

Permit No. 21-7432
Name Dale B. Harmon

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
In-Office Beneficial Use Examination

1. ☒ Copy of Permit
2. ☒ Copy of proof of beneficial use
3. N/A Copies of amendments/orders
4. Y Qualifies under Rule 35.01.r (IDAPA 37.03.02)
5. ☒ Point of Diversion

Township 13N, Range 43E, Section 16, QQ NWNW

Method used to determine POD: DEQ GPS point

6. ☒ Place of Use

Township 13N, Range 43E, Section 16, QQ NWNW

Method used to determine POU: aerial photo / Fremont County taxlots

7. Y POD and POU match Permit Approval

8. ☒ Aerial photo of place of use

9. ☒ Well driller's report

10. No Within a water district? (WD#)

11. ☒ Volume Calculation

$$16 \text{ homes} \times \frac{0.6 \text{ af}}{\text{home}} = 9.6 \text{ af}$$

$$\text{Standard domestic rate for 16 homes} = 0.18 \text{ cfs}$$

12. ☒ Other information

Wilding Homesites Div. #1 POD = Lot 11

POU = Lots 3, 4, 6, 8 (W $\frac{1}{2}$), 11, 12 (W $\frac{1}{2}$ & E $\frac{1}{2}$), 17, 19, 20, 21, 23, 25, 27, 28

AUTHENTICATION

Examiner Name James Cefalo Date 11/4/15

Reviewer _____ Date _____

* Possible overlap with domestic right 21-4113A. Not enough information in the SRBA file to confirm overlap. No condition will be added tying the two rights together.

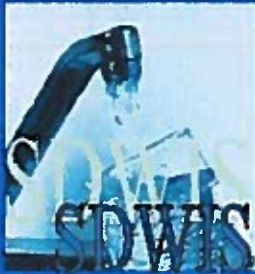
MEMORANDUM

Date: November 04, 2015
To: Water Right File 21-7432
From: jcefalo
Re: Field Report Narrative

System is regulated by IDEQ as Wilding Summer Homes PWS#7220085. Original permit authorized 0.27 cfs for domestic use at 32 cabins. Existing system only serves 16 cabins. Other cabins described in the application are served from private domestic wells. No additional homes will be added to the system in the future. License will be issued for 0.18 cfs and 16 homes. IDEQ records and information provided by the system operator, Bruce Bradley, is sufficient to complete field exam in office.

SDWIS/STATE

Release 3.22



- System Administration
- Inventory
 - Modify Water System**
 - Add New Water System
 - Add Basic Water System
- Site Visits
- Legal Entities
- Sampling
- Monitoring
- Enforcement
- Drinking Water Watch
- Water System Group
- Laboratories and Methods
- CDS Setup
- Compliance Determination
- Who am I
- Log In
- Log Off

New SDWIS/STATE Session

Water System Facility

State Assign ID ED006517 Type WL Facility Name WELL #1
Water Type GW Local Name

Horizontal Data

Latitude DMS 44° 27' 21.9672" OR + Latitude Measure 44.456102
Longitude DMS -111° 23' 39.4979" + Longitude Measure -111.394305

Calculate using Measure

Calculate using DMS

+ Data Collection Date 10/14/2010 + Horizontal Accuracy Measure +/- 25.00 meter
+ Horizontal Collection Method Code 014 - GPS code measurements (pseudo range) differentially corrected
Coordinate Data Source Code 016 - Idaho
+ Reference Point Code 026 - Well
+ Horizontal Reference Datum Code 002 - NAD83
+ Verification Method Code 011 - Ground truth conducted
+ Source Map Scale NA - Scale not applicable to collection method
Source Map Number
Geometric Type Code 001 - Point (default)

Vertical Data

Vertical Measure 0.00 meter(s) Vertical Accuracy Measure +/- 0.00 meter(s)



Eastern Idaho
Public Health
Prevent. Promote. Protect.

ENVIRONMENTAL HEALTH DIVISION

1250 Hollipark Drive
Idaho Falls, ID 83401
OFFICE 208-523-5382
FAX 208-528-0857

30 June 2015

Bruce Bradley
Wilding Summer Homes
11603 South 10th East
Idaho Falls, ID 83401

Subject: Enhanced Sanitary Survey conducted on 25 June 2015

Dear Bruce Bradley:

A copy of the Enhanced Sanitary Survey form, the photo log and photos for Public Water System ID7220085 are enclosed with this mailing for your records. Attached, you will find a list of the significant deficiencies and/or recommended improvements for your system.

Please consult with your regulating agency regarding the significant deficiencies identified in this written notification. Upon agreement between the public water system and the regulating agency, please provide a written corrective action plan to the regulating agency that addresses all significant deficiencies. This consultation with the regulating agency shall be completed within 30 days of receiving this written notification. This request is Pursuant to IDAPA 58.01.08.323 for groundwater systems and IDAPA 58.01.08.302 for surface water systems.

For all new water systems or modifications to existing water systems, an engineering report shall be submitted to the Department of Environmental Quality (DEQ) for review and approval prior to or concurrent with the submittal of plans and specifications as required in Subsection 503.03, pursuant to IDAPA 58.01.08.503.

Prior to construction of new public water supply systems or modifications of existing public water supply systems, plans and specifications must be submitted to the DEQ for review, and approved, pursuant to IDAPA 58.01.08.504.

Thank you for your time and cooperation in the completion of this survey. If you have any questions, please contact me at Eastern Idaho Public Health District at (208) 533-3129.

Sincerely,

J. Merrill Hemming
Environmental Health Specialist

Enclosures: Significant Deficiencies or Recommended Improvements
Enhanced Sanitary Survey Inspection Form
Photo Log

CC: Carlin Feisthamel – DEQ Idaho Regional Office

30 June 2015
Wilding Summer Homes
ID7220085

RE: Enhanced Sanitary Survey conducted on 25 June 2015

You will find a list of the significant deficiencies, deficiencies and recommended improvements for your system summarized below. In order to address all significant deficiencies, follow steps 1, 2 & 3.

Step 1:

After reviewing the significant deficiencies listed below, please call our office to identify a corrective action plan for each significant deficiency within 30 days of receiving this written notification. During that call, please be prepared to provide a "Planned Completion Date" for each item.

Step 2:

Complete the planned action(s) by the agreed upon date.

Step 3:

Enter an "Actual Completion Date", Initials, identify the "Corrective action taken", and sign that each corrective action has been corrected by the agreed upon date and that the corrective action meets the requirements pursuant to IDAPA 58.01.08. Please send a copy of the corrective action taken to the regulating agency.

Significant Deficiencies

General Information: N/A

Planned Completion Date: _____,

Actual Completion Date: _____, *Initials* _____,

Corrective action taken:

Groundwater Source: N/A

Planned Completion Date: _____,

Actual Completion Date: _____, *Initials* _____,

Corrective action taken:

Storage: N/A

Planned Completion Date: _____,

Actual Completion Date: _____, *Initials* _____,

Corrective action taken:

Hydropneumatic Tanks: N/A

Planned Completion Date: _____,

Actual Completion Date: _____, *Initials* _____,

Corrective action taken:

Distribution: N/A

Planned Completion Date: _____.

Actual Completion Date: _____, *Initials* _____.

Corrective action taken:

Pumping: N/A

Planned Completion Date: _____.

Actual Completion Date: _____, *Initials* _____.

Corrective action taken:

Financial: N/A

Planned Completion Date: _____.

Actual Completion Date: _____, *Initials* _____.

Corrective action taken:

Managerial: N/A

Planned Completion Date: _____.

Actual Completion Date: _____, *Initials* _____.

Corrective action taken:

Treatment Application: N/A

Planned Completion Date: _____.

Actual Completion Date: _____, *Initials* _____.

Corrective action taken:

Disinfection: N/A

Planned Completion Date: _____.

Actual Completion Date: _____, *Initials* _____.

Corrective action taken:

I certify, to the best of my knowledge that all significant deficiencies have been corrected by the agreed upon date and that the corrective action meet the requirements pursuant to IDAPA 58.01.08.

Signature: _____ **Date:** _____

Deficiencies

General Information: N/A

Groundwater Source: N/A

Storage: N/A

Hydropneumatic Tanks: N/A

Distribution: N/A

Pumping: N/A

Financial: N/A

Managerial: N/A

Treatment Application: N/A

Disinfection: N/A

Recommendations

General Information: N/A

Groundwater Source: N/A

Storage: N/A

Hydropneumatic Tanks: N/A

Distribution: N/A

Pumping: N/A

Financial: N/A

Managerial: N/A

Treatment Application: N/A

Disinfection: N/A

Descriptions

General Information: The Wilding Summer Homes is located in Island Park of Fremont County. There is one source and no storage facilities associated to the water system. The previous survey was completed in June 2010 and found no deficiencies or significant deficiencies at that time. Presently there still are not any significant deficiencies or known issues that could negatively impact the water system. Bruce Bradley is the owner's representative of the facility and he was present during the survey. He was able to provide answers to the questions presented to him. This water system has been in operation for several years and still provides good quality water. The seasonal operational period is April through October with samples being collected during those months. There are about 17 connections with an average of 25 people using the system. Based on these numbers, this system is classified as a Transient Non-Community system.

Groundwater Source: The well is located on the property of Bruce Bradley. A Well Driller's Report is on file at the Health District which has information about the well. The report lists the depth of the well at 100 feet and

the well casing extends 42 feet below the ground level. It was drilled in October 1962 and has a 6-inch well casing diameter. A Ground Water Under Directly Influence (GWUDI) analysis was performed in September 1999 to determine if the well is being influenced by giardia, cryptosporidiosis, or other microbial contaminants. The results show the well being classified as groundwater. The setback distances are being met to septic systems, bodies of water and grazing animals. The casing does not extend 12 inches above the pump house floor but the flooding potential is limited in the area. At this time, there is not a flow meter present and this does not have to be corrected. There is a working pressure gauge in the pump house which was reading around 30 psi. A pump to waste is provided next to the well for the system to be purged of any contaminants. Within the pump house is ample lighting and is locked so unauthorized personnel cannot enter it. The pump house is kept clean and is organized.

Storage: N/A

Hydropneumatic Tanks: Just one pressure tank is provided for the system. It is housed in the pump house next to the well. It is unknown the manufacturer of the tank and the model number. The tank is located above normal ground use and has a limited potential for flooding. Each year, Bruce needs to manually add air to the tank so there is ample amount of pressure. The recharge air is free from contaminants and has a place to drain the tank. This tank was installed many years ago and is still providing enough pressure for the system. The support for the tank is structurally sound and adequate. This tank serves water to less than 150 homes.

Distribution: There are various pipe sizes used throughout the system. These range from about 2-inch down to a 1-inch pipe. The main material is steel and it is pretty much the only type of material used in the system. There are no fire hydrants on the system and none of the homes have a water meter. Each year the lines are winterized by flushing the system and with no water being left in the lines. There have not been any freezing problems within the system as the facility closes in October. All the material used is of drinking water standards and there were no cross connections observed. There were no leaks in the distribution system. It is recommended to have a map of the distribution system with where the lines run, isolation valves, and shutoff valves for a general knowledge. There have not been any complaints of pressure problems throughout the system. A distribution pressure reading was not obtained but the pressure gauge in the pump house showed greater than 20 psi which is the minimum requirement.

Pumping: One submersible pump is located in the well casing. The size, the brand and the model number is all unknown. There was limited amount of water used during the survey as the pump only turned on once. This would indicate the pump does not cycle excessively. An accessible check valve is available in the pump house which in accordance with the drinking water rules. Spare parts are available to make repairs to the system or a well drilling company is called. There are no booster pumps in the system. There is not a need for this system to have back up power.

Financial: The water system is current on its drinking water fees. Money is available to make the necessary changes and to have the samples analyzed. The water system is not in the business of selling water as this is a small summer home subdivision.

Managerial: This system is owned by Bruce Bradley and his wife. They have been the owners for quite a while as this system has been around for many years. This system collects bacteria samples on a quarterly basis and keeps those results on file at a home office. The nitrate sample results are also kept there. This water system has had clean samples for several years. None of the samples are past due. Bruce was reminded to collect the fourth quarter sample in October because the system stays open in that month. As this system is considered a Transient Non-Community system, a certified operator is not required for this system. However, Bruce is quite knowledgeable committed to properly operating the system and making sure people have potable water.

Treatment Application: N/A

Disinfection: N/A

This system will be in substantial compliance with regulations if the significant deficiencies of this survey are corrected. Thank you for your time and cooperation in the completion of this survey. If you have any questions, please contact me at 208-533-3129 or my email address is mhemming@eiph.idaho.gov.

Sincerely,

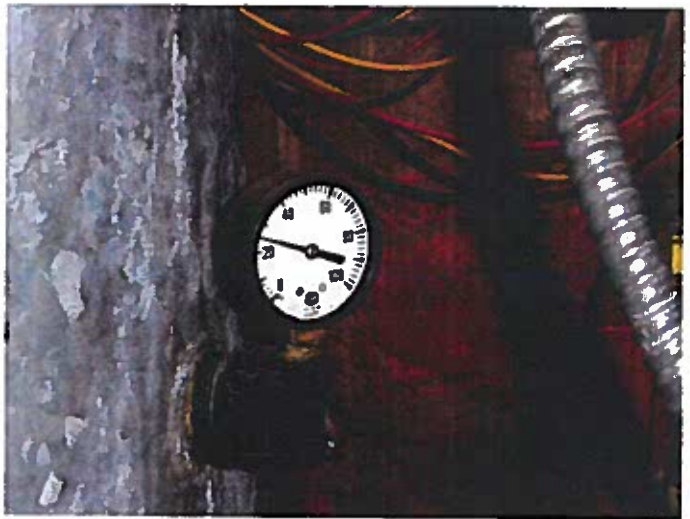
J. Merrill Hemming
Environmental Health Specialist

Enclosures: Enhanced Sanitary Survey Inspection Form
Photo Log

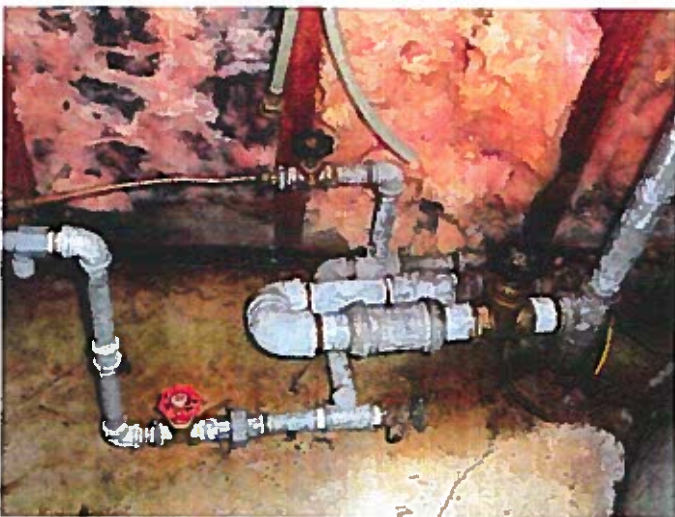
Photo Log



1. The wellhead located in the pump house and the height of it.



2. The working pressure gauge next to the pressure tank showing about 30 psi.



3. Visible distribution lines with the accessible check valve.



3. The only pressure tank for the system which can have air added manually.

State of Idaho Public Water System Enhanced Sanitary Survey

WATER SYSTEM INVENTORY INFORMATION

SURVEY DATE 6/25/2015 (mm/dd/yyyy)				PWS # 7220085																																					
Name of Public Water System: Wilding Summer Homes				# of Groundwater Sources: 1																																					
				# of Storage Facilities: Total																																					
				# of Surface Water Sources: Total Storage (gal):																																					
Date of Last Survey: 06/14/2010		Health District: ☐ N/A Eastern Idaho Public Health District		DEQ Region: ☒ N/A County: Fremont																																					
Number of Service Connections: 17		Residential Population: 25		Status: ☐ Approved ☐ Disapproved																																					
				Water Purchased From: ☐ N/A PWS #: Name:																																					
Owner Type: Private		Legal Entity: IN		System Classification: Distribution																																					
		Water System Classification: ☐ Community Water System ☐ Nontransient Noncommunity ☒ Transient Noncommunity - NC		Seasonal Operation: ☐ N/A																																					
		Combined Sources? ☐ Yes ☒ No If yes, ☐ Well Field ☐ Manifold/Spring Box Sources Combined:		Dates: ☐ N/A																																					
				Date Open: April																																					
				Date Closed: October																																					
Responsible Charge Operator (DO): ☐ No DO ☒ N/A - Identify Operator for GW-NC PWS				Legal Owner's Name: Bruce Bradley																																					
☒ Mr. ☐ Ms. Bruce Bradley				☒ Mr. ☐ Ms. Bruce Bradley																																					
Properly Licensed? ☐ Yes ☐ No ☒ N/A-GW-NC License Type: ☐ N/A				Mailing Address: 11603 South 10th East																																					
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City, State, Zip Code: Idaho Falls, ID 83401				Telephone: Day: 208-523-2862																																					
Telephone: Day: 208-523-2862				Night: 208-523-2862																																					
E-mail: bruce@bradleyengineering.com				E-mail: bruce@bradleyengineering.com																																					
Substitute Responsible Charge Operator (OP): ☐ No OP ☒ N/A for GW-NC PWS				Individuals present during inspection:																																					
☐ Mr. ☐ Ms.				Name: Bruce Bradley Title: Owner																																					
Properly Licensed? ☐ Yes ☐ No ☒ N/A-GW-NC License Type: ☐ N/A				Name: Merrill Hemming Title: EHS																																					
Mailing Address:				Name: Title:																																					
City, State, Zip Code:				Physical location of the PWS (Township, Range, Section): T 13 N; R 43 E; Section 16																																					
Telephone:																																									
Day: Night: E-mail: Fax:																																									
Samples taken at the time of survey by inspector? ☐ Yes ☐ No				Survey performed by: J. Merrill Hemming Agency: ☐ IDEQ ☒ Health Dept. ☐ Other:																																					
If yes, what:				Title: Environmental Health Specialist Phone #: 208-533-3129																																					
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GROUNDWATER SOURCE - PG.1

SURVEY DATE

PWS #

A separate sources form must be filled out for each groundwater source in the PWS.

6/25/2015

(mm/dd/yyyy)

7220085

Tag #: E0006517	Common Name of Source: Wilding Homes #1 Well	Source: ☒ Well ☐ Manifold ☐ Spring ☐ Spring Box	Is this Source Treated? ☐ Yes ☒ No
Physical Location: South of Yale-Kilgore Road on Moccasin Drive just off Buttermilk Road			Treatment Objective: ☒ N/A
			Treatment Types: (Identify Treatment Train in Comments) ☒ N/A
Is there a well log for the groundwater source? ☒ Yes ☐ No ☐ N/A ☐ Unk			
Pump Capacity (GPM): ☒ Unk	Casing Size (In): 6 ☐ Unk	Date Drilled: Oct 1962 ☐ Unk	Well Depth (Ft): 100 ☐ Unk
		Casing Depth (Ft): 42 ☐ Unk	Grout Depth (Ft): ☒ Unk
			Static Water Depth (Ft): 60 ☐ Unk
Is the Casing Screened? ☐ Yes ☒ No ☐ Unk ☐ N/A	Screen Depth (Ft): ☒ N/A ☐ Unk	Is the Casing Perforated? ☐ Yes ☒ No ☐ Unk ☐ N/A	Perforation Depth (Ft): ☒ N/A ☐ Unk

Latitude (Decimal):

Longitude (Decimal):

All Sources

1. This source is:

- ☒ Active ☐ Proposed
☐ Inactive ☐ Emergency (<60 days per year)

yes no n/a unk note

☒ ☐ ☐ ☐ ☐

2. Has there been a Source Water Assessment conducted for the source?

Date: Dec. 2000

yes no n/a unk note

☒ ☐ ☐ ☐ ☐

3. Has a final GWUDI determination been done for this source?

Date: Sept. 1999

yes no n/a unk note

☐ ☐ ☐ ☐ ☐**WELL INFORMATION**

4. Is the well on a separate lot that is large enough to provide a minimum distance of 50 feet between the well and the nearest property line?

(applicable if constructed after 11/1/77)

Are the following minimum distances from the PWS well being met?

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| ☒ | ☐ | ☐ | ☐ | 5. - Gravity sewer line..... 50 Ft. |
| ☒ | ☐ | ☐ | ☐ | 6. - Pressure sewer line..... 100 Ft. |
| ☒ | ☐ | ☐ | ☐ | 7. - Individual home septic tank..... 100 Ft. |
| ☒ | ☐ | ☐ | ☐ | 8. - Individual home disposal field..... 100 Ft. |
| ☒ | ☐ | ☐ | ☐ | 9. - Individual home seepage pit..... 100 Ft. |
| ☒ | ☐ | ☐ | ☐ | 10. - Privies..... 100 Ft. |
| ☒ | ☐ | ☐ | ☐ | 11. - Livestock..... 50 Ft. |
| ☒ | ☐ | ☐ | ☐ | 12. - Canals, streams, ditches, lakes, ponds and tanks used to store nonpotable substances..... 50 Ft. |

13. Are pesticides, herbicides, fertilizers, portable containers of petroleum products, or other toxic or hazardous materials stored on the well lot?

14. Are pesticides, herbicides, or fertilizers applied to the well lot?

15. Is the well in a pit? If yes, Date constructed:

16. Was the well that is located in a pit installed after 11/5/64?

17. If pit was installed prior to 11/5/64 - Has DEQ granted an exception and does the pit have water tight construction of pit walls and floor, a floor drain and an acceptable pit cover?

yes no n/a unk note

☐ ☒ ☐ ☐ ☐

18. Is the well protected from unauthorized entry? (Recommended)

☐ ☒ ☐ ☐ ☐

19. Does the casing extend a minimum of 18 inches above the final ground surface and/ or 12 inches above the pump house floor?

☐ ☒ ☐ ☐ ☐

20. Is the well vented with the open end of the vent screened and terminated downward at least 18 inches above the final ground surface?

☒ ☐ ☐ ☐ ☐

21. Is the well provided with a sanitary cap that prevents surface water entry?

☒ ☐ ☐ ☐ ☐

22. Is the well cased and sealed in such a manner that surface water cannot enter the well?

COMMENTS:

(Please indicate question number)

GROUNDWATER SOURCES - PG. 2					Common Name Wilding Homes #1 Well	SURVEY DATE 6/25/2015	PWS # 7220085
yes	no	n/a	unk	note	WELL INFORMATION (cont.)		COMMENTS: (Please indicate question number)
☐	☐	☒	☐	☐	23. Is there a smooth nosed sample tap provided on the well discharge pipe prior to treatment? (Threaded tap is approved with backflow preventer)		
☐	☐	☒	☐	☐	24. Is an instantaneous and totalizing flow meter equipped with nonvolatile memory installed on the pump distribution line of the well and is it maintained and working properly? gallons		
☒	☐	☐	☐	☐	25. Is a pressure gauge provided at all installations and is it maintained and working properly? 30 psi.		
☒	☐	☐	☐	☐	26. Can the well be pumped to waste at the design capacity of the well via an approved air gap at a location prior to the first service connection?		
					PUMP HOUSE (Any structure containing important water system components)		
☒	☐	☐	☐	☐	27. Is the source located in a pump house?		
☒	☐	☐	☐	☐	28. Is the pump house kept clean and in good repair? (Floor cracks?)		
☒	☐	☐	☐	☐	29. Is the pump house protected from unauthorized personnel?		
☒	☐	☐	☐	☐	30. Does the pump house have adequate lighting throughout? (Recommended)		
☒	☐	☐	☐	☐	31. Are all non-sample taps installed in the pump house equipped with an appropriate backflow prevention device?		
☒	☐	☐	☐	☐	32. Is adequate ventilation provided in the pump house for dissipation of excess heat and moisture from the equipment?		
☒	☐	☐	☐	☐	33. Is adequate heating provided in the pump house to provided safe and efficient operation of equipment to prevent freezing?		
☒	☐	☐	☐	☐	34. Is the pump house protected from flooding, have adequate drainage, is the floor surface at least six (6) inches above the final ground surface, and is the ground surface graded so as to lead surface water away from the pump house?		
☐	☐	☒	☐	☐	35. Is the sump for pump house floor drains closer than 30 feet from the well?		
☐	☐	☒	☐	☐	36. Is the floor drain connected to sewer, storm drains, chlorination room drains, or any other source of contamination?		
					SPRING INFORMATION		
☐	☐	☒	☐	☐	37. Is the entire area within a one hundred (100) foot radius of the spring box fenced to prevent trespassing of livestock and void of buildings, dwellings and sources of contamination?		
☐	☐	☒	☐	☐	38. Is surface water diverted from the 100 foot protection zone around the spring?		
☐	☐	☒	☐	☐	39. Is the spring housed in a permanent structure and protected from contamination including the entry of surface water, animals and dust?		
☐	☐	☒	☐	☐	40. Is there a smooth nosed sample tap provided on the spring discharge pipe prior to treatment? (Threaded tap is approved with backflow preventer)		
☐	☐	☒	☐	☐	41. Is a flow meter or other flow measuring device provided?		
					SPRING BOX INFORMATION (Not all existing springs have a spring box)		
☐	☐	☒	☐	☐	42. Is the spring box equipped with a screened overflow?		
☐	☐	☒	☐	☐	43. Is the supply intake located above the floor of the collection chamber?		
☐	☐	☒	☐	☐	44. Is the spring box protected from contamination including the entry of surface water, animals, and dust?		
☐	☐	☒	☐	☐	45. Is the access port fitted with a solid water tight cover which overlaps a framed opening and extended down around the frame at least 2 inches?		
☐	☐	☒	☐	☐	46. Is the access port a framed opening that is at least 4 inches high with a locking device?		
☐	☐	☒	☐	☐	47. Is the access port elevated at least twenty-four (24) inches above the top of the box or ground level, whichever is higher?		

One form for all Hydropneumatic Tanks

PWS #

(mm/dd/yyyy)

7220085

[illegible]

yes	no	n/a	unk	note	
☒	☐	☐	☐	☐	1. Do the tank(s) maintain adequate distribution system pressures?
☒	☐	☐	☐	☐	2. Is the tank(s) located above normal ground surface and completely housed?
☐	Significant		☐	Deficiency	
☐	☐	☒	☐	☐	3. Can the hydropneumatic tank(s) be isolated from the system, permitting operation of the system?
☒	☐	☐	☐	☐	4. Are the interior and/or exterior surfaces in good condition?
☒	☐	☐	☐	☐	5. Are tank supports structurally sound and adequate?
☒	☐	☐	☐	☐	6. Is there a pressure gauge and pressure operated start-stop controls?
☒	☐	☐	☐	☐	7. Does the PWS using the hydropneumatic (pressure) tank(s) serve less than 150 homes?
yes	no	n/a	unk	note	<u>Non-bladder Tanks Only</u>
☒	☐	☐	☐	☐	8. Is the recharge air free of pollutants such as oil from an air compressor? Do all non-bladder hydropneumatic tank(s) have the following?
☒	☐	☐	☐	☐	9. - A drain?
☒	☐	☐	☐	☐	10. - Means to add air?
☒	☐	☐	☐	☐	11. - Automatic or manual air blow-off?
☐	☐	☒	☐	☐	12. - An access manhole (24 inches in diameter where practical)?
☐	☐	☒	☐	☐	13. - Water sight glass?
☒	☐	☐	☐	☐	14. Has the non-bladder pressure tank(s) been tested for structural integrity in the past 5 years? (Recommended)

COMMENTS:
(Please indicate the question number)

DISTRIBUTION

SURVEY DATE

PWS #

One form for all distribution systems in the PWS.

6/25/2015

(mm/dd/yyyy)

7220085

What are water lines made of:

Material(s):

☐ Unk

Size(s):

☐ Unk

2-inch, 1.5-inch, 1-inch

☒ Steel ☐ HDPE (black) ☐ Asbestos/Cement

☐ PVC ☐ Ductile Iron ☐ Copper

☐ Other:

How many services are metered?

Number of Fire Hydrants:

0 out of 17

None

COMMENTS:

(Please indicate the question number)

yes no n/a unk note

DISTRIBUTION

- ☐ ☒ ☐ ☐ ☐ 1. Have there been any interruptions in service during the past year? (including pressure loss)
- ☐ ☐ ☒ ☐ ☐ 2. If a loss of pressure occurred (>20 psi), did the PWS provide public notice and disinfect the system? (Reminder)
- ☒ ☐ ☐ ☐ ☐ 3. Is the PWS able to maintain a minimum pressure of twenty (20) psi throughout the distribution system (including fire flow), or forty (40) psi for PWSs constructed after 7/1/1985 (excluding fire flow), during maximum hourly demand conditions?
- ☐ ☒ ☐ ☐ ☐ 4. Was the pressure observed at a service connection?
5. If yes: psi.
- Location:
- Time: ☐ A.M. ☐ P.M.
- ☐ ☐ ☒ ☐ ☐ 6. Do all water mains that provide fire flow have a diameter of at least 6 inches?
- ☒ ☐ ☐ ☐ ☐ 7. Are valves exercised regularly? (Recommended)
If yes, how often? Semi annually
- ☒ ☐ ☐ ☐ ☐ 8. Is there a leak detection program? (Recommended)
- ☐ ☒ ☐ ☐ ☐ 9. Is 15% or more of the water unaccounted for?
- ☐ ☐ ☒ ☐ ☐ 10. Is a water conservation program in effect? (Recommended)
- ☐ ☒ ☐ ☐ ☐ 11. Is an adequate map of the distribution system maintained? (Recommended)
- ☒ ☐ ☐ ☐ ☐ 12. Does the system flush all main lines annually? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 13. Are all dead end water mains equipped with a means to flush?
- ☐ ☐ ☒ ☐ ☐ 14. If yes, are the deadends flushed at least semiannually?
- ☐ ☒ ☐ ☐ ☐ 15. Are there any distribution materials used that should not be in contact with the drinking water? If yes, explain in comments section.
- ☒ ☐ ☐ ☐ ☐ 16. Is the system adequately protected from freezing?
- ☐ ☐ ☒ ☐ ☐ 17. Is there a cross connection control program? (Community PWSs Only)
- ☐ ☐ ☒ ☐ ☐ 18. Is the operator trained in cross connection control? (Recommended)
- ☐ ☒ ☐ ☐ ☐ 19. Is the operator aware of any cross connections or were any cross connections observed during the course of the survey?
- ☐ ☐ ☒ ☐ ☐ 20. If a separate non-potable irrigation system is provided for the consumer, are all mains, hydrants, and appurtenances easily identified as non-potable? (Purple Tape or other) (Recommended)

yes no n/a unk note

Air/Vacuum Relief Valves - Placed at high points in water mains.

- ☐ ☐ ☒ ☐ ☐ 21. Are all automatic air relief valves equipped with a means of backflow protection?

One form for all Pumps.

6/25/2015 (mm/dd/yyyy)

7220085

[illegible]

— 223 —

18. (Community Systems built after 4/15/07 only) If standby power is provided, Is there a minimum of 8 hours of fuel stored and located on site?

(Please indicate the question number)

PUMPING - PG. 2

SURVEY DATE

6/25/2015

(mm/dd/yyyy)

PWS #

7220085

yes no n/a unk note

BOOSTER PUMPS

☐ ☐ ☒ ☐ ☐
☐ Unnecessary

19. Is an instantaneous and totalizing flow meter installed where the booster pump is directly connected to the distribution system?

☐ ☐ ☒ ☐ ☐

20. Are all in-line booster pumps supplied with an automatic cutoff that activates when intake pressure is less than or equal to 5 psi?

☐ ☐ ☒ ☐ ☐

21. Is the booster pump located on a suction line that is directly connected to any storage reservoir?

☐ ☐ ☒ ☐ ☐

22. If yes, are all booster pumps protected by an automatic cutoff to prevent pump damage and avoid excessive reservoir drawdown?

yes no n/a unk note

PUMP HOUSE (Only pump houses that don't contain a Groundwater Source)

☐ ☐ ☒ ☐ ☐
☐ Significant ☐ Deficiency
☐ ☐ ☒ ☐ ☐
☐ Significant ☐ Deficiency

23. Is the pump house kept clean and in good repair? (Floor cracks?)

24. Is the pump house protected from unauthorized personnel?

25. Does the pump house have adequate lighting throughout? (Recommended)

26. Are all non-sample taps installed in the pump house equipped with an appropriate backflow prevention device?

☐ ☐ ☒ ☐ ☐

27. Is adequate ventilation provided in the pump house for dissipation of excess heat and moisture from the equipment?

☐ Significant ☐ Deficiency

☐ ☐ ☒ ☐ ☐

28. Is adequate heating provided in the pump house to provided safe and efficient operation of equipment (prevent moisture buildup and/or freezing)?

☐ Significant ☐ Deficiency

☐ ☐ ☒ ☐ ☐

29. Is the pump house protected from flooding, have adequate drainage, is the floor surface at least six (6) inches above the final ground surface, and is the ground surface graded so as to lead surface water away from the pump house?

yes no n/a unk note

☐ ☐ ☒ ☐ ☐
☐ ☐ ☒ ☐ ☐

30. Is the sump for pump house floor drains closer than 30 feet from the well?

31. Is the floor drain connected to sewer, storm drains, chlorination room drains, or any other source of contamination?

COMMENTS:

(Please indicate the question number)

FINANCIAL CAPACITY

SURVEY DATE

6/25/2015

PWS #

7220085

(mm/dd/yyyy)

yes no n/a unk note

FINANCIAL CAPACITY

- ☒ ☐ ☐ ☐ ☐ 1. Is the PWS current with the payment of drinking water fees?
- ☒ ☐ ☐ ☐ ☐ 2. Does the PWS charge a drinking water fee to the user?
If yes, what is the fee: \$
- ☐ ☒ ☐ ☐ ☒ 3. Is the PWS in the business of selling water?
#3 Note: → If no, identify why in the comments section and mark "N/A" on questions 4 - 19.
- ☐ ☐ ☒ ☐ ☐ 4. Does the PWS provide and use an annual budget? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 5. If applicable, is the PWS fund separate from the waste water/sewer utility fund? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 6. Do water system revenues exceed expenditures? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 7. Are controls established to prevent expenditures from exceeding revenues?
- ☐ ☐ ☒ ☐ ☐ 8. Has an independent financial audit been completed? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 9. If yes, is a copy of the most recent balance sheet for the water system available? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 10. Does the water system include a cash budget within its annual budget for cash flow? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 11. Does the water system management review the user fee, user charge, or rate system at least annually? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 12. When was the last user fee, user charge, or rate system adjustment?
- ☐ ☐ ☒ ☐ ☐ 13. Does the water system management review financial reports at least monthly? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 14. Does the PWS provide and use a capital budget? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 15. Has this PWS produced and does it currently utilize a capital improvements plan? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 16. If yes, when was the capital improvements budget produced?
- ☐ ☐ ☒ ☐ ☐ 17. Has the capital improvement budget been updated in the last 18 months? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 18. Does the water system budget provide funding for depreciation of existing plant in service and/or for the funding of reserves for system replacement?
- ☐ ☐ ☒ ☐ ☐ 19. Are there sufficient funds for training personnel?

COMMENTS:

(Please indicate the question number)

#3. The water system is a small summer home facility and does not sell the water.

MANAGERIAL CAPACITY

SURVEY DATE

06/25/2015

(mm/dd/yyyy)

PWS #

7220085

yes no n/a unk note

MANAGERIAL CAPACITY

- ☐ ☐ ☒ ☐ ☐ 1. Is a properly licensed operator available at all times? (N/A for GW-NC PWS)
- ☐ ☒ ☐ ☐ ☐ 2. Is there a Drinking Water Source Protection Plan developed for this system?

Date:

- ☐ ☒ ☐ ☐ ☐ 3. Does this PWS have a governing body or board of directors?

If no, please indicate:

- ☒ Sole Proprietorship
☐ Partnership
☐ Limited Liability Corp.
☐ Other:

4. How often does the board meet? ☒ N/A
- ☐ weekly ☐ semi-annually ☐ never
☐ monthly ☐ annually ☐ unknown
☐ bimonthly ☐ as necessary ☐ other:

yes no n/a unk note

Are the following records maintained onsite or located near by?

- ☒ ☐ ☐ ☐ ☐ 5. - Bacteriological Analysis - 5 years retention.
- ☒ ☐ ☐ ☐ ☐ 6. - Chemical Analysis - 10 years retention.
- ☐ ☐ ☒ ☐ ☐ 7. - Records of actions taken to correct violations - 3 years retention.
- ☒ ☐ ☐ ☐ ☐ 8. - Copies of reports, summaries or communication related to sanitary surveys - 10 years retention.
- ☐ ☐ ☒ ☐ ☐ 9. - Reports concerning variances or exemptions - 5 years retention.
- ☒ ☐ ☐ ☐ ☐ 10. - Copies of public notices issued - 3 years retention.
- ☐ ☐ ☒ ☐ ☐ 11. - Daily free chlorine residuals (required disinfection) - 1 year retention.

- ☒ ☐ ☐ ☐ ☐ 12. Are routine maintenance schedules established? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 13. Is an operation and maintenance manual(s) provided for the PWS and does it include: daily operating instructions, operator safety procedures, location of valves and other key system features, parts list and parts order form, and information for contacting the water system operator?
- ☒ ☐ ☐ ☐ ☐ 14. Is there a clear plan of organization and control among the people responsible for management and operations of the water system? (Recommended)

yes no n/a unk note

Are any samples of the following parameters past due?

- ☐ ☒ ☐ ☐ ☐ 15. Coliform
- ☐ ☒ ☐ ☐ ☐ 16. Nitrates
- ☐ ☒ ☐ ☐ ☐ 17. Nitrites
- ☐ ☐ ☒ ☐ ☐ 18. Lead and Copper
- ☐ ☐ ☒ ☐ ☐ 19. IOCs
- ☐ ☐ ☒ ☐ ☐ 20. VOCs
- ☐ ☐ ☒ ☐ ☐ 21. SOCs
- ☐ ☐ ☒ ☐ ☐ 22. Disinfection Byproducts
- ☐ ☐ ☒ ☐ ☐ 23. Radionuclide

- ☒ ☐ ☐ ☐ ☐ 24. Is a written total coliform rule (TCR) sample site plan available for review?
- ☒ ☐ ☐ ☐ ☐ 25. Does the (TCR) sample site plan meet the minimum requirements?
- ☒ ☐ ☐ ☐ ☐ 26. Does the system have a sufficient supply of approved sampling bottles properly stored? (Recommended)
- ☐ ☐ ☒ ☐ ☐ 27. Does the PWS provide stairways, ladders and handrails where needed?
- ☐ ☐ ☒ ☐ ☐ 28. Are treads of non-slip material provided where needed?
- ☐ ☒ ☐ ☐ ☐ 29. Is a health concern produced from inadequately protected electrical wiring?
- ☐ ☐ ☒ ☐ ☐ 30. Are all confined space entry requirements considered?(Recommended)
- ☐ ☒ ☐ ☐ ☐ 31. Are there any unused subsurface water storage tanks that need to be abandoned?
- ☐ ☒ ☐ ☐ ☐ 32. Are there any water supply wells that are no longer being used that need to be abandoned?

COMMENTS:

(Please indicate the question number)

Photo Log

[illegible]

Date:

069069
WELL LOG AND REPORT OF THE
STATE RECLAMATION ENGINEER OF IDAHO

RECEIVED
OCT 15 1962
Department of Reclamation

Permit No. _____ Well No. _____ County Fremont

Owner George Wilding

Address Island Park, Idaho

Driller Davey Martin

Address Ripley, Idaho

Well location NW 1/4 NW 1/4 Sec. 16, T. 13 N. R. 43 E. 1/4

Size of drilled hole 6"

Locate well in section

NW 1/4	NE 1/4
SW 1/4	SE 1/4

Total depth of well 100'

Give depth to standing water from the ground 60' Water temp. _____ °Fahr.

On "Pumping Test" delivery was _____ g.p.m. or _____ c.f.s. Drawdown was _____ feet.

Size of pump and motor used to make test _____

Length of time of test _____ hours _____ minutes.

If flowing well, give flow _____ c.f.s. or _____ g.p.m. and of shut off pressure _____

If flowing well, described control works _____

Water will be used for Domestic (TYPE AND SIZE OF VALVE, ETC.) _____ Weight of casing per lineal foot 17 lb.

Thickness of casing 250 Casing material pipe (STEEL, CONCRETE, WOOD, ETC.) _____

Diameter, length and location of casing 6" 42' from 1 foot to 42'
(CASING 12" IN DIAMETER OR LESS, GIVE INSIDE DIAMETER; CASING OVER 12" IN DIAMETER, GIVE OUTSIDE DIAMETER)

CASING RECORD

Diam. Casing	From Feet	To Feet	Length	Remarks—seals, grouting, etc.
6"	1	42	42	

Number and size of perforations _____ located _____ feet to _____ feet from ground

Date of commencement of well Oct 5, 1962 Date of completion of well Oct 10, 1962

13N-43E-16 NWNW

WLL
3899

WELL LOG

[illegible]

WELL DRILLER'S STATEMENT

This well was drilled under my supervision and the above information is true and correct to the best of my knowledge and belief.

Signed G.C. Martin & Son
By Danny Martin

Dated Oct 10, 1962.

License No. 24

Cefalo, James

From: Cefalo, James
Sent: Monday, November 02, 2015 12:24 PM
To: 'Bruce Bradley PE'
Subject: RE: Wilding Summer Homes

Bruce,

This is the information I needed. Thanks for your help. I hope to have the final license issued by mid-November.

James

From: Bruce Bradley PE [<mailto:bruce@bradleyengineering.com>]
Sent: Monday, November 02, 2015 12:07 PM
To: Cefalo, James
Subject: RE: Wilding Summer Homes

James

I have the following lots connected to the Well at Wilding home Sites Division #1 this time:

Hopkins Div#1 Lot 3 Hopkins has a second lot with a well
Nelson Div#1 Lot 4
Gossett Div#1 Lot 6
Olsen Div#1 Lot 8 W2
Bradley Div #1 Lot 11
BrimHall Div#1 Lot 12 W2
Meyers Div#1 Lot 12 E2

Ralphs Div#1 Lot 17
White Div#1 lot 19
Brownlee Div#1 Lot 20
Keating Div#1 Lot 21
Robinson Div #1 Lot 23
SL3M Div#1 Lot 25
O'Hearn Div#1 Lot 26
Reichert Div#1 Lot 27
Pendleton Div #1 Lot 28

The following lots are not developed and probably will not be developed.

Lot 9 W2

Lot 9 E2

Lot 32

Please review this information and contact me if you have any questions.

Bruce Bradley

From: Cefalo, James [<mailto:James.Cefalo@idwr.idaho.gov>]
Sent: Friday, October 30, 2015 2:29 PM

To: Bruce Bradley PE
Subject: Wilding Summer Homes

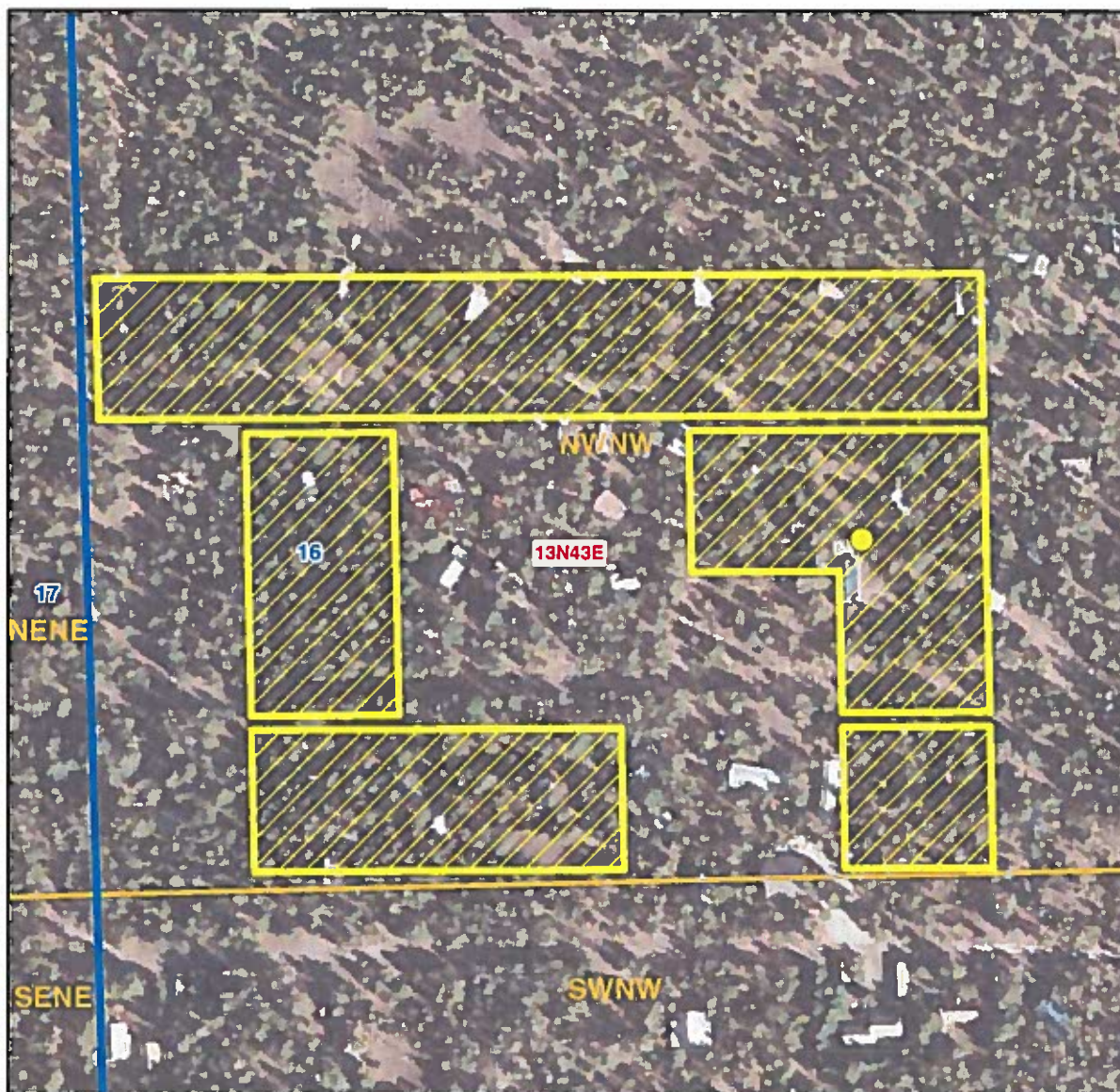
Mr. Bradley,

Thanks for the information. When we got off the phone, I realized I had one other question. Is it possible to get a list of the lot numbers or owners for the 16 lots connected to the shared well? We have the county taxlot records in our database, so we would be able to correlate owners with lot numbers. When we issue domestic rights for subdivisions, we generally include the specific lot numbers covered by the water right (to prevent ownership disputes in the future).

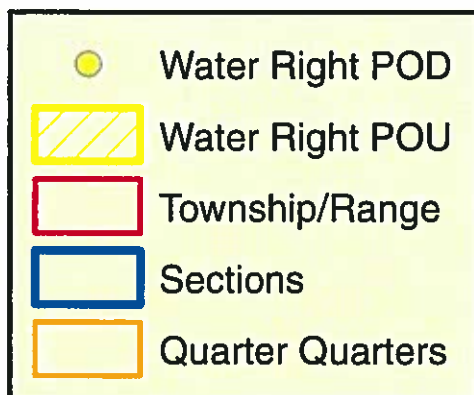
Thanks,

James Cefalo
Water Resources Program Manager
IDWR Eastern Region
(208) 525-7161

Water Right License 21-7432



2013 Aerial Photo



0 200 400 Feet

