs that have not been upgraded to full DWSP plans?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
	Notes: Verified with the Division of Drinking Water that the Upper Freeze Creek Well WS004 has not been upgraded to a full DWSP. Please refer to DDW.	
5	All systems: Does the system have any new, active sources for which a PER has not been submitted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
	Notes: This information is based on the Health Department's current knowledge from information received from DDW during the time of the survey.	
6	: All systems: Does the system have any existing (old, pre-1993), active sources for which a DWSP Plan has not been submitted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
	Notes: This information is based on the Health Department's current knowledge from information received from DDW during the time of the survey.	
7	All systems: Is the system current on all required updates of source protection plans for active sources?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
	Notes: This information is based on the Health Department's current knowledge from information received from DDW during the time of the survey.	
8	All systems: Has the system submitted revised DWSP plan for all active wells that have been reconstructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/> Unknown
	Notes: This information is based on the Health Department's current knowledge from information received from DDW during the time of the survey.	

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")	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/> Unknown
	Notes: At the time of the survey, the Health Department was not aware of any undocumented sources. On July 31, the Health Department was notified that DDW may have different information.	

Sources / Groundwater

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

1	Is this a seasonal source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
---	----------------------------	---

Question Number

- | | | |
|------|---------------------------------------|-------|
| 1.02 | Numeric month of beginning operation: | <hr/> |
| 1.03 | Numeric day of beginning operation: | <hr/> |
| 1.04 | Numeric month of ending operation: | <hr/> |
| 1.05 | Numeric day of ending operation: | <hr/> |

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) | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.01 | Is the well site in a flood plain or area likely to be flooded? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 2 | Is the sanitary seal properly installed and maintained? (Note: ANSWER QUESTION ONLY IF THIS IS NOT A PITLESS ADAPTER) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3 | Is there a pitless adapter? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3.01 | Does the pitless adapter appear to be water tight including the cap, cover, casing extension and other attachments? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4 | Is the well casing vented? (Included in rule guidance. A casing vent is not required but must meet requirements if present) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4.01 | Is the open end of the vent screened with a #14 mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4.02 | Is the open end of the vent down-turned? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4.03 | Is the open end of the vent have adequate clearance to prevent contamination from entering the well? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Question Number

- | | | |
|------|--|---|
| 5 | Does the well have a pump to waste line? (Included in rule guidance. A pump to waste line is not required but must meet requirements if present) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.01 | Does the pump to waste line discharge with a minimum of 12-inch clearance to the flood rim? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.02 | Is the pump to waste line equipped with a #4 non-corrodible mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.03 | Does the pump to waste line discharge to a receptacle without proper local authorization? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 6 | Is there a means to periodically measure water levels? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7 | Is the wellhead properly secured to protect the quality of the well water? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Sources / Groundwater

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

- | | | |
|---|--|--|
| 1 | Where does this pumping station pump from and to? | Well to distribution line
<hr/> |
| 2 | What type of pump(s) are at this pumping station? | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CF - Centrifugal
 <input type="checkbox"/> HP - Hand Pump
 <input type="checkbox"/> JT - Jet
 <input type="checkbox"/> PD - Positive Displacement </div> <div> <input type="checkbox"/> SC - Screw
 <input checked="" type="checkbox"/> SU - Submersible
 <input type="checkbox"/> VT - Vertical Turbine </div> </div> |
| 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)?

Notes: The system manager states that the well pumps at 80 GPM. DDW may have different information. | 80
<hr/> |
| 5 | Are there any 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 | 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 |
| 7 | Is the pump discharge line (excluding naturally flowing wells) equipped with: | |

Question Number

- | | | |
|------|--|---|
| 7.01 | Pump discharge piping: a smooth-nosed sampling tap? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| | Notes: There is a tap but it is not smooth-nosed. | |
| 7.02 | 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 |
| 7.03 | Pump discharge piping: pressure gauge? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7.04 | Pump discharge piping: a means of measuring flow? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7.05 | Pump discharge piping shut off valve? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8 | If the well pumps directly into a distribution system, is there a means to release trapped air from the pump discharge piping? (for example, pumps directly to a tank,, has an air release valve or pump to waste line) answer "yes" explain in notes (Answer 9.01, 9.02, 9.03 for air release valve only) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA

<input type="checkbox"/> Unknown |
| 8.01 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge piping downturned? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.02 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge screened with a #14 mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.03 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge piping have a 6 inch clearance to prevent contamination from entering the the piping? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA

<input type="checkbox"/> Unknown |
| 9 | Are the correct types of lubricant used (ANSI/NSF 60)? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| | Notes: The pump is submersible, not lubricant is required | |
| 10 | Is rotating and electrical equipment provided with protective guards? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Sources / Groundwater

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

- | | | |
|---|--|---|
| 1 | Is this a seasonal source? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| | Notes: During the time of the survey, this well was active on the inventory list provided by DDW. On July 31st, the health department was notified by DDW that this may be an unapproved source. | |

Question Number

- | | | |
|------|---------------------------------------|-------|
| 1.02 | Numeric month of beginning operation: | <hr/> |
| 1.03 | Numeric day of beginning operation: | <hr/> |
| 1.04 | Numeric month of ending operation: | <hr/> |
| 1.05 | Numeric day of ending operation: | <hr/> |

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) | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.01 | Is the well site in a flood plain or area likely to be flooded? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 2 | Is the sanitary seal properly installed and maintained? (Note: ANSWER QUESTION ONLY IF THIS IS NOT A PITLESS ADAPTER) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3 | Is there a pitless adapter? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3.01 | Does the pitless adapter appear to be water tight including the cap, cover, casing extension and other attachments? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4 | Is the well casing vented? (Included in rule guidance. A casing vent is not required but must meet requirements if present) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4.01 | Is the open end of the vent screened with a #14 mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4.02 | Is the open end of the vent down-turned? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4.03 | Is the open end of the vent have adequate clearance to prevent contamination from entering the well? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Question Number

- | | | |
|------|--|---|
| 5 | Does the well have a pump to waste line? (Included in rule guidance. A pump to waste line is not required but must meet requirements if present) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.01 | Does the pump to waste line discharge with a minimum of 12-inch clearance to the flood rim? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.02 | Is the pump to waste line equipped with a #4 non-corrodible mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.03 | Does the pump to waste line discharge to a receptacle without proper local authorization? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 6 | Is there a means to periodically measure water levels? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7 | Is the wellhead properly secured to protect the quality of the well water? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Sources / Groundwater

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

- | | | |
|---|---|--|
| 1 | Where does this pumping station pump from and to? | Well to distribution line
<hr/> <hr/> |
| 2 | What type of pump(s) are at this pumping station? | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CF - Centrifugal
 <input type="checkbox"/> HP - Hand Pump
 <input type="checkbox"/> JT - Jet
 <input type="checkbox"/> PD - Positive Displacement </div> <div> <input type="checkbox"/> SC - Screw
 <input checked="" type="checkbox"/> SU - Submersible
 <input type="checkbox"/> VT - Vertical Turbine </div> </div> |
| 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)?

Notes: The system manager states this well pumps at 250 GPM. DDW may have different information. | 250
<hr/> |
| 5 | Are there any 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 | 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 |
| 7 | Is the pump discharge line (excluding naturally flowing wells) equipped with: | |

Question Number

- | | | |
|------|--|---|
| 7.01 | 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 |
| 7.02 | 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 |
| 7.03 | Pump discharge piping: pressure gauge? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7.04 | Pump discharge piping: a means of measuring flow? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7.05 | Pump discharge piping shut off valve? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8 | If the well pumps directly into a distribution system, is there a means to release trapped air from the pump discharge piping? (for example, pumps directly to a tank,, has an air release valve or pump to waste line) answer "yes" explain in notes (Answer 9.01, 9.02, 9.03 for air release valve only) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA

<input type="checkbox"/> Unknown |
| 8.01 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge piping downturned? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.02 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge screened with a #14 mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.03 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge piping have a 6 inch clearance to prevent contamination from entering the the piping? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA

<input type="checkbox"/> Unknown |
| 9 | Are the correct types of lubricant used (ANSI/NSF 60)? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| | Notes: It is a submersible pump and no lubricant is required | |
| 10 | Is rotating and electrical equipment provided with protective guards? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Sources / Groundwater

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

- | | | |
|---|----------------------------|---|
| 1 | Is this a seasonal source? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
|---|----------------------------|---|

Question Number

- | | | |
|------|---------------------------------------|-------|
| 1.02 | Numeric month of beginning operation: | <hr/> |
| 1.03 | Numeric day of beginning operation: | <hr/> |
| 1.04 | Numeric month of ending operation: | <hr/> |
| 1.05 | Numeric day of ending operation: | <hr/> |

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) | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.01 | Is the well site in a flood plain or area likely to be flooded? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 2 | Is the sanitary seal properly installed and maintained? (Note: ANSWER QUESTION ONLY IF THIS IS NOT A PITLESS ADAPTER) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3 | Is there a pitless adapter? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3.01 | Does the pitless adapter appear to be water tight including the cap, cover, casing extension and other attachments? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4 | Is the well casing vented? (Included in rule guidance. A casing vent is not required but must meet requirements if present) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4.01 | Is the open end of the vent screened with a #14 mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4.02 | Is the open end of the vent down-turned? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4.03 | Is the open end of the vent have adequate clearance to prevent contamination from entering the well? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Question Number

- | | | |
|------|--|---|
| 5 | Does the well have a pump to waste line? (Included in rule guidance. A pump to waste line is not required but must meet requirements if present) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.01 | Does the pump to waste line discharge with a minimum of 12-inch clearance to the flood rim? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.02 | Is the pump to waste line equipped with a #4 non-corrodible mesh screen? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| | Notes: The well is currently under maintenance and the mesh screen is removed. The system manager states that the well is pumping gravel and is currently not turned on. There was gravel on the floor of the well house and on the outside by the pump to waste line. | |
| 5.03 | Does the pump to waste line discharge to a receptacle without proper local authorization? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 6 | Is there a means to periodically measure water levels? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7 | Is the wellhead properly secured to protect the quality of the well water? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Sources / Groundwater

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

- | | | |
|---|---|--|
| 1 | Where does this pumping station pump from and to? | Well to distribution line.
<hr/> <hr/> |
| 2 | What type of pump(s) are at this pumping station? | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CF - Centrifugal
 <input type="checkbox"/> HP - Hand Pump
 <input type="checkbox"/> JT - Jet
 <input type="checkbox"/> PD - Positive Displacement </div> <div> <input type="checkbox"/> SC - Screw
 <input checked="" type="checkbox"/> SU - Submersible
 <input type="checkbox"/> VT - Vertical Turbine </div> </div> |
| 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/> |
| | Notes: The system manager states that the pumping capacity of this well is approximately 250 GPM. DDW may have different information. | |
| 5 | Are there any 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 | 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 |

Question Number

- 7 Is the pump discharge line (excluding naturally flowing wells) equipped with:
- 7.01 Pump discharge piping: a smooth-nosed sampling tap? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 7.02 Pump discharge piping: a positive-acting check valve between the sample tap and the isolation valve? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 7.03 Pump discharge piping: pressure gauge? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 7.04 Pump discharge piping: a means of measuring flow? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 7.05 Pump discharge piping shut off valve? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 8 If the well pumps directly into a distribution system, is there a means to release trapped air from the pump discharge piping? (for example, pumps directly to a tank,, has an air release valve or pump to waste line) answer "yes" explain in notes (Answer 9.01, 9.02, 9.03 for air release valve only) ☒ Yes
☐ No
☐ NA
- 8.01 For a well with an air vacuum relief valve on the well discharge piping, is the discharge piping downturned? ☐ Unknown
☒ Yes
☐ No
☐ NA
☐ Unknown
Notes: This was fixed by the operator and he emailed photographic evidence. See attached photo.
- 8.02 For a well with an air vacuum relief valve on the well discharge piping, is the discharge screened with a #14 mesh screen? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 8.03 For a well with an air vacuum relief valve on the well discharge piping, is the discharge piping have a 6 inch clearance to prevent contamination from entering the the piping? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 9 Are the correct types of lubricant used (ANSI/NSF 60)? ☐ Yes
☐ No
☒ NA
☐ Unknown
Notes: Submersible pump.
- 10 Is rotating and electrical equipment provided with protective guards? ☐ Yes
☐ No
☒ NA
☐ Unknown

Sources / Groundwater**WS004-UPPER FREEZE CREEK WELL - (Active) / General:**

- 1 Is this a seasonal source? ☐ Yes
☒ No
☐ NA
☐ Unknown
- 1.02 Numeric month of beginning operation: _____
- 1.03 Numeric day of beginning operation: _____
- 1.04 Numeric month of ending operation: _____
- 1.05 Numeric day of ending operation: _____

Sources / Groundwater**WS004-UPPER 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
- 1.01 Is the well site in a flood plain or area likely to be flooded? ☐ Yes
☐ No
☐ NA
☐ Unknown
- 2 Is the sanitary seal properly installed and maintained? (Note: ANSWER QUESTION ONLY IF THIS IS NOT A PITLESS ADAPTER) ☒ Yes
☐ No
☐ NA
☐ Unknown
- 3 Is there a pitless adapter? ☐ Yes
☒ No
☐ NA
☐ Unknown
- 3.01 Does the pitless adapter appear to be water tight including the cap, cover, casing extension and other attachments? ☐ 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

Question Number

- | | | |
|------|---|---|
| 4.02 | Is the open end of the vent down-turned? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4.03 | Is the open end of the vent have adequate clearance to prevent contamination from entering the well? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5 | Does the well have a pump to waste line? (Included in rule guidance. A pump to waste line is not required but must meet requirements if present) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.01 | Does the pump to waste line discharge with a minimum of 12-inch clearance to the flood rim? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.02 | Is the pump to waste line equipped with a #4 non-corrodible mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.03 | Does the pump to waste line discharge to a receptacle without proper local authorization? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 6 | Is there a means to periodically measure water levels? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7 | Is the wellhead properly secured to protect the quality of the well water? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Sources / Groundwater

WS004-UPPER FREEZE CREEK WELL - (Active) / Pumps:

- | | | | |
|---|---|--|---|
| 1 | Where does this pumping station pump from and to? | Well to Freeze Creek Well to distribution line | |
| 2 | What type of pump(s) are at this pumping station? | <input type="checkbox"/> CF - Centrifugal
<input type="checkbox"/> HP - Hand Pump
<input type="checkbox"/> JT - Jet
<input type="checkbox"/> PD - Positive Displacement | <input type="checkbox"/> SC - Screw
<input checked="" type="checkbox"/> SU - Submersible
<input type="checkbox"/> VT - Vertical Turbine |
| 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 | |
| | Notes: The system manager states the well pumps 250 GPM. DDW may have different information. | | |
| 5 | Are there any 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 | |

Question Number

- | | | |
|------|---|---|
| 6 | 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 |
| 7 | Is the pump discharge line (excluding naturally flowing wells) equipped with: | |
| 7.01 | 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 |
| 7.02 | 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 |
| 7.03 | Pump discharge piping: pressure gauge? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7.04 | Pump discharge piping: a means of measuring flow? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7.05 | Pump discharge piping shut off valve? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8 | If the well pumps directly into a distribution system, is there a means to release trapped air from the pump discharge piping? (for example, pumps directly to a tank,, has an air release valve or pump to waste line) answer "yes" explain in notes (Answer 9.01, 9.02, 9.03 for air release valve only) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |
| 8.01 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge piping downturned? | <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.02 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge screened with a #14 mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.03 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge piping have a 6 inch clearance to prevent contamination from entering the the piping? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 9 | Are the correct types of lubricant used (ANSI/NSF 60)? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| | Notes: It is a submersible pump which does not require lubrication | |
| 10 | Is rotating and electrical equipment provided with protective guards? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |

TP001-BRIGHAM FORK 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
<div>Notes: At the time of the survey, this chlorinator was active on the inventory list provided to the Health Department by DDW. On July 31, the Health Department was notified by DDW that this may be an unapproved facility.</div>		
1.01	Numeric month of beginning operation	_____
1.02	Numeric day of beginning operation	_____
1.03	Numeric month of ending operation	_____
1.04	Numeric day of ending operation	_____
2	Is the treatment plant properly secured to protect the quality of the treated water?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3	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
3.01	Is the facility performing adequate process control testing consistent with the specific treatment process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3.02	Is there any recycling being performed from waste stream?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3.03	If there is any recycling being performed where does the recycle water re-enter the treatment plant?	_____ _____
3.04	For all surface water plants that serve a population greater than 3300, do they have equipment to measure chlorine residuals continuously entering the distribution system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3.05	Are pre- and post-chlorination systems, for all facilities treating surface water, independent to prevent possible siphoning of raw or partially treated water into the clear well?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown

Question Number

- | | | |
|------|--|--|
| 3.06 | Is cross connection control provided in the in-plant water supply? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3.07 | Does the treatment facility have the means to accurately measure the quantities of chemicals used. | <hr/> <hr/> |
| 3.08 | Total System - Design Water Production / Treatment Capacity (GPD): | <hr/> <hr/> |
| 3.09 | What is the high peak daily demand (GPD?) | <hr/> <hr/> |
| 3.1 | What is the Low peak daily demand (GPD?) | <hr/> <hr/> |

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 type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.02 | Do overflow pipes, when provided, have free fall discharge a minimum 6 inches or two pipe diameters above the flood rim?

Notes: No overflow. | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.03 | Are there adequate spill containment provisions? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.04 | Are acid storage and day tanks provided with separate screened vents?

Notes: Only has one tank. | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.05 | 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 |
| 1.06 | 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 |
| 1.07 | 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 |

Question Number

- | | | |
|------|--|---|
| 1.08 | Are incompatible chemicals stored separately? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.09 | 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 |
| 1.1 | 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 |
| | Notes: Tested with handheld colorimeter. | |
| 1.11 | 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) / Chlorination

General:

- | | | |
|------|--|---|
| 1 | What disinfectant residual is maintained at the entry point of the distribution system? | <div style="border-bottom: 1px solid black; width: 150px;">0.8-1.0 ppm</div> |
| | Notes: The operator Larry Hall states the residual is maintained at these levels. | |
| 2 | During the past year, has the disinfection process operated uninterrupted while water was being produced? If no, describe in comments. | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3 | 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 |
| 3.01 | How many new connections have been added between the point of disinfection and the first customer? | <div style="border-bottom: 1px solid black; width: 100px;"></div> |
| 4 | 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 |
| 5 | Is cross-connection control provided on the service water lines that feed the solution tanks? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 6 | 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 |
| 7 | 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 |

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

TP001-BRIGHAM FORK CHLORINATOR - (Active) / Chlorination**Gaseous Chlorination:**

- 1 Is there standby chlorination equipment of sufficient capacity available to replace the largest unit? ☐ Yes
☐ No
☐ NA
☐ Unknown
- 2 Are the chlorinator rooms heated, and protected from excessive heat? ☐ Yes
☐ No
☐ NA
☐ Unknown
- 3 Is automatic switch over of chlorine cylinders provided, where necessary, to assure continuous disinfection? ☐ Yes
☐ No
☐ NA
☐ Unknown
- 4 Does the ventilating fan take suction near the floor as far as practical from the door and air inlet, with the point of discharge so located as not to contaminate air inlets to any rooms or structures? ☐ Yes
☐ No
☐ NA
☐ Unknown
- 5 Are all air inlets located near the ceiling and fitted with louvers? ☐ Yes
☐ No
☐ NA
☐ Unknown
- 6 Are vents from feeders and storage discharged to the outside atmosphere, above grade, screened with #14 mesh screen and cleared? ☐ Yes
☐ No
☐ NA
☐ Unknown
- 7 Is this a treatment plant? (INCLUDES CHLORINATION AND FLUORIDATION FACILITIES) ☐ Yes
☒ No
☐ NA
☐ Unknown
- 7.01 Is the chlorine room (when at a water treatment plant) constructed in such a manner that all openings between the chlorine room and the remainder of the plant are sealed? _____

- 7.02 Are outward-opening doors present and equipped with panic bars to facilitate a means of easy and rapid exit to the building exterior? ☐ Yes
☐ No
☐ NA
☐ Unknown
- 7.03 Do floor drains discharge to the outside of the building and are not connected to other internal or external drain systems? ☐ Yes
☐ No
☐ NA
☐ Unknown
- 8 Is chlorine gas feed and storage enclosed and separated from other operating areas? ☐ Yes
☐ No
☐ NA
☐ Unknown
- 9 Are full and empty cylinders of chlorine gas restrained in position to prevent upset? ☐ Yes
☐ No
☐ NA
☐ Unknown

Question Number

- | | | |
|-------|--|---|
| 10 | Are full and empty cylinders of chlorine gas stored in areas that are not in direct sunlight or exposed to excessive heat? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 11 | Is a weight scale provided for weighing chlorine gas cylinders / containers? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 12 | Is respiratory protection equipment, available where chlorine gas is handled, and is it stored at a convenient location, but not inside any room where chlorine is stored? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 13 | Is the chlorine cylinder utilized 150 pounds in capacity? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 13.01 | Is a type "A" leak repair kit approved by the Chlorine Institute available? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 13.02 | Is a bottle of ammonium hydroxide (56 per cent ammonia solution) available for chlorine leak detection? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14 | Is the chlorine cylinder utilized 1 ton in capacity? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14.01 | Is a type "B" leak repair kit approved by the Chlorine Institute available? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14.02 | Is a means of leak detection provided? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14.03 | Does the water supply to each injector have a separate shut-off valve? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<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 |
| Notes: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> At the time of the survey, this chlorinator was active on the inventory list provided to the Health Department by DDW. On July 31, the Health Department was notified by DDW that this may be an unapproved facility. </div> | | |
| 1.01 | Numeric month of beginning operation | <div style="border-bottom: 1px solid black; width: 100px;"></div> |

Question Number

1.02	Numeric day of beginning operation	<hr/>
1.03	Numeric month of ending operation	<hr/>
1.04	Numeric day of ending operation	<hr/>
2	Is the treatment plant properly secured to protect the quality of the treated water?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3	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
3.01	Is the facility performing adequate process control testing consistent with the specific treatment process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3.02	Is there any recycling being performed from waste stream?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3.03	If there is any recycling being performed where does the recycle water re-enter the treatment plant?	<hr/> <hr/>
3.04	For all surface water plants that serve a population greater than 3300, do they have equipment to measure chlorine residuals continuously entering the distribution system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3.05	Are pre- and post-chlorination systems, for all facilities treating surface water, independent to prevent possible siphoning of raw or partially treated water into the clear well?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3.06	Is cross connection control provided in the in-plant water supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3.07	Does the treatment facility have the means to accurately measure the quantities of chemicals used.	<hr/> <hr/>
3.08	Total System - Design Water Production / Treatment Capacity (GPD):	<hr/> <hr/>

Question Number

3.09 What is the high peak daily demand (GPD?)

3.1 What is the Low peak daily demand (GPD?)

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
1.01	Is cross-connection control provided on the service water lines that feed the solution tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown
1.02	Do overflow pipes, when provided, have free fall discharge a minimum 6 inches or two pipe diameters above the flood rim?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown
1.03	Are there adequate spill containment provisions?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
1.04	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
1.05	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
1.06	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
1.07	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
1.08	Are incompatible chemicals stored separately?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
1.09	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
1.1	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

Flagged for Follow-up

Question Number

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

TP002-WELL 2 CHLORINATOR - (Active) / Chlorination

General:

- 1 What disinfectant residual is maintained at the entry point of the distribution system? 0.8-1.0 ppm
- 2 During the past year, has the disinfection process operated uninterrupted while water was being produced? If no, describe in comments. ☒ Yes
☐ No
☐ NA
☐ Unknown
- 3 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
- 3.01 How many new connections have been added between the point of disinfection and the first customer?
- 4 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
- 5 Is cross-connection control provided on the service water lines that feed the solution tanks? ☐ Yes
☐ No
☒ NA
☐ Unknown
- 6 Is there a means to measure the volume of water treated? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 7 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
- 8 Are spare parts available to replace parts subject to wear and breakage? ☒ Yes
☐ No
☐ NA
☐ Unknown

TP002-WELL 2 CHLORINATOR - (Active) / Chlorination

Gaseous Chlorination:

- 1 Is there standby chlorination equipment of sufficient capacity available to replace the largest unit? ☐ Yes
☐ No
☐ NA
☐ Unknown

Question Number

2	Are the chlorinator rooms heated, and protected from excessive heat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3	Is automatic switch over of chlorine cylinders provided, where necessary, to assure continuous disinfection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
4	Does the ventilating fan take suction near the floor as far as practical from the door and air inlet, with the point of discharge so located as not to contaminate air inlets to any rooms or structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
5	Are all air inlets located near the ceiling and fitted with louvers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
6	Are vents from feeders and storage discharged to the outside atmosphere, above grade, screened with #14 mesh screen and cleared?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
7	Is this a treatment plant? (INCLUDES CHLORINATION AND FLUORIDATION FACILITIES)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
7.01	Is the chlorine room (when at a water treatment plant) constructed in such a manner that all openings between the chlorine room and the remainder of the plant are sealed?	<hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/>
7.02	Are outward-opening doors present and equipped with panic bars to facilitate a means of easy and rapid exit to the building exterior?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
7.03	Do floor drains discharge to the outside of the building and are not connected to other internal or external drain systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
8	Is chlorine gas feed and storage enclosed and separated from other operating areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
9	Are full and empty cylinders of chlorine gas restrained in position to prevent upset?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
10	Are full and empty cylinders of chlorine gas stored in areas that are not in direct sunlight or exposed to excessive heat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
11	Is a weight scale provided for weighing chlorine gas cylinders / containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown

Question Number

- | | | |
|-------|--|---|
| 12 | Is respiratory protection equipment, available where chlorine gas is handled, and is it stored at a convenient location, but not inside any room where chlorine is stored? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 13 | Is the chlorine cylinder utilized 150 pounds in capacity? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 13.01 | Is a type "A" leak repair kit approved by the Chlorine Institute available? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 13.02 | Is a bottle of ammonium hydroxide (56 per cent ammonia solution) available for chlorine leak detection? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14 | Is the chlorine cylinder utilized 1 ton in capacity? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14.01 | Is a type "B" leak repair kit approved by the Chlorine Institute available? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14.02 | Is a means of leak detection provided? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14.03 | Does the water supply to each injector have a separate shut-off valve? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

TP004-UPPER FREEZE CREEK 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 |
| | Notes: DDW states to refer to file #9317, operating permit letter for TP004 dated 2-6-14. The Health Department is unaware of the content of that file. | |
| 1.01 | Numeric month of beginning operation | _____ |
| 1.02 | Numeric day of beginning operation | _____ |
| 1.03 | Numeric month of ending operation | _____ |

Question Number

1.04	Numeric day of ending operation	<hr/>
2	Is the treatment plant properly secured to protect the quality of the treated water?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3	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
3.01	Is the facility performing adequate process control testing consistent with the specific treatment process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3.02	Is there any recycling being performed from waste stream?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3.03	If there is any recycling being performed where does the recycle water re-enter the treatment plant?	<hr/> <hr/>
3.04	For all surface water plants that serve a population greater than 3300, do they have equipment to measure chlorine residuals continuously entering the distribution system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3.05	Are pre- and post-chlorination systems, for all facilities treating surface water, independent to prevent possible siphoning of raw or partially treated water into the clear well?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3.06	Is cross connection control provided in the in-plant water supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
3.07	Does the treatment facility have the means to accurately measure the quantities of chemicals used,	<hr/> <hr/>
3.08	Total System - Design Water Production / Treatment Capacity (GPD):	<hr/> <hr/>
3.09	What is the high peak daily demand (GPD?)	<hr/> <hr/>
3.1	What is the Low peak daily demand (GPD?)	<hr/> <hr/>

TP004-UPPER FREEZE CREEK 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 type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.02 | Do overflow pipes, when provided, have free fall discharge a minimum 6 inches or two pipe diameters above the flood rim? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.03 | Are there adequate spill containment provisions? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.04 | 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 |
| 1.05 | 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 |
| 1.06 | 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 type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.07 | 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 |
| 1.08 | Are incompatible chemicals stored separately? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.09 | 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 |
| 1.1 | 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 |
| 1.11 | 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 |

TP004-UPPER FREEZE CREEK CHLORINATOR - (Active) / Chlorination**General:**

- 1 What disinfectant residual is maintained at the entry point of the distribution system? 0.8-1.0 ppm
- 2 During the past year, has the disinfection process operated uninterrupted while water was being produced? If no, describe in comments. ☒ Yes
☐ No
☐ NA
☐ Unknown
- 3 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
- 3.01 How many new connections have been added between the point of disinfection and the first customer? _____
- 4 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
- 5 Is cross-connection control provided on the service water lines that feed the solution tanks? ☐ Yes
☐ No
☒ NA
☐ Unknown
- 6 Is there a means to measure the volume of water treated? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 7 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
- 8 Are spare parts available to replace parts subject to wear and breakage? ☒ Yes
☐ No
☐ NA
☐ Unknown

TP004-UPPER FREEZE CREEK CHLORINATOR - (Active) / Chlorination**Hypochlorination:**

- 1 Is the storage tank covered to minimize corrosive vapors? ☒ Yes
☐ No
☐ NA
☐ Unknown

Storage / ST001-EMIGRATION / OAK RESERVOIR - (Active)**Design:**

- 1 What is the name of this storage facility? Emigration /Oak Reservoir
- 2 What is the total capacity for this storage facility in gallons? (DO NOT USE COMAS IN NUMERIC ANSWER) 300000
- Notes: The system manager states it is 300,000 gallons. DDW may have different information. The inventory list provided to the Health Department by DDW lists this facility at 355,000 gallons.
- 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 Does the storage tank roof cover show evidence of ponding with deterioration? ☐ Yes
☒ No
☐ NA
☐ Unknown

Storage / ST001-EMIGRATION / OAK RESERVOIR - (Active)**Components:**

- 1 Does the water storage tank have a safe access (such as ladders for tanks in excess of 20 feet, ladder guards,railings) or safely located entrance hatches? ☒ 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? ☒ 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 or a minimum of 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

Question Number

- | | | |
|------|--|---|
| 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 |
| | Notes: <div style="border: 1px solid black; padding: 2px;">This was fixed by the operator and he submitted a picture. See attached photo</div> | |
| 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 or wall 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 |
| 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 |
| 7 | If a drain line is present, does it discharge through a physical air gap of at least 2 pipe diameters? (IF COMBINED WITH OVERFLOW DO NOT ANSWER) | <input checked="" type="checkbox"/> Yes
<input 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 |
| 1.01 | Does the tank show evidence of mild deterioration or spalling? (ANSWER ONLY ONCE IN THIS SECTION) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.02 | Does the tank exterior show evidence of moderate deterioration or spalling? (ANSWER ONLY ONCE IN THIS SECTION) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.03 | Does the tank show evidence of water leakage such as water marks or stains? (ANSWER ONLY ONCE IN THIS SECTION) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.04 | Is the tank leaking? (ANSWER ONLY ONCE IN THIS SECTION) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Question Number

- | | | |
|------|--|---|
| 1.05 | Is there evidence of possible water intrusion into the tank through cracks or other openings? (ANSWER ONLY ONCE IN THIS SECTION) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.06 | Does the reservoir have a significant opening that would allow animals or debris to enter the tank? (ANSWER ONLY ONCE IN THIS SECTION) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 2 | Is the storage structure interior coating or liner peeling or cracked? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3 | If the tank interior has been recoated did the materials used comply with ANSI/ NSF Standard 61? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Storage / ST002-WILDFLOWER RESERVOIR - (Active)

Design:

- | | | |
|---|---|---|
| 1 | What is the name of this storage facility? | Wildflower Reservoir
<hr/> |
| | Notes: On July 31, the health department was notified by DDW that this facility may lack approval. The health department was not aware of this during the time of the survey. | |
| 2 | What is the total capacity for this storage facility in gallons? (DO NOT USE COMAS IN NUMERIC ANSWER) | 1000000
<hr/> |
| | Notes: The system manager states that the capacity of this tank is 1,000,000 gallons. DDW may have different information. The inventory list provided to the Health Department by DDW lists this facility at 1,300,000 gallons. | |
| 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? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 4 | Does the storage tank roof cover show evidence of ponding with deterioration? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Storage / ST002-WILDFLOWER RESERVOIR - (Active)

Components:

- | | | |
|------|---|---|
| 1 | Does the water storage tank have a safe access (such as ladders for tanks in excess of 20 feet, ladder guards,railings) or safely located entrance hatches? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 2 | Are air vents present? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 2.01 | Air Vents: Turned downward or covered from rain and dust? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> 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? | <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 or a minimum of 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 |
| 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 or wall 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)
Notes: Combined drain and overflow | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 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 |
| 7 | If a drain line is present, does it discharge through a physical air gap of at least 2 pipe diameters? (IF COMBINED WITH OVERFLOW DO NOT ANSWER) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> 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) | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.01 | Does the tank show evidence of mild deterioration or spalling? (ANSWER ONLY ONCE IN THIS SECTION) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.02 | Does the tank exterior show evidence of moderate deterioration or spalling? (ANSWER ONLY ONCE IN THIS SECTION) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.03 | Does the tank show evidence of water leakage such as water marks or stains? (ANSWER ONLY ONCE IN THIS SECTION) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.04 | Is the tank leaking? (ANSWER ONLY ONCE IN THIS SECTION) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.05 | Is there evidence of possible water intrusion into the tank through cracks or other openings? (ANSWER ONLY ONCE IN THIS SECTION) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.06 | Does the reservoir have a significant opening that would allow animals or debris to enter the tank? (ANSWER ONLY ONCE IN THIS SECTION) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 2 | Is the storage structure interior coating or liner peeling or cracked? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 3 | If the tank interior has been recoated did the materials used comply with ANSI/ NSF Standard 61? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> 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") | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 2 | Is there any asbestos/cement pipe in use in the system? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 2.1 | When was last asbestos analysis performed? | <hr style="border: 1px solid black;"/> |

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
- 2 Was the system constructed or new portions added after January 1, 2007. ☐ Unknown
☐ Yes
☒ No
☐ NA
☐ Unknown
- Notes: The system manager states that no new portions of the distribution system were added after 2007.
- 2.01 Does the system maintain at all points of connection the following pressures:
(a) 20 psi during conditions of fire flow and fire demand experienced during peak day demand; (b) 30 psi during peak instantaneous demand; and (c) 40 psi during peak day demand. ☐ Yes
☐ No
☐ NA
☐ Unknown

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

- 1 Are air 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 If located in a chamber, does the discharge piping on air relief valve terminates more than 12 inches above grade or more than one foot above the pipe where the chamber is not subject to flooding? ☒ Yes
☐ No
☐ NA
- Ors extend a proper distance above ground and flood level?
- 1.03 Does the valve chamber lack a drain, adequate sump, or show evidence of flooding? ☐ Unknown
☐ Yes
☒ No
☐ NA
☐ Unknown
- 1.04 Is the chamber flooded at the time of the inspection? ☐ 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

Question Number

- 2 Does the water system have a program to control the use of fire hydrants? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 3 Are blow offs or air relief valves directly to a sewer or do not have a proper air gap 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 applicable? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 2 Do you practice "batch" disinfection? ☐ Yes
☒ No
☐ NA
☐ Unknown

Properties: Info

Drinking Water

Info

Permissions

History

Title: ST001 Gasket Fixed SS 2015

Level: Water Systems *

Program: Site Visits *

Subprogram: Not Applicable

Category: [Edit](#)

Water System Number: 18143 *

Water System Name: EMIGRATION IMPROVEMENT DISTRICT *

Facility ID: ST001

Facility Name: EMIGRATION / OAK RESERVOIR

Documentum Class: Public *

Document Date: Aug 13, 2015 12:00:00 AM *

Received Date: Date 12:00:00 AM

Workflow:

Subject: ST001 Gasket Fixed SS 2015

Authors: [Edit](#)

Keywords: [Edit](#)



OK

Cancel



Properties: Info

Drinking Water

Info

Permissions

History

Title: WS003 Fixed Air Vent SS 2015

Level: Water Systems *

Program: Site Visits *

Subprogram: Not Applicable

Category: [Edit](#)

Water System Number: 18143 *

Water System Name: EMIGRATION IMPROVEMENT DISTRICT *

Facility ID: WS003

Facility Name: BRIGHAM FORK WELL

Documentum Class: Public *

Document Date: Aug 13, 2015 12:00:00 AM *

Received Date: Date 12:00:00 AM

Workflow:

Subject: WS003 Fixed Air Vent SS 2015

Authors: [Edit](#)

Keywords: [Edit](#)



OK Cancel



Sanitary Survey - Survey Responses

PWS Number: UTAH18143

Survey ID: 66

Survey Date: 7/30/2015

Survey Name: EMIGRATION ID 2015 NEW

User Name: John Oakeson

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 HD |
| <input type="checkbox"/> CENTRAL UTAH HD | <input type="checkbox"/> SOUTHWEST HD |
| <input type="checkbox"/> DAVIS COUNTY HD | <input type="checkbox"/> SUMMIT COUNTY HD |
| <input checked="" type="checkbox"/> SALT LAKE VALLEY 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) 1 238 400
- Notes: The operator is unaware of the total system design water production.
- 2 What is the high peak daily demand (GPD)? (ENTRIES MUST BE IN GALLONS PER DAY. DO NOT USE COMAS WITH NUMERIC ANSWER) 396,000 no commas allowed
- Notes: The operator gave me a figure of 275 gpm. This was converted to gallons per day.
- 3 What is the low peak daily demand (GPD)? (ENTRIES MUST BE IN GALLONS PER DAY. DO NOT USE COMAS WITH NUMERIC ANSWER) 36000
- Notes: The operator gave me a figure of 25 gpm. This was converted to gallons per day.
- 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 Number of service connections:

DDW says W5001 (60 gpm, safe 100); W5002 (250 gpm, safe 200);
W5003 (270 gpm, safe 300); W5004 (280 gpm, safe 400);

Lily, I suggest you call EID
 and ask again; this is a
 contentious issue; you should
 note that 278 is operator's assertion
 not your
 fact-finding

Question Number		
5.01	Number of residential connections: <i>Operator reports in 2015 there are 278 residential connections;</i>	278
5.02	Number of commercial and industrial connections:	2
	Notes: The operator states the commercial connections are the Sun and Moon Café and the Fire Station.	
5.03	Number of Agricultural connections:	0
5.04	Number of Combined connections: (SEPARATE CATEGORY - NOT TOTAL OF ALL OTHER TYPES OF CONNECTIONS)	0
6	Population	
6.01	Residential population: <i>Operator estimates 600;</i>	600
6.02	Transient Population:	0
6.03	Non-Transient Population:	0
6.04	Wholesale Population:	0
7	Seasonal operation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
7.01	Effective Begin Date: (Will be answered by DDW)	6/1/1977
7.02	Numeric Month of opening:	1
7.03	Numeric Day of opening:	1

Question Number

7.04 Numeric Month of closing: 12

7.05 Numeric Day of closing: 31

8 Purchase water?
DDW database shows no water purchase from other PWS;

☐ Yes
☒ No
☐ NA
☐ Unknown

8.01 Name of system purchased from: (IF MORE THAN ONE SYSTEM NAME, LIST FIRST SYSTEM IN FIELD AND OTHERS IN NOTES)

8.02 PWS number of system purchased from: (IF MORE THAN ONE SYSTEM NUMBER, LIST FIRST SYSTEM IN FIELD AND OTHERS IN NOTES)

8.03 Has this interconnection been approved by DDW?

☐ Yes
☐ No
☐ NA
☐ Unknown

9 Sell water?
DDW database shows no water sale to other PWS;

☐ Yes
☒ No
☐ NA
☐ Unknown

9.01 Name of system sold to: IF MORE THAN ONE SYSTEM NAME, LIST FIRST SYSTEM IN FIELD AND OTHERS IN NOTES)

9.02 PWS number of system(s) sold to: (IF MORE THAN ONE SYSTEM NUMBER, LIST FIRST SYSTEM IN FIELD AND OTHERS IN NOTES)

General / Background Info

Owner:

1 Owner type:

☐ F - Federal
☒ L - Local
☐ M - Mixed
☐ N - Native American

☐ P - Private
☐ S - State Government

2 Does the system have someone designated as Legal ownership

☒ Yes
☐ No
☐ NA
☐ Unknown

3 Principal Executive or CEO, Last Name:

~~Emigration Improvement District~~ Hawkes

4 Principal Executive or CEO, First Name:

Eric Hawkes

Question Number

- 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: 801-243-5741
- 10 Owner's email address: fsmolka@mtstream.com

General / Background Info

Staff:

- 1 System Manager's Last name: Hawkes
- 2 System Manager's First name: Eric
- 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
- 7 System Manager's telephone: 801-243-5741

Question Number

25	Did the surveyor conduct an EXIT INTERVIEW with the system representatives including identifying all significant deficiencies at the conclusion of the survey?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
26	Upon completion of the survey, the time/cost elements associated with the survey shall be reported to the Division as follows:	
26.01	How many hours did the surveyor spend to prepare survey documents prior to field survey? (Round to closest quarter hour)	.5
26.02	What was the number of hours to complete the system field survey (arrival time to completion and should include travel time between water system facilities)? (Round up to nearest quarter hour)	5
26.04	What was the total number of hours of travel from office to system and time to return to office at the end of the field survey? (Round up to nearest quarter hour)	1.5
26.05	How much time did it take to finish the Survey Report? (Round to nearest quarter hour)	2
Flagged for Follow-up		
30	Did you survey multiple water systems?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
30.01	If yes, how many?	

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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/> Unknown
Flagged for Follow-up	Notes: This was unavailable during the survey. The manager states that the operator Larry Hall, will provide	

Management / General

1	Does the system haul water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
1.01	Is the water system a community water system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown
1.02	Has system received DDW approval to haul water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown

I recommend checking "Unknown" just so answer is not blank;

Question Number

- 1.03 Are the DDW guidelines for water hauling followed? (ie draw water from an approved source, periodically clean and disinfect equipment, load, disinfect water and unload water properly)
- ☐ 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)
- $278 \text{ ERC} \times 800 \text{ GPD} = 154 \text{ GPM}$
- 1.01 Does the system meet a minimum of 90% of the required source capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☒ No
☐ NA
☐ Unknown
- 1.02 Does the system meet a minimum of 80% of the required source capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☐ No
☐ NA
☐ Unknown
- 1.03 Does the system meet a minimum of 70% of the required source capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☐ No
☐ NA
☐ Unknown
- 1.04 Does the system meet a minimum of 60% of the required source capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☐ No
☐ NA
☐ Unknown
- 1.05 Does the system meets less than 60% of the required source capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ 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)
- $(278 \text{ ERC} \times 400 \text{ Gal}) + (240,000 \text{ Gal/Kire}) = 0.35 \text{ MG}$
- 2.01 Does the system meet a minimum of 90% of the required storage capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☒ No
☐ NA
☐ Unknown
- 2.02 Does the system meet a minimum of 80% of the required storage capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☐ No
☐ NA
☐ Unknown
- 2.03 Does the system meet a minimum of 70% of the required storage capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☐ No
☐ NA
☐ Unknown
- 2.04 Does the system meet a minimum of 60% of the required storage capacity? (ANSWER ONLY ONCE IN THIS SECTION)
- ☐ Yes
☐ No
☐ NA
☐ Unknown

DDW concerns: S1002 temp. O.P. expired 10-1-04; W5002/KP002 may lack approval, see DDW 9-20-95 letter; W5001/KP001 may lack approval;

Question Number

2.05 Does the system meet less than 60% of the required storage capacity? (ANSWER ONLY ONCE IN THIS SECTION)

☐ 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

In 2013, file # 9317 WL/CL2, file # 9236, Upper Freeze Creek well W5004

4.01 Does the system have evidence of DDW review of recent modifications or are there any undocumented water system facilities, excluding sources? (i.e. tanks, pump stations, treatment facilities, etc.)

☒ Yes
☐ No
☐ NA
☐ Unknown

Notes: The letter of approval from DDW to drill the well is on file at the Health Department.

4.02 Recent modifications - Briefly describe modifications or undocumented facilities

Upper Freeze Creek Well was added in 2013

5 Local Fire Authority - last name:

Gray

6 Local Fire Authority - first name:

Stewart

7 Local Fire Authority - Address:

3380 South 900 West

8 Local Fire Authority - City:

Salt Lake City

9 Local Fire Authority - State:

☒ Utah
☐ Arizona
☐ California
☐ Colorado
☐ Idaho
☐ Nevada
☐ Wyoming

10 Local Fire Authority - Zip Code:

84119

11 Local Fire Authority - Telephone #:

801-743-7233

12 Local Fire Authority - Email address:

Lili, this should cause 50 IPS pts

Question Number

- 2 Is their phone number and address different from the water system? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 2.01 Updated address: 106 W 500 S Suite 101
 Notes: Bountiful UT 84010
- 2.02 Updated phone number: 801-292-4662
 Notes: mobile: 801-550-4404
- 3 All systems: Does the system have any active sources with disapproved PERs or disapproved DWSPs? ☐ Yes
☒ No
☐ NA
☐ Unknown
- 4 All systems: Does the system have any active sources with PERs that have not been upgraded to full DWSP plans? ☒ Yes
☐ No
☐ NA
☐ Unknown
 Notes: Verified with the Division of Drinking Water that the Upper Freeze Creek Well WS004 has not been upgraded to a full DWSP.
- 5 All systems: Does the system have any new, active sources for which a PER has not been submitted? ☐ Yes
☒ No
☐ NA
☐ Unknown
- 6 : All systems: Does the system have any existing (old, pre-1993), active sources for which a DWSP Plan has not been submitted? ☐ 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

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
- comment*

DDW says to answer "unknown" until DDW determines if WS002 lacks approval; 150 IPS points may be assessed;

Sources / Groundwater

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

- 1 Is this a seasonal source? ☐ Yes
☒ No
☐ NA
☐ Unknown
- 1.02 Numeric month of beginning operation:

Question Number

- 5.01 Does the pump to waste line discharge with a minimum of 12-inch clearance to the flood rim? ☒ 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 receptacle without proper local authorization? ☐ Yes
☒ No
☐ NA
☐ Unknown
- 6 Is there a means to periodically measure water levels? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 7 Is the wellhead properly secured to protect the quality of the well water? ☒ Yes
☐ No
☐ NA
☐ Unknown

Sources / Groundwater

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

- 1 Where does this pumping station pump from and to? Well to distribution line
- 2 What type of pump(s) are at this pumping station? ☐ CF - Centrifugal ☐ SC - Screw
☐ HP - Hand Pump ☒ SU - Submersible
☐ JT - Jet ☐ VT - Vertical Turbine
☐ 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)? 80
 Notes: The system manager states that the well pumps at 80 GPM → operator says 80 gpm; DBW database shows 60 gpm pump capacity & 100 gpm safe yield
- 5 Are there any 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 Are toxic chemicals, hazardous or flammable materials or lubricants stored inside the pumping station? ☐ Yes
☒ No
☐ NA
☐ Unknown
- 7 **Is the pump discharge line (excluding naturally flowing wells) equipped with:**
- 7.01 Pump discharge piping: a smooth-nosed sampling tap? ☐ Yes
☒ No
☐ NA
☐ Unknown
 Notes: There is a tap but it is not smooth-nosed.

Question Number

- | | | |
|------|---|---|
| 7.02 | 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 |
| 7.03 | Pump discharge piping: pressure gauge? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7.04 | Pump discharge piping: a means of measuring flow? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7.05 | Pump discharge piping shut off valve? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8 | If the well pumps directly into a distribution system, is there a means to release trapped air from the pump discharge piping? (for example, pumps directly to a tank, has an air release valve or pump to waste line) answer "yes" explain in notes (Answer 9.01, 9.02, 9.03 for air release valve only) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |
| 8.01 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge piping downturned? | <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.02 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge screened with a #14 mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.03 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge piping have a 6 inch clearance to prevent contamination from entering the the piping? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |
| 9 | Are the correct types of lubricant used (ANSI/NSF 60)? | <input type="checkbox"/> Unknown
<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| | Notes: <input type="text" value="The pump is submersible, not lubricant is required"/> | |
| 10 | Is rotating and electrical equipment provided with protective guards? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Sources / Groundwater

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

- | | | |
|------|---------------------------------------|---|
| 1 | Is this a seasonal source? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.02 | Numeric month of beginning operation: | |

cannot find WS002 approval; ODD 9-20-95 letter to EID lists reasons WS002 cannot be approved; 1996 survey report also notes lack of WS002 approval;

Question Number

- | | | |
|------|---|---|
| 5.01 | Does the pump to waste line discharge with a minimum of 12-inch clearance to the flood rim? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.02 | Is the pump to waste line equipped with a #4 non-corrodible mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.03 | Does the pump to waste line discharge to a receptacle without proper local authorization? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 6 | Is there a means to periodically measure water levels? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7 | Is the wellhead properly secured to protect the quality of the well water? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Sources / Groundwater

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

- | | | |
|------|--|--|
| 1 | Where does this pumping station pump from and to? | Well to distribution line |
| 2 | What type of pump(s) are at this pumping station? | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CF - Centrifugal
 <input type="checkbox"/> HP - Hand Pump
 <input type="checkbox"/> JT - Jet
 <input type="checkbox"/> PD - Positive Displacement </div> <div> <input type="checkbox"/> SC - Screw
 <input checked="" type="checkbox"/> SU - Submersible
 <input type="checkbox"/> VT - Vertical Turbine </div> </div> |
| 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)?
Notes: The system manager states this well pumps at 250 GPM | 250
<div style="margin-top: 10px;"> </div> |
| 5 | Are there any 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 | 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 |
| 7 | Is the pump discharge line (excluding naturally flowing wells) equipped with: | |
| 7.01 | 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 |

Question Number

- | | | |
|------|--|---|
| 7.02 | 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 |
| 7.03 | Pump discharge piping: pressure gauge? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7.04 | Pump discharge piping: a means of measuring flow? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7.05 | Pump discharge piping shut off valve? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8 | If the well pumps directly into a distribution system, is there a means to release trapped air from the pump discharge piping? (for example, pumps directly to a tank,, has an air release valve or pump to waste line) answer "yes" explain in notes (Answer 9.01, 9.02, 9.03 for air release valve only) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |
| 8.01 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge piping downturned? | <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.02 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge screened with a #14 mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.03 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge piping have a 6 inch clearance to prevent contamination from entering the the piping? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 9 | Are the correct types of lubricant used (ANSI/NSF 60)? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| | Notes: It is a submersible pump and no lubricant is required | |
| 10 | Is rotating and electrical equipment provided with protective guards? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Sources / Groundwater

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

- | | | |
|------|--|---|
| 1 | Is this a seasonal source?
<i>DDW database shows that WS003 is the only EID without chlorination;</i> | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 1.02 | Numeric month of beginning operation: | |

Question Number

- 5.01 Does the pump to waste line discharge with a minimum of 12-inch clearance to the flood rim? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 5.02 Is the pump to waste line equipped with a #4 non-corrodible mesh screen? ☐ Yes
☐ No
☐ NA
☐ Unknown
- Notes: The well is currently under maintenance and the mesh screen is removed. The system manager states that the well is pumping gravel and is currently not turned on. There was gravel on the floor of the well house and on the outside by the pump to waste line.
- 5.03 Does the pump to waste line discharge to a receptacle without proper local authorization? ☐ Yes
☒ No
☐ NA
☐ Unknown
- 6 Is there a means to periodically measure water levels? ☒ Yes
☐ No
☐ NA
☐ Unknown
- 7 Is the wellhead properly secured to protect the quality of the well water? ☒ Yes
☐ No
☐ NA
☐ Unknown

Sources / Groundwater

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

- 1 Where does this pumping station pump from and to? Well to distribution line.
- 2 What type of pump(s) are at this pumping station? ☐ CF - Centrifugal ☐ SC - Screw
☐ HP - Hand Pump ☒ SU - Submersible
☐ JT - Jet ☐ VT - Vertical Turbine
☐ 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)? 250
- Notes: The system manager states that the pumping capacity of this well is approximately 250 GPM.
- 5 Are there any 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 Are toxic chemicals, hazardous or flammable materials or lubricants stored inside the pumping station? ☐ Yes
☒ No
☐ NA
☐ Unknown
- 7 Is the pump discharge line (excluding naturally flowing wells) equipped with:

*Operator says 250 gpm;
DDW database shows
270 gpm pump capacity
& 200 gpm safe yield;*

Question Number

- | | | |
|------|--|---|
| 5 | Does the well have a pump to waste line? (Included in rule guidance. A pump to waste line is not required but must meet requirements if present) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.01 | Does the pump to waste line discharge with a minimum of 12-inch clearance to the flood rim? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.02 | Is the pump to waste line equipped with a #4 non-corrodible mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 5.03 | Does the pump to waste line discharge to a receptacle without proper local authorization? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 6 | Is there a means to periodically measure water levels? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7 | Is the wellhead properly secured to protect the quality of the well water? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

Sources / Groundwater

WS004-UPPER FREEZE CREEK WELL - (Active) / Pumps:

- | | | |
|---|---|---|
| 1 | Where does this pumping station pump from and to? | Well to Freeze Creek Well to distribution line |
| 2 | What type of pump(s) are at this pumping station? | <input type="checkbox"/> CF - Centrifugal
<input type="checkbox"/> HP - Hand Pump
<input type="checkbox"/> JT - Jet
<input type="checkbox"/> PD - Positive Displacement
<input type="checkbox"/> SC - Screw
<input checked="" type="checkbox"/> SU - Submersible
<input type="checkbox"/> VT - Vertical Turbine |
| 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 |
| | Notes: The system manager states the well pumps 250 GPM | |
| 5 | Are there any 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 | 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 |
| 7 | Is the pump discharge line (excluding naturally flowing wells) equipped with: | |

Operator says 250 gpm; PDW database shows 250 gpm pump capacity & 400 gpm safe yield.

Question Number

- | | | |
|------|--|---|
| 7.01 | 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 |
| 7.02 | 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 |
| 7.03 | Pump discharge piping: pressure gauge? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7.04 | Pump discharge piping: a means of measuring flow? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 7.05 | Pump discharge piping shut off valve? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8 | If the well pumps directly into a distribution system, is there a means to release trapped air from the pump discharge piping? (for example, pumps directly to a tank,, has an air release valve or pump to waste line) answer "yes" explain in notes (Answer 9.01, 9.02, 9.03 for air release valve only) | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA |
| 8.01 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge piping downturned? | <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.02 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge screened with a #14 mesh screen? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 8.03 | For a well with an air vacuum relief valve on the well discharge piping, is the discharge piping have a 6 inch clearance to prevent contamination from entering the the piping? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 9 | Are the correct types of lubricant used (ANSI/NSF 60)? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| | Notes: <input type="text" value="It is a submersible pump which does not require lubrication"/> | |
| 10 | Is rotating and electrical equipment provided with protective guards? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Unknown |

TP001-BRIGHAM FORK 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 |
|---|---|---|

DDW cannot find
WS001/TP001
approval documentation,

Question Number

- | | | |
|-------|--|---|
| 11 | Is a weight scale provided for weighing chlorine gas cylinders / containers? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 12 | Is respiratory protection equipment, available where chlorine gas is handled, and is it stored at a convenient location, but not inside any room where chlorine is stored? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 13 | Is the chlorine cylinder utilized 150 pounds in capacity? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 13.01 | Is a type "A" leak repair kit approved by the Chlorine Institute available? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 13.02 | Is a bottle of ammonium hydroxide (56 per cent ammonia solution) available for chlorine leak detection? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14 | Is the chlorine cylinder utilized 1 ton in capacity? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14.01 | Is a type "B" leak repair kit approved by the Chlorine Institute available? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14.02 | Is a means of leak detection provided? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14.03 | Does the water supply to each injector have a separate shut-off valve? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<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 |
| 1.01 | Numeric month of beginning operation | _____ |
| 1.02 | Numeric day of beginning operation | _____ |
| 1.03 | Numeric month of ending operation | _____ |

DDW cannot find either pre-construction plan
 DDW cannot find TP002 approval, 3-6-95 letter of letter with consultant's W5002 design does not mention chlorination;

Question Number

- | | | |
|-------|---|---|
| 13 | Is the chlorine cylinder utilized 150 pounds in capacity? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 13.01 | Is a type "A" leak repair kit approved by the Chlorine Institute available? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 13.02 | Is a bottle of ammonium hydroxide (56 per cent ammonia solution) available for chlorine leak detection? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14 | Is the chlorine cylinder utilized 1 ton in capacity? | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14.01 | Is a type "B" leak repair kit approved by the Chlorine Institute available? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14.02 | Is a means of leak detection provided? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |
| 14.03 | Does the water supply to each injector have a separate shut-off valve? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

TP004-UPPER FREEZE CREEK 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 |
| 1.01 | Numeric month of beginning operation | _____ |
| 1.02 | Numeric day of beginning operation | _____ |
| 1.03 | Numeric month of ending operation | _____ |
| 1.04 | Numeric day of ending operation | _____ |
| 2 | Is the treatment plant properly secured to protect the quality of the treated water? | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> NA
<input type="checkbox"/> Unknown |

*for TP004, see
DDM File # 9317, operating
permit letter 2-6-14;*

Question Number

- 3 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
- 3.01 How many new connections have been added between the point of disinfection and the first customer?

- 4 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
- 5 Is cross-connection control provided on the service water lines that feed the solution tanks?
☐ Yes
☐ No
☒ NA
☐ Unknown
- 6 Is there a means to measure the volume of water treated?
☒ Yes
☐ No
☐ NA
☐ Unknown
- 7 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
- 8 Are spare parts available to replace parts subject to wear and breakage?
☒ Yes
☐ No
☐ NA
☐ Unknown

TP004-UPPER FREEZE CREEK CHLORINATOR - (Active) / Chlorination

Hypochlorination:

- 1 Is the storage tank covered to minimize corrosive vapors?
☒ Yes
☐ No
☐ NA
☐ Unknown

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

Design:

- 1 What is the name of this storage facility?
 Emigration /Oak Reservoir

- 2 What is the total capacity for this storage facility in gallons? (DO NOT USE COMAS IN NUMERIC ANSWER)
 300000
 Notes: The system manager states it is 300,000 gallons.
Operator says 300,000 gals.; DDW database shows 355,000 gals.;
- 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

Question Number

Storage / ST002-WILDFLOWER RESERVOIR - (Active)

Design:

- 1 What is the name of this storage facility? Wildflower Reservoir
- 2 What is the total capacity for this storage facility in gallons? (DO NOT USE COMAS IN NUMERIC ANSWER) 1000000
- Notes: The system manager states that the capacity of this tank is 1,000,000 gallons.
- 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 Does the storage tank roof cover show evidence of ponding with deterioration? ☐ Yes
☒ No
☐ NA
☐ Unknown
- operator says 1MG; DDW file# 05952, 8-11-02, 1MG preconstruction approval; DDW database shows 1.3 MG;*

Storage / ST002-WILDFLOWER RESERVOIR - (Active)

Components:

- 1 Does the water storage tank have a safe access (such as ladders for tanks in excess of 20 feet, ladder guards, railings) or safely located entrance hatches? ☒ 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? ☒ 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 or a minimum of 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