

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 37-8906

Exam Date: 5/8/2013

1. Current Owner: HULEN MEADOWS WATER CO
PO BOX 236
KETCHUM ID 83340-0236
(208)726-5942

2. Accompanied by:

Phone No:

Address:

Relationship to Permit Holder:

3. SOURCE

TRIBUTARY

GROUND WATER

B. OVERLAP REVIEW

- Other water rights with the same place of use: 37-2734(irrigation) & 37-7290 (domestic) in the name of Hulen Meadows Water Co. for same system. 37-276G Big Wood surface water right
- Other water rights with the same point of diversion: 37-02734, 37-07011, 37-07290 & 37-08601 in the name of Hulen Meadows Water Co. for same system.

C. DIVERSION AND DELIVERY SYSTEM**1. LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER	L4 NW1/4NW1/4	Sec. 1,	Twp 04N,	Rge 17E, B.M.
BLAINE County				
GROUND WATER	NW1/4SW1/4	Sec. 36,	Twp 05N,	Rge 17E, B.M.
BLAINE County				
GROUND WATER	NW1/4SW1/4	Sec. 36,	Twp 05N,	Rge 17E, B.M.
BLAINE County				

Method of Determination: **GIS and aerial imagery.**

2.

PLACE OF USE: DOMESTIC

Twp	Rge	Sec	NE				NW				SW				SE				
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	Totals
05N	17E	36							X										

Method of Determination: **GIS and aerial imagery.**

3. _____ Delivery System Diagram Attached (required). Indicate all major components and distances between components. Indicate weir size/pipe as applicable.
- _____ Map Attached Showing Location(s) of point(s) of diversion and place(s) of use (required). Scale must be 1:24,000 or greater.
- _____ Aerial Photo Attached (required for irrigation of 10+ acres).
- _____ Photo of Diversion and System Attached

4.

<u>Well or Diversion</u> <u>ID No.*</u>	<u>Motor Make</u>	<u>Hp</u>	<u>Motor Serial No.</u>	<u>Pump Make</u>	<u>Pump Serial No. or Discharge</u> <u>Size</u>
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*Code to correspond with No. on map and aerial photo

D. FLOW MEASUREMENTS

1.

<u>Measurement</u> <u>Equipment</u>	<u>Type</u>	<u>Make</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Size</u>	<u>Calib. Date</u>
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2. Measurements: N/A

E. FLOW CALCULATIONS

_____Additional Computation Sheets Attached

Measured Method: I requested an Enhanced Sanitary Survey from DEQ that was conducted on 6/8/2009. The survey had records for all three of the wells for the Hulen Meadows Subdivision system including maximum capacity flow rates.

Well #1 250 gpm or 0.56 cfs

Well #2 450 gpm or 1.0 cfs

Well #3 375 gpm or 0.84 cfs**Totals: 1075 gpm or 2.4 cfs**

The system consists of three wells that service the subdivision with a total rate of 2.4 cfs at full system capacity. Overlapping water rights 37-02734, 37-07011, 37-07290 & 37-08601 are limited to a combined rate of 2.12 cfs for the three wells. This leaves **0.28 cfs** of water available to potentially be licensed under permit 37-8906. $2.4\text{cfs} - 2.12\text{cfs} = 0.28\text{cfs}$. This exceeds the permitted rate of 0.16 cfs. **Recommend the permitted rate of 0.16 cfs for domestic use for this license.**

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation: N/A

2. Volume Calculations for Other Uses: **4 Homes/Lots X 1.2 AF = 4.8 AF**

Domestic: The permit is for domestic use for 4 homes on Lots 1-4 in the Griffin Butte Subdivision. During the field exam it was discovered that only 2 of the homes (Lots 1 & 2) had been developed. Lots 3 & 4 have been stubbed-in to the water system but are currently horse corrals and pasture. After discussion it was decided that each lot could eventually include a home and should benefit from the IDWR standard volume of 1.2 AF for domestic use (0.6 AF in-house and 0.6 AF for irrigation). **Recommended volume for domestic use of 4.8 AF. (4 Homes/Lots X 1.2 AF = 4.8 AF)**

G. NARRATIVE/REMARKS/COMMENTS

Application for permit 37-8906 was filed on February 7, 2000 for the diversion of 0.16 cfs of ground water for domestic use associated with four homes/ Lots in the Griffin Butte Subdivision. Permit 37-8906 was issued on April 20, 2000 and Proof of Beneficial Use was filed on March 25, 2005.

The system consists of three wells that service the Hulen Meadows Subdivision. A Sanitary Survey was requested from Department of Environmental Quality that indicates a total measured rate of 2.4 cfs for the three wells at full system capacity. Water rights 37-02734, 37-07011, 37-07290 & 37-08601 are limited to a combined rate of 2.12 cfs for the three wells. This leaves **0.28 cfs** of water available to potentially be licensed under permit 37-8906. **2.4cfs – 2.12 cfs= 0.28 cfs** This amount exceeds the permitted rate of 0.16 cfs which seems to be a reasonable rate for the four lots.. **Recommend the permitted rate of 0.16 cfs for domestic use for this license.**

The permit is for domestic use for 4 homes on Lots 1-4 in the Griffin Butte Subdivision located in an adjacent subdivision north of Hulen Meadows. During the field exam it was discovered that only 2 of the homes (Lots 1 & 2) had been developed. Lots 3 & 4 have been stubbed-in to the water system but are currently horse corrals and pasture. After discussion with the Stae Office, it was decided that each lot could eventually include a home and should benefit from the IDWR standard volume of 1.2 AF for domestic use (0.6 AF in-house and 0.6 AF for irrigation). **Recommended volume for domestic use of 4.8 AF. (4 Homes/Lots X 1.2 AF = 4.8 AF)**

Note it is also recommended that the condition "*The irrigation occurring under this domestic use shall not exceed 1/2 acre within each platted subdivision lot upon which a home has been constructed. This right does not provide for irrigation of common areas or for irrigation of lots upon which homes have not been constructed.*" shall carry through to licensing.

Have conditions of permit approval been met? ☒ Yes ☐ No

H. RECOMMENDATIONS**1. Recommended Amounts**

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
DOMESTIC	01/01 to 12/31	0.160 CFS	4.80 AF
<u>Totals:</u>		0.160 CFS	4.80 AF

2. Recommended Amendments

☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None

☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☐ Other

I. AUTHENTICATION

Field Examiner's Name Sam Reeder Date 5/28/13
 Reviewer AD/Menier Date 6/27/13

June 24, 2009
Hulen Meadows Subdivison
PWS#: ID5070026

RE: Enhanced Sanitary Survey conducted on June 8th, 2004

You will find a list of the significant deficiencies and recommended improvements for your system summarized below:

Significant Deficiencies

Groundwater Source:

Storage:

#19: The manhole opening(s) for the storage structure is not watertight and/or locked and/or four-inches or greater above the reservoir roof surface, which is not in accordance with IDAPA 58.01.08.550.08.d.

The seal on the underside of the manhole cover is not completely watertight, and needs to be repaired or replaced.

Recommendations

Chemical Application:

General: DEQ recommends that the leaking chemical application line in Well House #3 be repaired or replaced.

There is a small leak in one of the chemical application lines in Well House #3 that needs to be repaired or replaced.

This system will be in substantial compliance with regulations if the significant deficiencies of this survey are implemented. If you have any questions, please do not hesitate to contact me at phone number (208) 736 – 2190.

Sincerely,



Josh Barron REHS/RS
Drinking Water Program Coordinator
DEQ – Twin Falls Regional Office

Enclosures: Enhanced Sanitary Survey Report
Enhanced Sanitary Survey Inspection Forms
Photo Log and Photos



STATE OF IDAHO
DEPARTMENT OF
ENVIRONMENTAL QUALITY

1363 Fillmore Street • Twin Falls, Idaho 83301 • (208) 736-2190

FILE COPY

C.L. "Butch" Otter, Governor
Toni Hardesty, Director

June 24, 2009

Hulen Meadows Subdivision
Marc Longley
P.O. Box 236
Ketchum, ID 83340

PWS#: ID5070026

Subject: Enhanced Sanitary Survey conducted on June 8th, 2009

Dear Marc:

A copy of the Enhanced Sanitary Survey form, the photo log and photos for Public Water System ID5070026 is enclosed with this mailing for your records. Attached, you will find a list of the significant deficiencies and/or recommended improvements for your system.

Pursuant to IDAPA 58.01.08.302.03, the water system must respond in writing not later than forty-five (45) days after receipt of the sanitary survey report describing how and on what schedule the system will address significant deficiencies identified in the survey.

For all new water systems or modifications to existing water systems, an engineering report shall be submitted to the Department of Environmental Quality's (DEQ) review and approval prior to or concurrent with the submittal of plans and specifications as required in Subsection 551.04, pursuant to IDAPA 58.01.08.551.01.

Prior to construction of new public water supply systems or modifications or existing public water supply systems, plans and specifications must be submitted to the DEQ for review, and approved, pursuant to IDAPA 58.01.08.551.04.a.

Generally, the system is in substantial compliance with regulations pertaining to public drinking water systems. I would like to thank you for your time and cooperation in the completion of this survey, and your efforts to provide the residents of Hulen Meadows with safe drinking water. If you have any questions, please do not hesitate to contact me at phone number (208) 736 – 2190.

Sincerely,

A handwritten signature in dark ink, appearing to read "Josh Barron", followed by a long horizontal line extending to the right.

Josh Barron REHS/RS
Drinking Water Program Coordinator
DEQ – Twin Falls Regional Office

Enclosures: Enhanced Sanitary Survey Report
Enhanced Sanitary Survey Inspection Form
Photo Log and Photos

State of Idaho Public Water System Enhanced Sanitary Survey

WATER SYSTEM INVENTORY INFORMATION

SURVEY DATE

PWS #

6/8/2009

(mm/dd/yyyy)

5070026

Name of Public Water System:

of Groundwater Sources:

of Storage Facilities: 1

Hulen Meadows Subdivision

of Surface Water Sources:

Total Storage: 60,000g

Date of Last Survey:

Health District: ☒ N/A

DEQ Region: ☐ N/A

County:

05/13/2004

TFRO

Blaine

Number of Service Connections:

Residential Population:

Status:

Water Purchased From: ☒ N/A

Water Sold To: ☒ N/A

153

390

☒ Approved
☐ Disapproved

Name:

Name:

PWS #:

PWS #:

Owner Type:

Service Category:

☒ Community Water System
☐ Nontransient Noncommunity
☐ Transient Noncommunity - TNC

Combined Source?
☒ Yes ☐ No
If yes, ☒ Well Fields
☐ Manifolds

System Certification Class:

VSWS

Seasonal Operation Dates:

☒ N/A

Date Open:

Date Closed:

2 - Private

HA - Homeowner's Association

Responsible Person In Charge (RIC):

(Identify Operator here for TNC PWS)

Legal Owner's Name:

☒ Mr. ☐ Ms. Marc Longley

☐ Mr. ☐ Ms. Hulen Meadows Homeowner's Assoc.

RIC Properly Certified? ☒ Yes ☐ No ☐ N/A-TNC

Certification Level: VSWS ☐ N/A

Mailing Address:

P.O. Box 2223

P.O. Box 236

City, State, Zip Code:

Telephone

City, State, Zip Code:

Telephone

Day: 208-726-5942

Night: 208-720-0252

Day: 208-726-5942

Night:

Ketchum, Idaho 83340

Ketchum, Idaho 83340

Fax:

E-mail:

Fax:

E-mail:

Substitute (RIC): ☐ No Sub. RIC Identified

(N/A for TNC PWS)

☒ Mr. ☐ Ms. Ed VanEvery

Personnel present during evaluation:

Sub. RIC Properly Certified? ☒ Yes ☐ No ☐ N/A-TNC

Certification Level: VSWS ☐ N/A

Name: Marc Longley

Title: Manager

Mailing Address:

Name:

Title:

City, State, Zip Code:

Telephone

Physical location of the PWS (Township, Section, Range):

Day:

Night:

Fax:

Section 18, Township 4N, Range 18E

Samples taken at the time of survey by inspector?

☐ Yes ☒ No

If yes, what:

Survey performed by:

Name: R. Chad Chorney

Title: Drinking Water Program Coordinator

Phone #: 208-736-2190

Agency:

☒ IDEQ

☐ Health Dept.

☐ Other: _____

yes no n/a unk note **General Information**

- ☐ ☒ ☐ ☐ ☐ 1. Have modifications been made to the PWS since the last ESS?
- ☐ ☐ ☒ ☐ ☐ 2. If yes, are the modifications considered to be significant?
- ☐ ☐ ☒ ☐ ☐ 3. If yes, were plans and specs submitted to and approved by DEQ?

Comments:

Sanitary Survey Index

Modules used:

- ☒ General Information
- ☒ Groundwater Source
- ☒ Storage
- ☐ Hydropneumatic Tanks
- ☒ Distribution
- ☒ Pumping
- ☒ Financial Capacity
- ☒ Managerial Capacity
- ☒ Chemical Application
- ☒ Disinfection
- ☐ Treatment - Iron & Manganese
- ☐ Waste Handling and Disposal
- ☐ Notes
- ☒ Photo Log and Photos

GROUNDWATER SOURCE

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

SURVEY TE

PWS #

6/8/2009

(mm/dd/yyyy)

507002

Tag #: A0004259	Common Name of Source: Well #1	Source: ☒ Well ☐ Spring ☐ Infiltration Gallery	Is this Source Treated? ☐ Yes ☐ N/A
Physical Location: 182 North Hulen Way		Treatment Objective: Disinfection Treatment Types: ☐ N/A Hypochlorination	
Is there a well log for the groundwater source? ☒ Yes ☐ No ☐ Unk			
Pump Capacity (GPM) 250 ☐ Unk	Casing Size (In) 10 ☐ Unk	Date Drilled: 6/25/1966 ☐ Unk	Well Depth (Ft) 101 ☐ Unk
Is the Casing Screened? ☐ Yes ☒ No ☐ Unk ☐ N/A		Screen Depth (Ft): From: ☒ N/A ☐ Unk To:	Is the Casing Perforated? ☒ Yes ☐ No ☐ Unk ☐ N/A
Latitude (Decimal): 43' 43" 17.35		Perforation Depth (Ft): ☐ N/A From: 47 ☐ Unk To: 97	
Longitude (Decimal): 114' 22" 58.32			

(+) IF A GROUNDWATER SOURCE HAS BEEN DETERMINED TO FALL UNDER THE DIRECT INFLUENCE OF SURFACE WATER, THE SURFACE WATER INSPECTION RESULTS AND TURBIDITY SECTIONS MUST BE FILLED OUT IN ADDITION TO THE GROUNDWATER SYSTEM INSPECTION RESULTS SEC

GROUNDWATER SOURCE

1. This source is:

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

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

Date: 9/12/00

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

Date: 10/12/98

4. Is the well on a separate lot that is large enough to provide a minimum distance for 50 feet between the well and the nearest property line? (applicable if constructed after 11/1/77)

5. Is the well lot owned in fee simple by the supplier of water or controlled by lease with a term of not less than the useful life of the well?

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

- Sewer line.....50 Ft.
- Individual home septic tank.....100 Ft.
- Individual home disposal field.....100 Ft.
- Individual home seepage pit.....100 Ft.
- Privies.....100 Ft.
- Livestock.....50 Ft.
- Canals, streams, ditches, lakes, ponds and tanks used to store nonpotable substances.....50 Ft.
- Any other potential source of contamination observed at time of inspection.....50 Ft.

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

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

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

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

11. If pit was installed prior to 11/5/64 – Does the pit have water tight floors and wall construction and is an acceptable floor drain provided?

12. Is the source protected from unauthorized entry?

13. Does the casing extend a minimum of 12 inches above the finished ground surface and 6 inches above the well house floor?

14. Is the well vented with the open end of the vent screened and terminated downward at least 18 inches above the floor?

15. Is the well cap sanitary seal properly installed and maintained?

16. 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

SURVEY TE

PWS #

Well #1

6/8/2009

(mm/dd/yyyy)

507002

yes no n/a unk note

☒ ☐ ☐ ☐ ☐

GROUNDWATER SOURCE (cont.)

17. Is there a smooth nosed sample tap provided on the well discharge pipe prior to treatment? (Threaded tape is approved with backflow preventer)
18. Is a totalizing flow meter installed on the discharge line of the well and is it maintained and working properly? 799242 gal.
19. Is a pressure gauge provided at all installations and is it maintained and working properly? 75 psi.
20. Can the well be pumped to waste via an approved air gap?
21. Has the source been known to have caving or sand problems?

COMMENTS:

(Please indicate question number)

yes no n/a unk note

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WELL HOUSE

22. Is the source located in a well house?
23. Is the well house kept clean and in good repair?
24. Is the well house protected from unauthorized personnel?
25. Are all non-sample taps installed in the well house equipped with an appropriate backflow prevention device?
26. Is ventilation provided in the well house to remove excess heat and moisture during peak summer temperatures?
27. Is a thermostatically regulated heater installed in the well house to prevent moisture buildup during cold weather?
28. Is the well house protected from flooding and does it have adequate drainage?
29. Is the sump for well house floor drains closer than 30 feet from the well?
30. Is the floor drain connected to sewer, storm drains, chlorination room drains, or any other source of contamination?

yes no n/a unk note

☐ ☐ ☒ ☐ ☐

SPRING INFORMATION

31. Is the entire area within one hundred (100) feet of the spring owned by the supplier or controlled by a long term lease?
32. 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?
33. Is surface water and drainage ditches diverted from the 100 foot protection zone around the spring?
34. Is the spring housed in a permanent structure and protected from contamination including the entry of surface water, animals and dust?
35. Is a sample tap provided?
36. Is a flow meter or other flow measuring device provided?
37. Is there a screened overflow and drain pipe?
38. Is the supply intake located above the floor of the collection chamber and screened?

yes no n/a unk note

☐ ☐ ☒ ☐ ☐

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INFILTRATION GALLERY INFORMATION

39. Is there a lid over the gallery?
40. Is the lid watertight and locked?
41. Is the collector in sound condition and maintained as necessary?

GROUNDWATER SOURCE

SURVEY L E

PWS #

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

6/8/2009

(mm/dd/yyyy)

507002

Tag #: A0004258	Common Name of Source: Well #2	Source: ☒ Well ☐ Spring ☐ Infiltration Gallery	Is this Source Treated? ☐ Yes ☐ N/A
Physical Location: 182 North Hulen Way		Disinfection Treatment Types: ☐ N/A	
Is there a well log for the groundwater source? ☐ Yes ☐ No ☐ Unk		Hypochlorination	
Pump Capacity (GPM) 450 ☐ Unk	Casing Size (In) 10 ☐ Unk	Date Drilled: 6/25/1966 ☐ Unk	Well Depth (Ft) 80 ☐ Unk
		Casing Depth (Ft) 57 ☐ Unk	Grout Depth (Ft) ☒ Unk
			Static Water Depth 14
Is the Casing Screened? ☐ Yes ☒ No ☐ Unk ☐ N/A	Screen Depth (Ft): From: To:	Is the Casing Perforated? ☒ Yes ☐ No ☐ Unk ☐ N/A	Perforation Depth (Ft): From: 28 To: 57

Latitude (Decimal): 43' 42" 50.95

Longitude (Decimal): 114' 22" 53.35

(+) IF A GROUNDWATER SOURCE HAS BEEN DETERMINED TO FALL UNDER THE DIRECT INFLUENCE OF SURFACE WATER, THE SURFACE WATER INSPECTION RESULTS AND TURBIDITY SECTIONS MUST BE FILLED OUT IN ADDITION TO THE GROUNDWATER SYSTEM INSPECTION RESULTS SECTION

GROUNDWATER SOURCE

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: 9/12/2000

☒ ☐ ☐ ☐ ☐

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

Date: 10/12/1998

☒ ☐ ☐ ☐ ☐

4. Is the well on a separate lot that is large enough to provide a minimum distance for 50 feet between the well and the nearest property line? (applicable if constructed after 11/1/77)

☒ ☐ ☐ ☐ ☐

5. Is the well lot owned in fee simple by the supplier of water or controlled by lease with a term of not less than the useful life of the well?

☒ ☐ ☐ ☐ ☐

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

- Sewer line.....50 Ft.
- Individual home septic tank.....100 Ft.
- Individual home disposal field.....100 Ft.
- Individual home seepage pit.....100 Ft.
- Privies.....100 Ft.
- Livestock.....50 Ft.
- Canals, streams, ditches, lakes, ponds and tanks used to store nonpotable substances.....50 Ft.
- Any other potential source of contamination observed at time of inspection.....50 Ft.

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COMMENTS:

(Please indicate question number)

GROUNDWATER SOURCES PG. 2

Common Name

SURVEY TE

PWS #

Well #2

6/8/2009

(mm/dd/yyyy)

507002

yes no n/a unk note

GROUNDWATER SOURCE (cont.)

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17. Is there a smooth nosed sample tap provided on the well discharge pipe prior to treatment? (Threaded tape is approved with backflow preventer)
18. Is a totalizing flow meter installed on the discharge line of the well and is it maintained and working properly? 170067 gal.
19. Is a pressure gauge provided at all installations and is it maintained and working properly? 100 psi.
20. Can the well be pumped to waste via an approved air gap?
21. Has the source been known to have caving or sand problems?

COMMENTS:

(Please indicate question number)

yes no n/a unk note

WELL HOUSE

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22. Is the source located in a well house?
23. Is the well house kept clean and in good repair?
24. Is the well house protected from unauthorized personnel?
25. Are all non-sample taps installed in the well house equipped with an appropriate backflow prevention device?
26. Is ventilation provided in the well house to remove excess heat and moisture during peak summer temperatures?
27. Is a thermostatically regulated heater installed in the well house to prevent moisture buildup during cold weather?
28. Is the well house protected from flooding and does it have adequate drainage?
29. Is the sump for well house floor drains closer than 30 feet from the well?
30. Is the floor drain connected to sewer, storm drains, chlorination room drains, or any other source of contamination?

yes no n/a unk note

SPRING INFORMATION

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31. Is the entire area within one hundred (100) feet of the spring owned by the supplier or controlled by a long term lease?
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33. Is surface water and drainage ditches diverted from the 100 foot protection zone around the spring?
34. Is the spring housed in a permanent structure and protected from contamination including the entry of surface water, animals and dust?
35. Is a sample tap provided?
36. Is a flow meter or other flow measuring device provided?
37. Is there a screened overflow and drain pipe?
38. Is the supply intake located above the floor of the collection chamber and screened?

yes no n/a unk note

INFILTRATION GALLERY INFORMATION

☐ ☒ ☐ ☐ ☐

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☐ ☒ ☐ ☐ ☐

39. Is there a lid over the gallery?
40. Is the lid watertight and locked?
41. Is the collector in sound condition and maintained as necessary?

GROUNDWATER SOURCE

SURVEY IE

PWS #

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

6/9/2009

(mm/dd/yyyy)

507002

Tag #: A0004257	Common Name of Source: Well #3	Source: ☒ Well ☐ Spring ☐ Infiltration Gallery	Is this Source Treated? ☐ Yes Treatment Objective: ☐ N/A
--------------------	-----------------------------------	--	---

Physical Location:

580 Paintbrush Rd.

Is there a well log for the groundwater source? ☒ Yes ☐ No ☐ Unk

Disinfection

Treatment Types: ☐ N/A

Hypochlorination

Pump Capacity (GPM) 375 ☐ Unk	Casing Size (In) 8 ☐ Unk	Date Drilled: 6/7/1991 ☐ Unk	Well Depth (Ft) 103 ☐ Unk	Casing Depth (Ft) 100 ☐ Unk	Grout Depth (Ft) ☒ Unk	Static Water Depth 14
---	--	--	---	---	---	--------------------------

Is the Casing Screened? ☐ Yes ☒ No ☐ Unk ☐ N/A	Screen Depth (Ft): ☒ N/A ☐ Unk From: To:	Is the Casing Perforated? ☒ Yes ☐ No ☐ Unk ☐ N/A	Perforation Depth (Ft): ☐ N/A ☐ Unk From: 45 To: 100
---	---	---	--

Latitude (Decimal): 43° 43' 17.35

Longitude (Decimal): 114° 22' 58.32

(+) IF A GROUNDWATER SOURCE HAS BEEN DETERMINED TO FALL UNDER THE DIRECT INFLUENCE OF SURFACE WATER, THE SURFACE WATER INSPECTION RESULTS AND TURBIDITY SECTIONS MUST BE FILLED OUT IN ADDITION TO THE GROUNDWATER SYSTEM INSPECTION RESULTS SECTION

GROUNDWATER SOURCE

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: 9/12/2000

☒ ☐ ☐ ☐ ☐

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

Date: 10/12/1998

☒ ☐ ☐ ☐ ☐

4. Is the well on a separate lot that is large enough to provide a minimum distance for 50 feet between the well and the nearest property line? (applicable if constructed after 11/1/77)

☒ ☐ ☐ ☐ ☐

5. Is the well lot owned in fee simple by the supplier of water or controlled by lease with a term of not less than the useful life of the well?

☒ ☐ ☐ ☐ ☐

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

- Sewer line.....50 Ft.
- Individual home septic tank.....100 Ft.
- Individual home disposal field.....100 Ft.
- Individual home seepage pit.....100 Ft.
- Privies.....100 Ft.
- Livestock.....50 Ft.
- Canals, streams, ditches, lakes, ponds and tanks used to store nonpotable substances.....50 Ft.
- Any other potential source of contamination observed at time of inspection.....50 Ft.

☒ ☐ ☐ ☐ ☐

☒ ☐ ☐ ☐ ☐

☐ ☐ ☒ ☐ ☐

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

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

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

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

11. If pit was installed prior to 11/5/64 – Does the pit have water tight floors and wall construction and is an acceptable floor drain provided?

12. Is the source protected from unauthorized entry?

13. Does the casing extend a minimum of 12 inches above the finished ground surface and 6 inches above the well house floor?

14. Is the well vented with the open end of the vent screened and terminated downward at least 18 inches above the floor?

15. Is the well cap sanitary seal properly installed and maintained?

16. 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

Well #3

SURVEY IE

6/9/2009

(mm/dd/yyyy)

PWS #

507002

yes no n/a unk note

☒ ☐ ☐ ☐ ☐

GROUNDWATER SOURCE (cont.)

17. Is there a smooth nosed sample tap provided on the well discharge pipe prior to treatment? (Threaded tape is approved with backflow preventer)
18. Is a totalizing flow meter installed on the discharge line of the well and is it maintained and working properly? 568750 gal.
19. Is a pressure gauge provided at all installations and is it maintained and working properly? 90 psi.
20. Can the well be pumped to waste via an approved air gap?
21. Has the source been known to have caving or sand problems?

COMMENTS:

(Please indicate question number)

#25 - Non-sample tap is threaded; need have backflow prevention device installed

yes no n/a unk note

☒ ☐ ☐ ☐ ☐

☒ ☐ ☐ ☐ ☐

☒ ☐ ☐ ☐ ☐

☐ ☒ ☐ ☐ ☒

WELL HOUSE

22. Is the source located in a well house?
23. Is the well house kept clean and in good repair?
24. Is the well house protected from unauthorized personnel?
25. Are all non-sample taps installed in the well house equipped with an appropriate backflow prevention device?
26. Is ventilation provided in the well house to remove excess heat and moisture during peak summer temperatures?
27. Is a thermostatically regulated heater installed in the well house to prevent moisture buildup during cold weather?
28. Is the well house protected from flooding and does it have adequate drainage?
29. Is the sump for well house floor drains closer than 30 feet from the well?
30. Is the floor drain connected to sewer, storm drains, chlorination room drains, or any other source of contamination?

yes no n/a unk note

SPRING INFORMATION

31. Is the entire area within one hundred (100) feet of the spring owned by the supplier or controlled by a long term lease?
32. 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?
33. Is surface water and drainage ditches diverted from the 100 foot protection zone around the spring?
34. Is the spring housed in a permanent structure and protected from contamination including the entry of surface water, animals and dust?
35. Is a sample tap provided?
36. Is a flow meter or other flow measuring device provided?
37. Is there a screened overflow and drain pipe?
38. Is the supply intake located above the floor of the collection chamber and screened?

yes no n/a unk note

INFILTRATION GALLERY INFORMATION

39. Is there a lid over the gallery?
40. Is the lid watertight and locked?
41. Is the collector in sound condition and maintained as necessary?

STORAGE

A separate storage form must be filled out for each storage unit in the PWS.

VEY DATE

PWS #

6/8/2009

(mm/dd/yyyy)

5070026

Storage Structure Name:

Storage Structure ID #:

Storage Tank

Physical Location:

Date in service:

☐ Unk

1968

Volume (gal):

☐ Unk

60,000g

220' above Paintbrush Drive

Storage Type:

☒ Reservoir/Tank

☐ Cistern

☐ Standpipe

Type of material:

☐ Plastic

☐ Fiberglass

☒ Concrete

☐ Wood

☐ Metal

☐ Naturally Contained

Total Days Supply (This structure):

Date Last:

Cleaned:

☒ Unk

Inspected:

☐ Unk

8 hours to 3 days (season) ☐ Unk

2002

How is the water level measured?

☐ Unk

Transducer

COMMENTS:

(Please indicate the question number)

Storage tank inspection performed in 2002 by Liquivision (Klamath Falls, OR). #19 - Manhole cover on storage tank needs to be re-sealed.

yes no n/a unk note **STORAGE**

- ☒ ☐ ☐ ☐ ☐ 1. Is storage structure safely accessible to inspector?
- ☐ ☒ ☐ ☐ ☐ 2. Is the PWS storage tank located within 500 feet of any municipal or Industrial wastewater treatment plant or any land which is spray irrigated with wastewater or used for sludge disposal?
- ☒ ☐ ☐ ☐ ☐ 3. Is there a minimum distance of 50 feet between any buried or partially buried storage reservoir and any sanitary sewers, storm sewers, or any other source of contamination.
- ☒ ☐ ☐ ☐ ☐ 4. Is the bottom of the storage reservoir constructed a minimum of 4 feet above the high ground water table?
- ☒ ☐ ☐ ☐ ☐ 5. Is the area surrounding the storage structure graded in a manner to protect it against flooding?
- ☒ ☐ ☐ ☐ ☐ 6. Are all vents extended 12 inches above the roof and constructed and screened to exclude potential sources of contamination?
- ☒ ☐ ☐ ☐ ☐ 7. Do over flows and drains have free fall discharges which are screened and are brought down to an elevation between 12 and 24 inches above the ground surface.
- ☒ ☐ ☐ ☐ ☐ 8. Do overflows and drains discharge over a drainage inlet structure or a splash plate and not connected to a sewer? (storm or sanitary)
- ☒ ☐ ☐ ☐ ☐ 9. Is the storage structure secure from unauthorized access?
- ☒ ☐ ☐ ☐ ☐ 10. Does the storage reservoir have a watertight roof or cover and is it sloped so that water will drain?
- ☒ ☐ ☐ ☐ ☐ 11. Is the storage water protected from contamination?
- ☒ ☐ ☐ ☐ ☐ 12. Is the storage structure structurally sound?
- ☐ ☒ ☐ ☐ ☐ 13. Could vegetation in the area potentially impact the storage structure?
- ☒ ☐ ☐ ☐ ☐ 14. Is the storage structure designed so that it can be isolated from the distribution system without necessitating loss of pressure in the distribution system?
- ☐ ☐ ☒ ☐ ☐ 15. Are removable silt stops provided to prevent sediment from entering the reservoir discharge pipe?
- ☐ ☒ ☐ ☐ ☐ 16. Is leakage evident at time of inspection?
- ☐ ☒ ☐ ☐ ☐ 17. Is the storage structure interior coating or liner peeling or cracked?
- ☒ ☐ ☐ ☐ ☐ 18. Is storage structure used to store finished water?
- ☐ ☒ ☐ ☐ ☒ 19. Are manhole openings overlapping, water tight, locked and four-inches or greater above the reservoir roof surface?
- ☐ ☒ ☐ ☐ ☐ 20. Are there any unused subsurface water storage tanks that need to be abandoned?
- ☐ ☐ ☒ ☐ ☐ 21. Do all water storage structures have ladders, ladder guards, balcony railings, and safely located entrance hatches provided where applicable?
- ☐ ☐ ☒ ☐ ☐ 22. Do all elevated tanks with riser pipes over eight inches in diameter have protective bars over the riser openings inside the tank?

DISTRIBUTION DATA

SURVEY DATE

PWS #

A separate distribution form must be filled out for each distribution system in the PWS.

6/8/2009

(mm/dd/yyyy)

5070026

What are water lines made of:

Material(s): ☐ Unk

Size(s): ☐ Unk

COMMENTS:

(Please indicate the question number)

☒ Steel ☐ HDPE (black) ☒ Asbestos/Cement

☐ PVC ☐ Cast Iron ☐ Other: _____

4" to 8"

How many services are metered?

Number of Fire Hydrants:

0 out of 153

13

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, was the PWS placed on boil order?

3. Are there areas with chronic low pressure problems?

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 there any main lines that have a diameter less than 3 inches?

8. Are valves exercised regularly?

If yes, how often? twice yearly

9. Is there a leak detection program?

10. Is 15% or more of the water unaccounted for?

11. Is a water conservation program in effect?

12. Is an adequate map of the distribution system maintained?

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. Was asbestos/cement pipe used in the system?

17. If yes, has asbestos analysis been done?

18. Is system adequately protected from freezing?

19. Is there a cross connection control program? (Community PWSs Only)

20. Is the operator trained in cross connection control?

21. Were any cross connections observed during the course of the survey?

22. 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)

23. Are there any water supply wells that are no longer being used that need to be abandoned?

PUMPING DATA

One form for all Pumps.

SURVEY DATE

PWS #

8/2009

(mm/dd/yyyy)

5070026

PUMPS, PUMPHOUSES, AND CONTROLS

[illegible]

yes no n/a unk note

PUMPING

- | | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| ☒ | ☐ | ☐ | ☐ | ☐ | 1. Is the pump(s) in good operating condition? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 2. Is the pumphouse(s) clean and orderly? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 3. Are there spare pump parts or a replacement pump that is capable of providing the maximum daily pumping demand? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 4. Are gate valves located on the suction and/or discharge sides of each pump? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 5. Is a positive-acting check valve located above ground on the discharge side between each pump and the shut-off valve? |
| ☐ | ☒ | ☐ | ☐ | ☐ | 6. Does the pump(s) cycle excessively? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 7. Is the pump station(s) adequately lighted throughout? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 8. If the system has a vertical turbine motor driven pump(s), is an air release valve located between the source and check valve? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 9. If the pump(s) is "oil lubricated", is oil NSF approved and suitable for human consumption? |
| ☐ | ☒ | ☐ | ☐ | ☐ | 10. Is there auxiliary power on-site? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 11. Is auxiliary power tested? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 12. If a diesel or gasoline fueled engine is used on the well lot; is the fuel tank and connecting piping double walled? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 13. Is the fuel tank above ground? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 14. Is a certified operator present during the filling of the fuel tank? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 15. If the engine is in the well house; |
| ☐ | ☐ | ☒ | ☐ | ☐ | - Is the engine exhaust directly discharged outside the well house? |
| ☐ | ☐ | ☒ | ☐ | ☐ | - Is a spill containment structure surrounding all fuel tanks adequate? |
| | | | | | (Secondary containment - 150% fuel tank capacity) |

COMMENTS:

(Please indicate the question number)

PUMPING DATA PG. 2

SURVEY DATE

PWS #

/8/2009

(mm/dd/yyyy)

5070026

yes no n/a unk note

BOOSTER PUMPS

- | | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| ☐ | ☐ | ☒ | ☐ | ☐ | 16. Is the pump facility properly protected against unauthorized entry? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 17. Does the booster pump maintain an operating pressure of 20 psi or greater? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 18. Is a standard pressure gauge installed on the discharge line? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 19. Is the booster pump supplied with an automatic cutoff that activates when intake pressure is less than or equal to 5 psi ? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 20. Is the booster pump located on a suction line that is directly connected to any storage reservoir? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 21. If yes, is the booster pump supplied with an automatic cutoff when intake pressure is equal to or less than 2.5 psi? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 22. Is a water pressure relief valve installed where the pump is directly connected to the distribution system? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 23. Is an instantaneous and totalizing flow meter installed where the booster pump is directly connected to the distribution system? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 24. Is the building that encloses the booster pump provided with an electric ventilation fan or an automated air flow system that will remove heat and moisture during peak summer temperatures? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 25. Is a thermostatically regulated heater installed in the booster pump house to prevent moisture buildup during cold weather? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 26. Is proper drainage provided? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 27. Is the pump station properly protected from flooding? |

COMMENTS:

(Please indicate the question number)

FINANCIAL CAPACITY

SURVEY DA.

6/9/2009

PWS #

5070026

(mm/dd/yyyy)

yes no n/a unk note

FINANCIAL CAPACITY

COMMENTS:

(Please indicate the question number)

- ☒ ☐ ☐ ☐ ☐ 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: \$100 quarterly
- ☐ ☒ ☐ ☐ ☐ 3. Is the PWS in the business of selling water?
- If no, identify why in the comments section and mark "N/A" on questions 4 - 21.
- ☒ ☐ ☐ ☐ ☐ 4. Does the PWS provide and use an annual budget?
- ☒ ☐ ☐ ☐ ☐ 5. Does the PWS use a chart of accounts for its books and records?
- ☒ ☐ ☐ ☐ ☐ 6. Does the PWS use the modified accrual or accrual method of accounting?
- ☒ ☐ ☐ ☐ ☐ 7. If applicable, Is the PWS fund separate from the waste water/sewer utility fund?
- ☐ ☒ ☐ ☐ ☐ 8. Do water system revenues exceed expenditures?
- ☒ ☐ ☐ ☐ ☐ 9. Are controls established to prevent expenditures from exceeding revenues? If yes, describe in the comments section.
- ☐ ☒ ☐ ☐ ☐ 10. Has an independent financial audit been completed?
- ☐ ☐ ☒ ☐ ☐ 11. If yes, is a copy of the most recent balance sheet for the water system available?
- ☒ ☐ ☐ ☐ ☐ 12. Does the water system include a cash budget within its annual budget for cash flow?
- ☒ ☐ ☐ ☐ ☐ 13. Does the water system management review the user fee, user charge, or rate system at least annually?
- ☐ ☐ ☐ ☐ ☐ 14. When was the last user fee, user charge, or rate system adjustment?
2001 mm/dd/yyyy
- ☒ ☐ ☐ ☐ ☐ 15. Does the water system management review financial reports at least monthly?
- ☒ ☐ ☐ ☐ ☐ 16. Does the PWS provide and use a capital budget?
- ☒ ☐ ☐ ☐ ☐ 17. Has this PWS produced and does it currently utilize a capital improvements plan?
- ☐ ☐ ☐ ☐ ☐ 18. If yes, when was the capital improvements budget produced?
1/1/2004 mm/dd/yyyy
- ☒ ☐ ☐ ☐ ☐ 19. Has the capital improvement budget been updated in the last 18 months?
- ☒ ☐ ☐ ☐ ☐ 20. Does the water system budget provide funding for depreciation of existing plant in service and/or for the funding of reserves for system replacement?
- ☒ ☐ ☐ ☐ ☐ 21. Are there sufficient funds for training personnel?

MANAGERIAL CAPACITY

SURVEY DATE

06/08/2009

PWS #

5070026

(mm/dd/yyyy)

yes no n/a unk note

MANAGERIAL CAPACITY

- ☒ ☐ ☐ ☐ ☐ 1. Is a certified operator available at all times? (N/A for TNC PWS)
- ☒ ☐ ☐ ☐ ☐ 2. Is there a Certified Drinking Water 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: Board of directors
- ☐ ☐ ☐ ☐ ☐ 4. How often does the board meet? ☐ N/A
☐ weekly ☐ semi-annually ☐ never
☒ monthly ☐ annually ☐ other: _____
☐ bimonthly ☐ as necessary ☐ unknown
- ☒ ☐ ☐ ☐ ☐ 5. Are the following records maintained onsite or located near by?
 - Bacteriological Analysis - **5 years retention.**
 - Chemical Analysis - **10 years retention.**
 - Records of actions taken to correct violations - **3 years retention.**
 - Copies of reports, summaries or communication related to sanitary surveys - **10 years retention.**
 - Reports concerning variances or exemptions - **5 years retention.**
 - Copies of public notices issued - **3 years retention.**
- ☒ ☒ ☐ ☐ ☐ 6. Are routine operation and maintenance records kept?
- ☒ ☒ ☐ ☐ ☐ 7. Are routine maintenance schedules established.
- ☒ ☐ ☐ ☐ ☐ 8. Is there a clear plan of organization and control among the people responsible for management and operations of the water system?
- ☐ ☒ ☐ ☐ ☐ 9. Are any samples of the following parameters past due?
Coliform
IOC's
Nitrates
Radionuclide
VOCs
SOCs
TTHM
- ☒ ☐ ☐ ☐ ☐ 10. Is a total coliform rule (TCR) sample siting plan available for review?
- ☒ ☐ ☐ ☐ ☐ 11. Does the (TCR) sample siting plan meet the minimum requirements?
- ☒ ☐ ☐ ☐ ☐ 12. Does the system have a sufficient supply of approved sampling bottles properly stored?
- ☐ ☐ ☒ ☐ ☐ 13. Does the PWS provide stairways, ladders and handrails where needed?
- ☐ ☐ ☒ ☐ ☐ 14. Are treads of non-slip material provided where needed?
- ☐ ☐ ☒ ☐ ☐ 15. Is a health hazard produced from inadequately protected electrical wiring?
- ☐ ☐ ☒ ☐ ☐ 16. Are all confined space entry requirements considered?

COMMENTS:

(Please indicate the question number)

CHEMICAL APPLICATION

One form for all Chemicals Applied to the drinkin ater.

Survey Date

PWS #

6/8/20

(mm/dd/yyyy)

5070026

Treatment Facility Name:		Treatment Facility Location:		Date Online:	Treated Water (GPD):
Well house #1, #2, and #3		Well house #1, #2, and #3		☒ Unk	☒ Unk
Sources Treated by Facility: (Tag #)		Equipment Manufacturer:		Model #:	
1. Well #3		1. Pulsafeeder		1. Pulsatron E Plus	
2. Well #2		2. Pulsafeeder		2. Pulsatron E Plus	
3. Well #1		3. Pulsafeeder		3. Pulsatron E Plus	
4.		4.		4.	
Chemical Trade Name:		Chemical Manufacturer:		Purpose:	
1. Liquichlor		1. Univar USA		1. Disinfection	
2. Liquichlor		2. Univar USA		2. Disinfection	
3. Liquichlor		3. Univar USA		3. Disinfection	
4.		4.		4.	
				NSF 60 Approved?	
				☒ Yes ☐ No ☐ Unk	
				☒ Yes ☐ No ☐ Unk	
				☒ Yes ☐ No ☐ Unk	
				☐ Yes ☐ No ☐ Unk	

yes	no	n/a	unk	note	
☐	☐	☒	☐	☐	CHEMICAL APPLICATION
☒	☐	☐	☐	☐	1. Are corrosive chemicals introduced in such a manner as to minimize potential for corrosion?
☐	☐	☐	☐	☐	2. Are spare parts available for all feeders to replace parts which are subject to wear and damage?
☐	☐	☐	☐	☐	3. Are the feeders manually or automatically controlled? ☐ Manual ☒ Automatic
☒	☐	☐	☐	☐	4. Is a means to measure water flow provided in order to determine chemical feed rates?
☒	☐	☐	☐	☐	5. Are provisions made for measuring the quantities of chemicals used?
☒	☐	☐	☐	☐	6. Is cross-connection control provided on the service water lines that discharge to the solution tanks?
☒	☐	☐	☐	☐	7. Is cross-connection control provided so that liquid chemical solutions cannot be siphoned through solution feeders into the water supply?
☒	☐	☐	☐	☐	8. Is the chemical feed equipment readily accessible for servicing, repair, and observation of operation?
☒	☐	☐	☐	☐	9. Is space provided for convenient/efficient storage and handling of chemicals?
☐	☐	☒	☐	☐	10. Are chemicals that are incompatible stored or handled together?
☒	☐	☐	☐	☐	11. Are chemical solution tanks kept covered?
☐	☐	☒	☐	☐	12. Are chemical solution tank overflow pipes, when provided, turned downward with the end screened?
☐	☐	☒	☐	☐	13. Do chemical solution tank overflow pipes, when provided, have free fall discharge?
☒	☐	☐	☐	☐	14. Are day tanks and tank refilling line entry points properly labeled to designate the chemical contained?
☒	☐	☐	☐	☐	15. Are feed lines made of durable, corrosion-resistant material?
☐	☐	☒	☐	☐	16. Are feed lines sloped upward from the chemical source to the feeder when conveying gases?
☐	☒	☐	☐	☐	17. Do feed lines have problems with scale-forming or solids deposits?
☒	☐	☐	☐	☐	18. Are floor surfaces smooth and impervious, slip-proof and well drained with 3 inches per 10 feet minimum slope?
☐	☐	☒	☐	☐	19. Are vents from feeders, storage facilities and equipment exhaust discharged to the outside atmosphere above grade and remote from air intakes?
☒	☐	☐	☐	☐	20. Are chemical shipping containers fully labeled to include chemical name, purity, concentration, supplier name and address?
☐	☐	☒	☐	☐	21. Are acids and caustics kept in closed corrosion-resistant shipping containers or storage units?
☐	☐	☒	☐	☐	22. Are acids and caustics handled in open vessels?
☒	☐	☐	☐	☐	23. Are at least one pair of rubber gloves, a dust respirator of a type certified by NIOSH for toxic dusts, an apron or other protective clothing and goggles or face mask provided for each operator as required by the reviewing authority?
☐	☒	☐	☐	☐	24. Is a deluge shower and/or eyewashing device installed where strong acids and alkalis are used or stored?

Comments:
(Please indicate the question number)

DISINFECTION

Survey Date

PWS #

A separate form must be filled out for each disinfection unit in the PWS.

Treatment Facility Name:	Treatment Facility Location:	Date Online:	Treated Water (GPD):
Well house #1	Well house #1	☒ Unk	☒ Unk

Select all disinfection types used:

☐ Gas cl2 ☐ UV Light ☒ Sodium Hypochlorite ☐ Calcium Hypochlorite ☐ Miox ☐ Other

yes no n/a unk note

DISINFECTION

1. Is disinfection used on a voluntary basis to prevent bacterial contamination of the distribution system?
2. Any interruptions in disinfection in the past year? If yes, comment.
3. Have any changes been made to this treatment facility since the last ESS?
4. If yes, were plans and specs submitted to DEQ?

Date approved: _____

5. Is the treatment facility protected from contamination?
6. Does the system have a means of measuring the residual disinfectant concentrations of free chlorine, combined chlorine (chloramines), and chlorine dioxide?
7. Are measures taken to prevent the addition of disinfectant when no water is flowing?
8. Is cross-connection control provided on the service water lines that discharge to the solution tanks?
9. Is the chlorine solution injector/diffuser compatible with the point of application to provide a rapid and thorough mix with all the water being treated? (The center of a pipeline is the preferred application point)
10. Is a treated water tap provided?
11. Are chemicals that are incompatible stored or handled together?
12. Is the chlorine solution piping and fittings made of rubber, PVC, polyethylene, or other materials recommended by the Chlorine Institute?
13. Are nylon products used in any part of the chlorine solution piping system?

VOLUNTARY DISINFECTION

14. Is a measurable free chlorine residual maintained throughout the distribution system?
15. Where chlorination is required for protection of the supply, is there standby equipment of sufficient capacity available to replace the largest unit?

REQUIRED DISINFECTION

16. Is the free chlorine residual being measured daily?
17. Is the daily free chlorine residual being recorded and kept on file for a minimum of 5 years?
18. Is a free chlorine residual of at least 0.2 parts per million maintained in the treated water after an actual contact period of at least 30 minutes at maximum hourly demand before delivery to the first consumer?
19. Where chlorination is required for protection of the supply, is there standby equipment of sufficient capacity available to replace the largest unit?
20. If primary disinfection is accomplished using ozone, chlorine dioxide, or some other chemical that does not provide a residual disinfectant, is chlorine added to provide a residual disinfectant?

Comments:

(Please indicate the question number)

GAS DISINFECTION ONLY**Protection Equipment**

21. Is respiratory protection equipment, meeting the requirements of NIOSH available where chlorine gas is handled, and is it stored at a convenient location, but not inside any room where chlorine is used or stored?

22. Does the respiratory protection equipment consist of compressed air, that has at least a 30 minute capacity, and is compatible with or exactly the same as units used by the fire department responsible for the plant?

Chlorine Leak Detection

23. Is a bottle of ammonium hydroxide (56 percent ammonia solution) available for chlorine leak detection?

24. Where ton containers are used, is a leak repair kit approved by the Chlorine Institute provided?

25. Is continuous chlorine leak detection equipment provided?

26. Where a leak detector is provided, is it equipped with both an audible alarm and a warning light?

Chlorine Room

27. Are the pipes carrying elemental liquid or dry gaseous chlorine under pressure made of Schedule 80 seamless steel tubing or other materials recommended by the Chlorine Institute (never use PVC)?

28. Is chlorine gas feed and storage enclosed and separated from other operating areas?

29. Is the chlorine room provided with a shatter resistant inspection window installed in an interior wall?

30. Is the chlorine room constructed in such a manner that all openings between the chlorine room and the remainder of the plant are sealed?

31. Are the chlorine room doors equipped with panic hardware, assuring ready means of exit and opening outward only to the building exterior?

32. Where chlorine gas is used, does each room have a ventilating fan.

33. Does the ventilating fan take suction near the floor and discharge away from any air inlets?

34. Are all air inlets through louvers near the ceiling?

35. Are there separate switches for the fan and lights located outside of the chlorine room and at the inspection window?

36. Are outside switches protected from vandalism?

37. Is there a signal light indicating fan operation visible at each entrance?

38. Are floor drains discharged to the outside of the building and not connected to other internal or external drainage systems?

39. Are chlorinator rooms heated to 60 °F, and protected from excessive heat?

40. Do pressurized chlorine feed lines carry chlorine gas beyond the chlorinator room?

Chlorine Gas Cylinders

41. Are full and empty cylinders of chlorine gas isolated from operating areas?

42. Are full and empty cylinders of chlorine gas restrained in position to prevent upset?

43. Are full and empty cylinders of chlorine gas stored in rooms separate from ammonia storage?

44. Are full and empty cylinders of chlorine gas stored in areas that are not in the direct sunlight or exposed to excessive heat?

45. Is a weight scale provided for weighing cylinders, at all plants utilizing chlorine gas?

46. Is the weight scale capable of providing reasonable precision in relation to average daily dose?

47. Is there an automatic switch-over of chlorine cylinders provided, where necessary, to assure continuous disinfection?

Comments:

(Please indicate the question number)

DISINFECTION

Survey Date

PWS #

A separate form must be filled out for each disinfection unit in the PWS.

6/8

09

(mm/dd/yyyy)

5070026

Treatment Facility Name:

Treatment Facility Location:

Date Online:

Treated Water (GPD):

Well house #2

Well house #2

Unk

Unk

Select all disinfection types used:

☐ Gas cl2

☐ UV Light

☒ Sodium Hypochlorite

☐ Calcium Hypochlorite

☐ Miox

☐ Other

yes no n/a unk note

DISINFECTION

1. Is disinfection used on a voluntary basis to prevent bacterial contamination of the distribution system?
2. Any interruptions in disinfection in the past year? If yes, comment.
3. Have any changes been made to this treatment facility since the last ESS?
4. If yes, were plans and specs submitted to DEQ?

Date approved: _____

5. Is the treatment facility protected from contamination?
6. Does the system have a means of measuring the residual disinfectant concentrations of free chlorine, combined chlorine (chloramines), and chlorine dioxide?
7. Are measures taken to prevent the addition of disinfectant when no water is flowing?
8. Is cross-connection control provided on the service water lines that discharge to the solution tanks?
9. Is the chlorine solution injector/diffuser compatible with the point of application to provide a rapid and thorough mix with all the water being treated? (The center of a pipeline is the preferred application point)
10. Is a treated water tap provided?
11. Are chemicals that are incompatible stored or handled together?
12. Is the chlorine solution piping and fittings made of rubber, PVC, polyethylene, or other materials recommended by the Chlorine Institute?
13. Are nylon products used in any part of the chlorine solution piping system?

VOLUNTARY DISINFECTION

14. Is a measurable free chlorine residual maintained throughout the distribution system?
15. Where chlorination is required for protection of the supply, is there standby equipment of sufficient capacity available to replace the largest unit?

REQUIRED DISINFECTION

16. Is the free chlorine residual being measured daily?
17. Is the daily free chlorine residual being recorded and kept on file for a minimum of 5 years?
18. Is a free chlorine residual of at least 0.2 parts per million maintained in the treated water after an actual contact period of at least 30 minutes at maximum hourly demand before delivery to the first consumer?
19. Where chlorination is required for protection of the supply, is there standby equipment of sufficient capacity available to replace the largest unit?
20. If primary disinfection is accomplished using ozone, chlorine dioxide, or some other chemical that does not provide a residual disinfectant, is chlorine added to provide a residual disinfectant?

Comments:

(Please indicate the question number)

6/8/2009

5070026

(mm/dd/yyyy)

GAS DISINFECTION ONLY**Protection Equipment**

yes no n/a unk note
☐ ☐ ☒ ☐ ☐

21. Is respiratory protection equipment, meeting the requirements of NIOSH available where chlorine gas is handled, and is it stored at a convenient location, but not inside any room where chlorine is used or stored?

☐ ☐ ☒ ☐ ☐

22. Does the respiratory protection equipment consist of compressed air, that has at least a 30 minute capacity, and is compatible with or exactly the same as units used by the fire department responsible for the plant?

yes no n/a unk note
☐ ☐ ☒ ☐ ☐

Chlorine Leak Detection

23. Is a bottle of ammonium hydroxide (56 percent ammonia solution) available for chlorine leak detection?

☐ ☐ ☒ ☐ ☐

24. Where ton containers are used, is a leak repair kit approved by the Chlorine Institute provided?

☐ ☐ ☒ ☐ ☐

25. Is continuous chlorine leak detection equipment provided?

☐ ☐ ☒ ☐ ☐

26. Where a leak detector is provided, is it equipped with both an audible alarm and a warning light?

yes no n/a unk note
☐ ☐ ☒ ☐ ☐

Chlorine Room

27. Are the pipes carrying elemental liquid or dry gaseous chlorine under pressure made of Schedule 80 seamless steel tubing or other materials recommended by the Chlorine Institute (never use PVC)?

☐ ☐ ☒ ☐ ☐

28. Is chlorine gas feed and storage enclosed and separated from other operating areas?

☐ ☐ ☒ ☐ ☐

29. Is the chlorine room provided with a shatter resistant inspection window installed in an interior wall?

☐ ☐ ☒ ☐ ☐

30. Is the chlorine room constructed in such a manner that all openings between the chlorine room and the remainder of the plant are sealed?

☐ ☐ ☒ ☐ ☐

31. Are the chlorine room doors equipped with panic hardware, assuring ready means of exit and opening outward only to the building exterior?

☐ ☐ ☒ ☐ ☐

32. Where chlorine gas is used, does each room have a ventilating fan.

☐ ☐ ☒ ☐ ☐

33. Does the ventilating fan take suction near the floor and discharge away from any air inlets?

☐ ☐ ☒ ☐ ☐

34. Are all air inlets through louvers near the ceiling?

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35. Are there separate switches for the fan and lights located outside of the chlorine room and at the inspection window?

☐ ☐ ☒ ☐ ☐

36. Are outside switches protected from vandalism?

☐ ☐ ☒ ☐ ☐

37. Is there a signal light indicating fan operation visible at each entrance?

☐ ☐ ☒ ☐ ☐

38. Are floor drains discharged to the outside of the building and not connected to other internal or external drainage systems?

☐ ☐ ☒ ☐ ☐

39. Are chlorinator rooms heated to 60 °F, and protected from excessive heat?

☐ ☐ ☒ ☐ ☐

40. Do pressurized chlorine feed lines carry chlorine gas beyond the chlorinator room?

yes no n/a unk note
☐ ☐ ☒ ☐ ☐

Chlorine Gas Cylinders

41. Are full and empty cylinders of chlorine gas isolated from operating areas?

☐ ☐ ☒ ☐ ☐

42. Are full and empty cylinders of chlorine gas restrained in position to prevent upset?

☐ ☐ ☒ ☐ ☐

43. Are full and empty cylinders of chlorine gas stored in rooms separate from ammonia storage?

☐ ☐ ☒ ☐ ☐

44. Are full and empty cylinders of chlorine gas stored in areas that are not in the direct sunlight or exposed to excessive heat?

☐ ☐ ☒ ☐ ☐

45. Is a weight scale provided for weighing cylinders, at all plants utilizing chlorine gas?

☐ ☐ ☒ ☐ ☐

46. Is the weight scale capable of providing reasonable precision in relation to average daily dose?

☐ ☐ ☒ ☐ ☐

47. Is there an automatic switch-over of chlorine cylinders provided, where necessary, to assure continuous disinfection?

Comments:

(Please indicate the question number)

DISINFECTION

A separate form must be filled out for each disinfection unit in the PWS.

Survey Date

PWS #

Treatment Facility Name:

Treatment Facility Location:

Date Online:

(mm/dd/yyyy)

5070026

Well house #3

Well house #3

Unk

Treated Water (GPD):

Unk

Select all disinfection types used:

☐ Gas cl2

☐ UV Light

☒ Sodium Hypochlorite

☐ Calcium Hypochlorite

☐ Miox

☐ Other

yes no n/a unk note

DISINFECTION

1. Is disinfection used on a voluntary basis to prevent bacterial contamination of the distribution system?
2. Any interruptions in disinfection in the past year? If yes, comment.
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Comments:

(Please indicate the question number)

General - There is a small leak in one of the chemical application lines in Well House #3 that needs to be replaced.

GAS DISINFECTION ONLY**Protection Equipment**

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46. Is the weight scale capable of providing reasonable precision in relation to average daily dose?

47. Is there an automatic switch-over of chlorine cylinders provided, where necessary, to assure continuous disinfection?

Comments:

(Please indicate the question number)

**Photo Log for Hulen Meadows Enhanced
Sanitary Survey
PWS #5070026
June 8th, 2009**

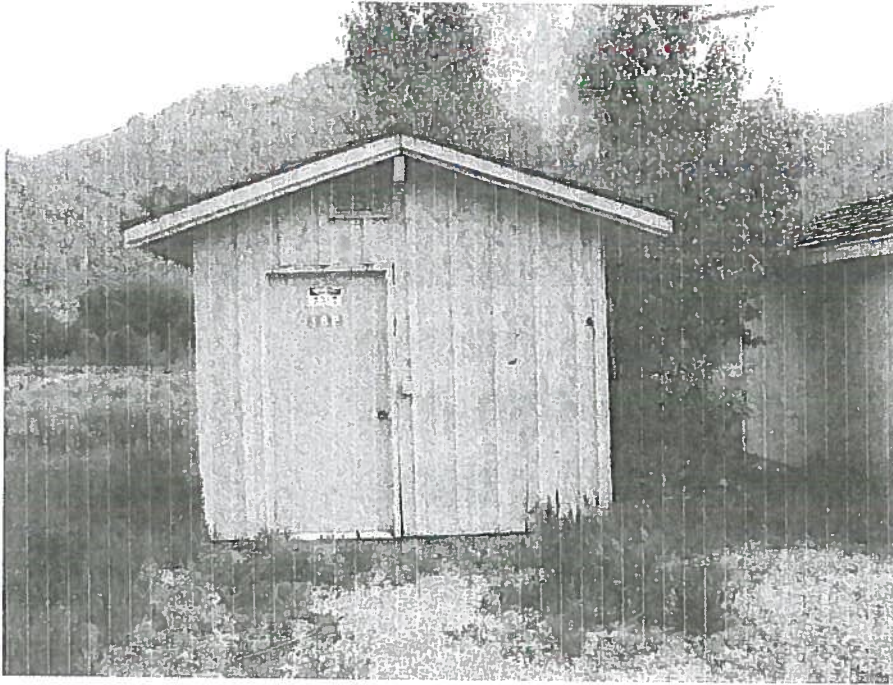


Photo #1 Well house one



Photo #2 well house 2

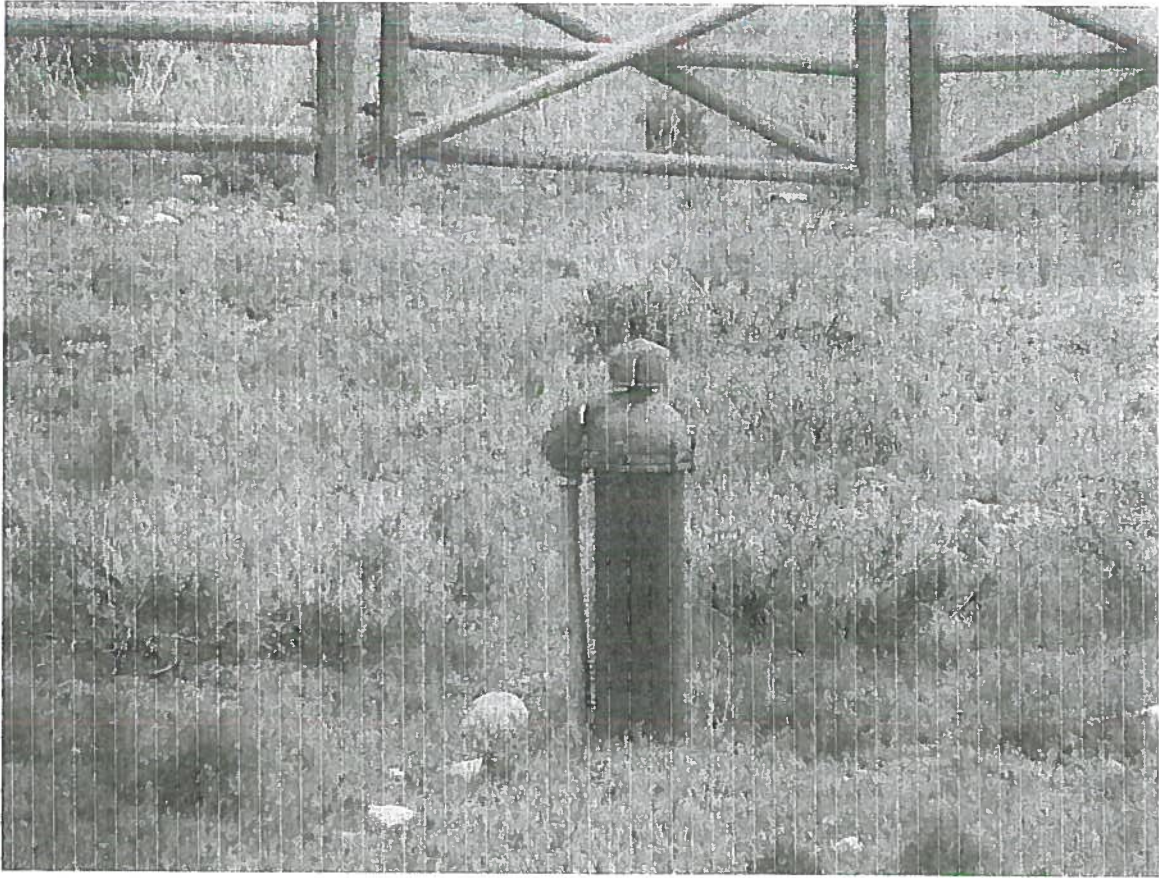


Photo #3 Well Head

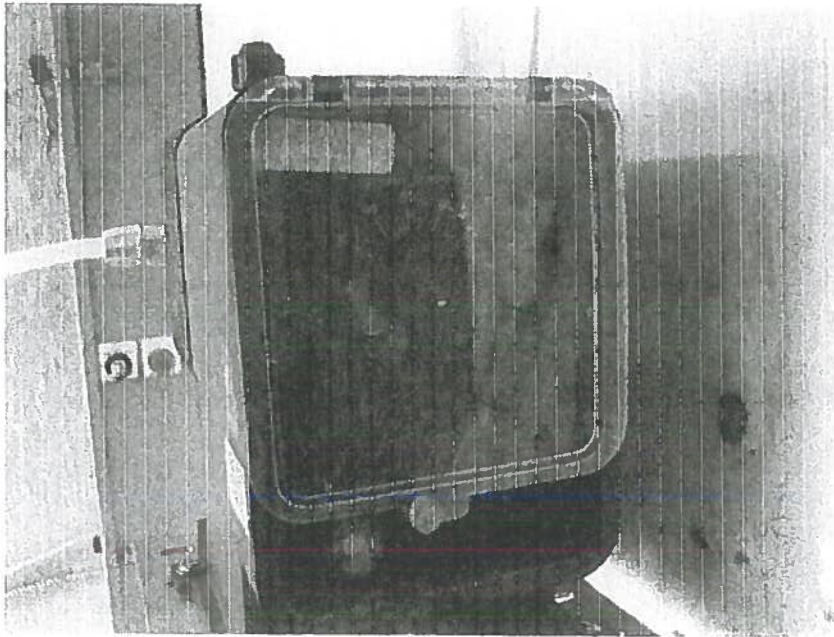


Photo #4 Chlorine meter



Photo # 5 Underground Storage Tank



Photo #6 Storage Tank Overflow

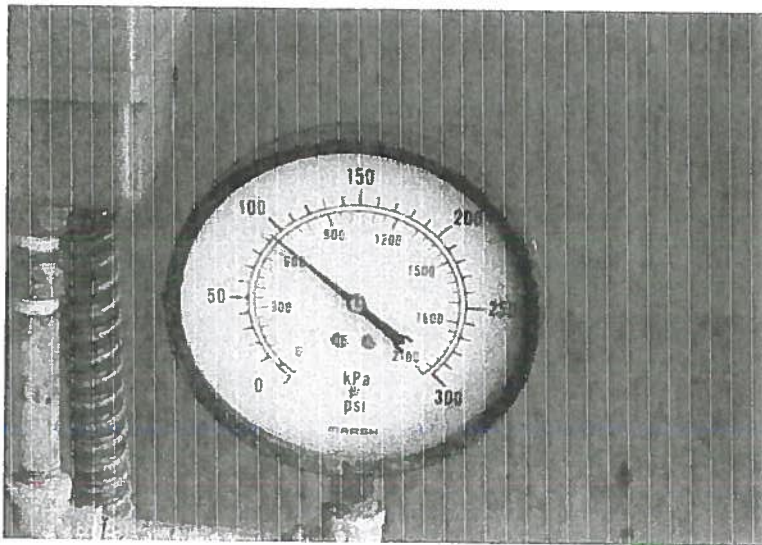
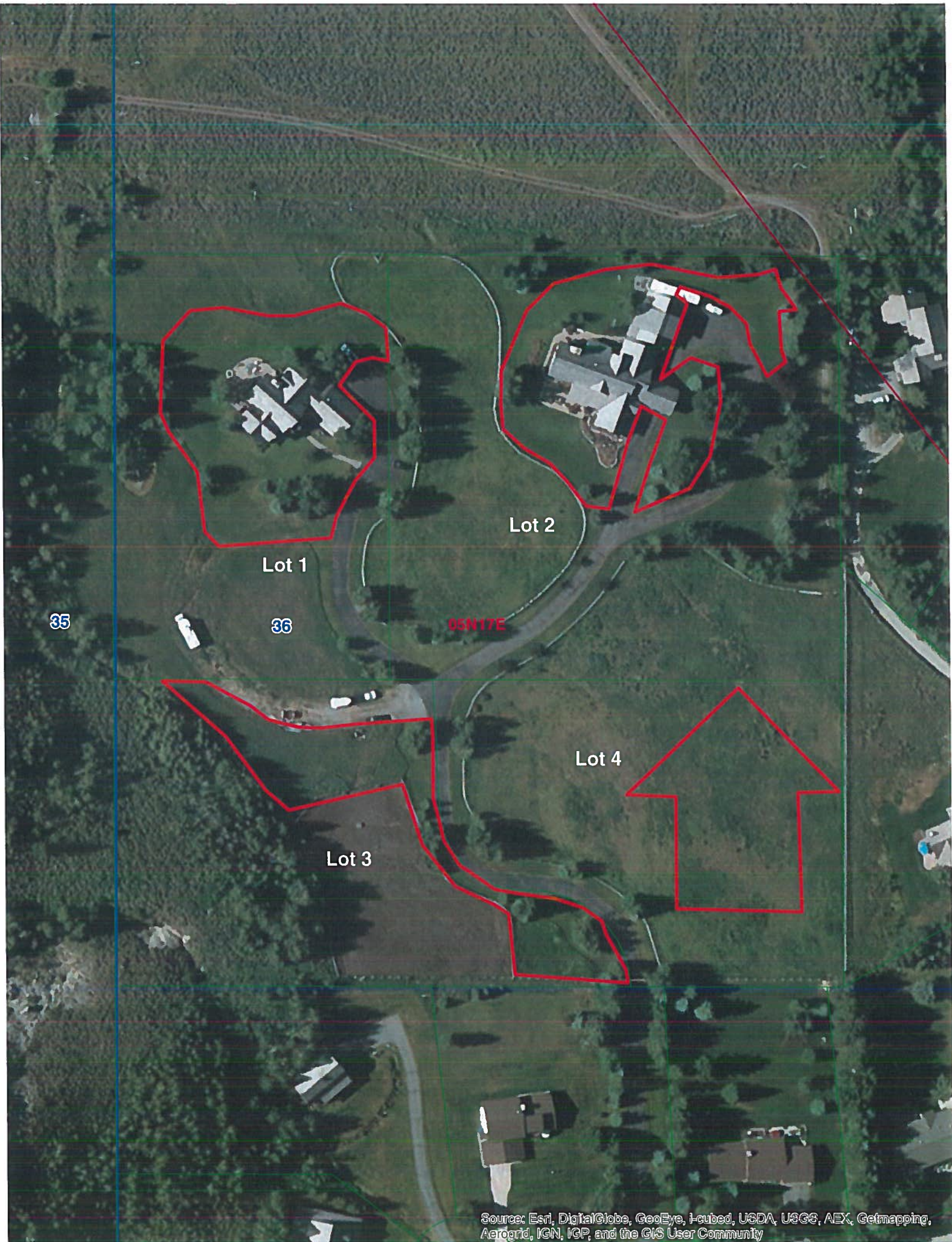


Photo #7 Pressure Gauge Well house 2





Lot 2 (house)

Lot 4 (pasture)



Stub-in





Lot3 (pasture & corrals)

Lot 1 (house)



State of Idaho
Department of Water Resources
Attachment To Water Right License
37-8906

This map depicts the DOMESTIC place of use boundary for this water right at the time of this approval and is attached to the approval document solely for illustrative purposes.

