

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 81-11987

Exam Date: 5/15/2012

1. Current Owner: UNITED STATES OF AMERICA ACTING THROUGH
USDA FOREST SERVICE
NEZ PERCE NATIONAL FOREST
1005 HWY 13
GRANGEVILLE ID 83530
(208)983-1950
Contact Person: Joe Bond, Head Engineer

**** Tax Lot Information that was updated, shows the same owner, only with the address as: 104 Airport Rd., Grangeville, ID 83530. An address change form was given to Joe Bond on 5/15/2012, since this was the address for the office where I met him. To date, no address change form has been received.**

2. Intra-office field examination: A Sanitary Survey for Public Water System #2250091, was conducted on 6/7/2010 by James M. Grubb, P.E. (Environmental Engineer @ (208)765-7385). Jason Johnston, Engineer for the Forest Service accompanied jasonjohnston@fs.fed.us

3. SOURCE**TRIBUTARY**

GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: None. 81-7160 is for Selway River (minimum stream flow)
2. Other water rights with the same point of diversion: 81-7166

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

GROUND WATER L4 SW1/4SE1/4 Sec. 23, Twp 32N, Rge 07E, B.M. IDAHO County

Method of Determination: GPS (per Sanitary Survey conducted by Forest Service; no information on make/model of device), and 2011 Arc Map Imagery.

2.

PLACE OF USE: DOMESTIC

Twp Rge Sec	NE				NW				SW				SE				Totals
	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
32N 07E 22		X	X														
		L 2	L 5														

Method of Determination: GPS (per Sanitary Survey conducted by Forest Service; no information on make/model of device), and 2011 Arc Map 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 (photo taken during 81-7166 beneficial use field examination)

4.

Well or Diversion

<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 Size</u>
E0005474	Franklin	7.5	unknown	unknown	unknown

**Well is located behind the Cedar Flats bunkhouse.

*Code to correspond with No. on map and aerial photo

D. FLOW MEASUREMENTS**1. Measurements:**

At the time of the Sanitary Survey taken by the Forest Service, **no physical measurement was collected.** The discharge size from the well is unknown, and the sizing and type of buried pipe that discharges to the 60,000 gallon storage tank. The buried 8 inch line (unknown type) from the 60,000 gallon storage tank then splits into a 3 inch buried line (unknown type) then supplies the 26 connections at the Johnson Bar Campground. **A pipe conversion for the 3 inch pipe cannot be used** to determine the capacity of the well, since it is a partial reflection of the capacity of the storage tank.

Theoretical: Dynamic Lift unknown, so used 34 ft static + 10 ft = 44 ft.

$(8.8 \times 7.5 \text{ Hp} \times 0.7 \text{ eff.}) / [44 \text{ ft} + (138 \text{ psi} \times 2.31)] = 0.13 \text{ cfs}$ capacity of the system

RECOMMENDATION:

0.13 cfs capacity of the system – 0.07 cfs 81-7166 = **0.06 cfs for 81-11987**

E. VOLUME CALCULATIONS

- Domestic internal/external (camp site use, putting out camp fires, some minimal watering of the campground surroundings); 26 connections (15 residential population, and 17 hydrants).

Condition 071 was changed to X03 "The domestic use authorized under this right shall not exceed 2,500 gpd. So this is was limits the amount of water used, and no volume component will be listed on the license.

F. NARRATIVE/REMARKS/COMMENTS

This is an intra-office field examination, with notes taken from a sanitary survey conducted on 6/7/2010 by James M. Grubb, P.E. (environmental engineer) at (208)765-7385, and notes from the proof of beneficial use. The engineer who accompanied James Grubb, was Jason Johnston, Engineer for the Forest Service. The system consists of a well that was drilled on 8/5/1993 by Uhlenkott Drilling permit 85-93N-3800, and is shared with water right 81-7166. The well ID Tag number E0005474, is a 6 inch casing that extends 18 inches above ground level; it is 140 ft deep, 34 ft static, 138 psi, with a 7.5 Hp Franklin submersible pump (unknown serial/model number), discharge size (unknown), with buried pipe (unknown size or type) to the partial buried 60,000 gallon storage tank, with an 8 inch discharge line (unknown type) which splits into a 3 inch buried line (of unknown type, and no other information is given as to whether or not the 3 inch pipe continues all the way to the POU (Johnson Bar Campground), or if it reduces down to a smaller diameter. The location for the well is behind Cedar Flats bunkhouse. The location for the 60,000 gallon storage tank is behind the bunkhouse on the hill between Cedar Flats and Fenn Ranger Station. The 60,000 gallon storage tank serves Cedar Flats, the Fenn Ranger Station, and Johnson Bar Campground. There is an instantaneous and totalizing flow meter according to the sanitary survey, but no measurement or reading was taken at the time of the sanitary survey. The sizes for the known buried pipe were taken from the 1967 distribution map in the file for 81-7166. Use is for Johnson Bar Campground, which includes 26 connections, a 15 residential population, and 17 hydrants (fire protection and used by campers).

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

G. 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	0.060 CFS	
		<u>Totals:</u>	0.060 CFS

2. Recommended Amendments

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

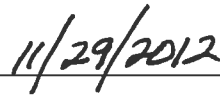
☒ Change P.U. as reflected above ☐ Add P.U. as reflected above ☐ Other

I. AUTHENTICATION

Field Examiner's Name



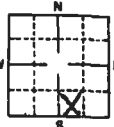
Date



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PEN
RECEIVEDState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

FEB 03 1994

Department of Water Resources

1. WELL OWNER Name <u>U.S. Forest Service</u> Address <u>Rt 2 Box 475 Grangerville Id. 83530</u> Drilling Permit No. <u>85-93-N-38-000</u> Water Right Permit No. <u>81-93-N-6-000</u> <u>81-07166</u> <u>+ 81-11987</u>	7. WATER LEVEL Static water level <u>34'</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality <u>Good</u> Describe artesian or temperature zones below.																																																																																																				
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Modification ☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td></td><td></td><td><u>1.15</u></td></tr></tbody></table>	Discharge G.P.M.	Pumping Level	Hours Pumped			<u>1.15</u>																																																																																														
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Monitor ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>26</td><td>Sandy Clay</td><td></td><td>☒</td></tr><tr><td>8</td><td>26</td><td>29</td><td>Decomposed Granite</td><td></td><td>☒</td></tr><tr><td>8</td><td>29</td><td>34</td><td>Med Hd Granite</td><td></td><td>☒</td></tr><tr><td>8</td><td>34</td><td>38</td><td>Soft Gray Granite</td><td></td><td>☒</td></tr><tr><td>6</td><td>38</td><td>51</td><td>Med Hd Granite</td><td></td><td>☒</td></tr><tr><td>6</td><td>51</td><td>56</td><td>Brown Soft Granite</td><td></td><td>☒</td></tr><tr><td>6</td><td>56</td><td>64</td><td>Med Hard Granite</td><td></td><td>☒</td></tr><tr><td>6</td><td>64</td><td>67</td><td>White Quartz & Granite</td><td>☒</td><td>☒</td></tr><tr><td>6</td><td>67</td><td>88</td><td>Med Hard Granite</td><td></td><td>☒</td></tr><tr><td>6</td><td>88</td><td>92</td><td>Soft Granite & Quartz</td><td>☒</td><td>☒</td></tr><tr><td>6</td><td>92</td><td>97</td><td>Med Hard Granite</td><td></td><td>☒</td></tr><tr><td>6</td><td>97</td><td>123</td><td>Hard Granite</td><td></td><td>☒</td></tr><tr><td>6</td><td>123</td><td>125</td><td>Quartz & Gray Granite</td><td></td><td>☒</td></tr><tr><td>6</td><td>125</td><td>136</td><td>Med Hard Granite</td><td></td><td>☒</td></tr><tr><td>6</td><td>136</td><td>140</td><td>Slightly Fine Granite</td><td></td><td>☒</td></tr></tbody></table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	26	Sandy Clay		☒	8	26	29	Decomposed Granite		☒	8	29	34	Med Hd Granite		☒	8	34	38	Soft Gray Granite		☒	6	38	51	Med Hd Granite		☒	6	51	56	Brown Soft Granite		☒	6	56	64	Med Hard Granite		☒	6	64	67	White Quartz & Granite	☒	☒	6	67	88	Med Hard Granite		☒	6	88	92	Soft Granite & Quartz	☒	☒	6	92	97	Med Hard Granite		☒	6	97	123	Hard Granite		☒	6	123	125	Quartz & Gray Granite		☒	6	125	136	Med Hard Granite		☒	6	136	140	Slightly Fine Granite		☒
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)	RECEIVED AUG 18 1993 NORTHERN REGION IDWR																																																																																																				
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ Diameter _____ From _____ To _____ <u>250</u> inches <u>6</u> inches + <u>2</u> feet = <u>38</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation? _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer _____ Type _____ Top Packer or Headpipe _____ Bottom of Tailpipe _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>2</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port <u>Top of casing</u>																																																																																																					
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ DEC 07 1994 Lot No. _____ Block No. _____ County <u>Idaho</u> Address of Well Site <u>Cedar Falls Work Center</u> (give at least name of road) <u>SW 1/4 SE 1/4 Sec. 23</u> T. <u>32N</u> N ☐ or S ☐ R. <u>7E</u> E ☐ or W ☐																																																																																																					
11. DRILLER'S CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Unkenkott Drilling</u> Firm No. <u>125</u> Address <u>Rt 2 Box 26A Id 83530</u> Date <u>8-11-93</u> Signed by Drilling Supervisor <u>Ray Unkenkott</u> and (Operator) <u>Alvin J. Unkenkott</u> (If different than the Drilling Supervisor)																																																																																																					



PW

81-71664
81-11987

PV

81-7166

PV

81-7166

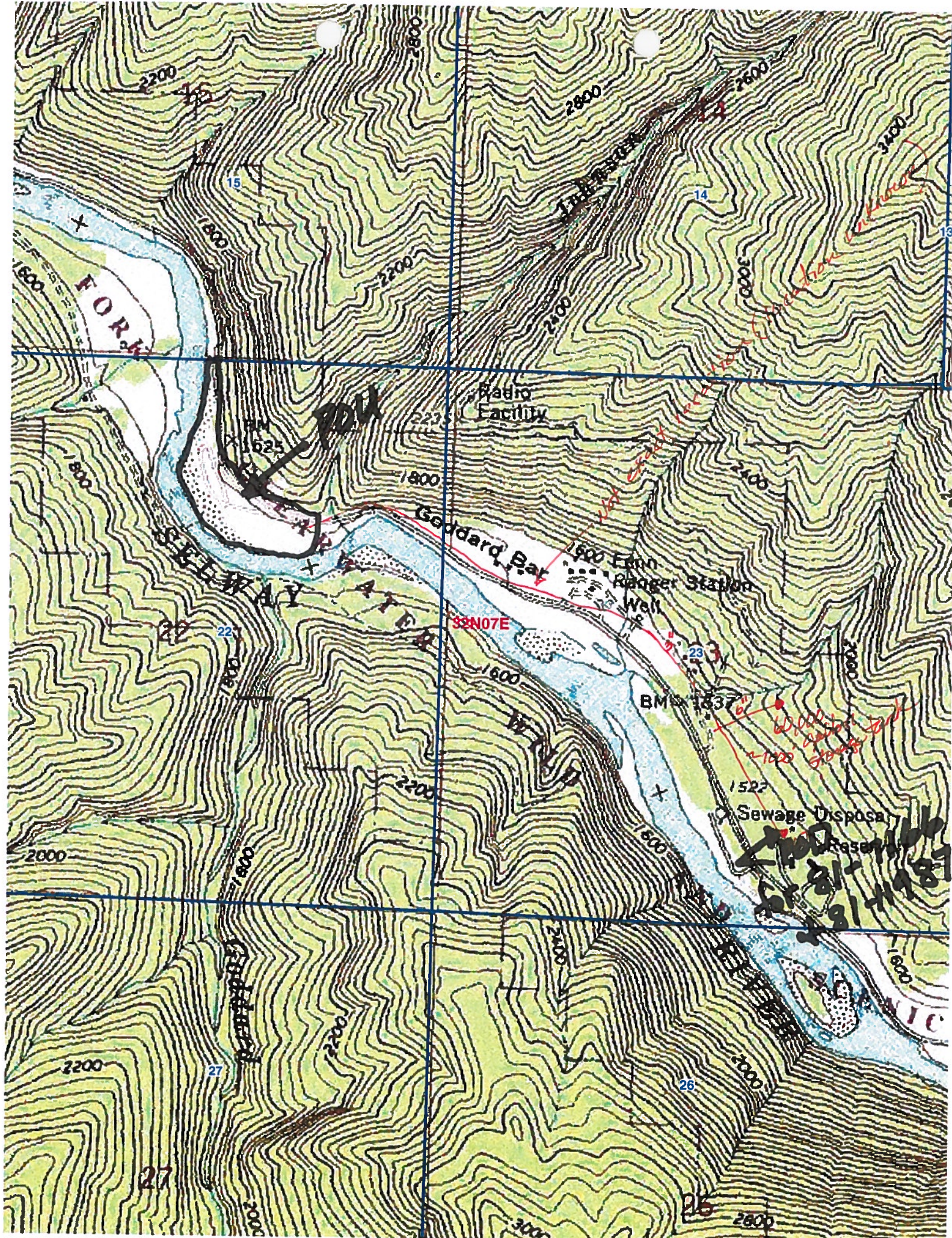
Storage
60,000
gal.

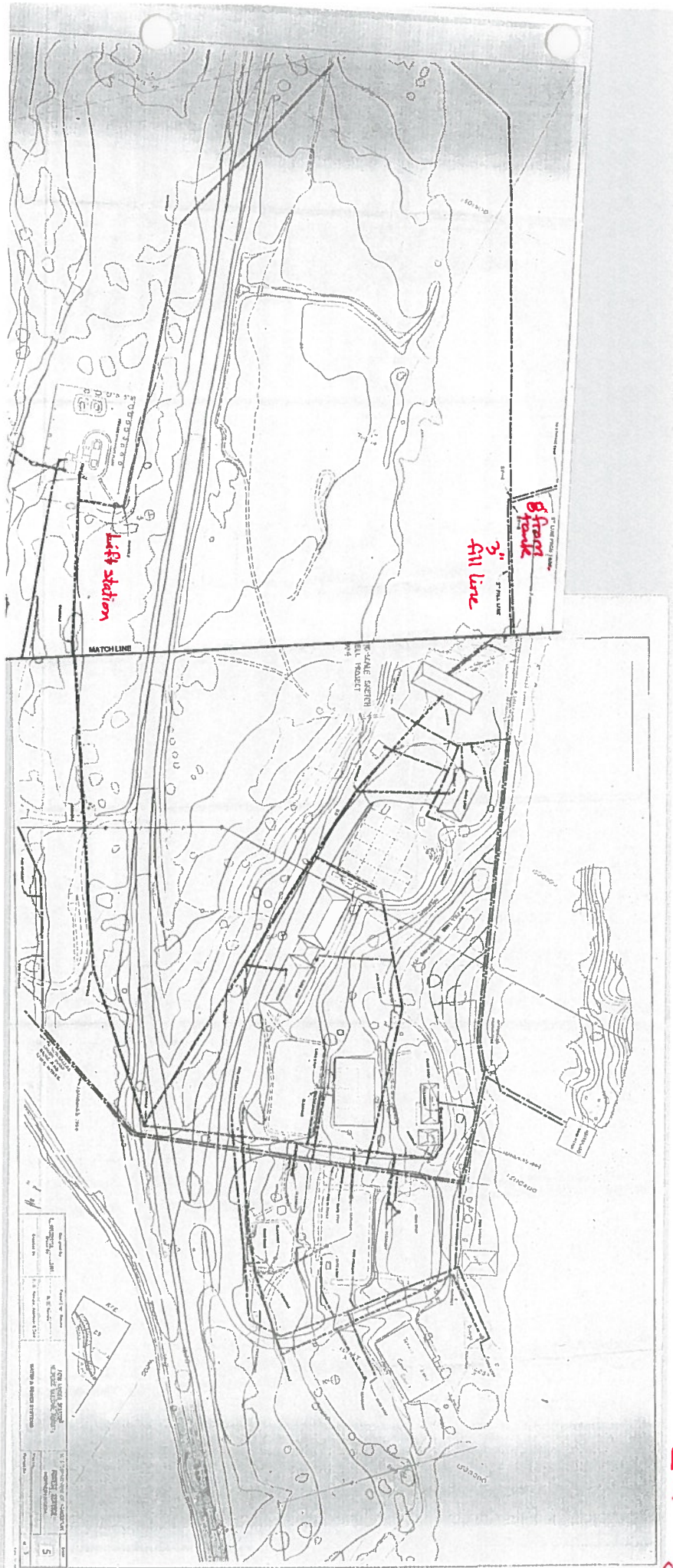
81-7164
+ 81-119

MICROFILMED

SEP 12 1997

From 81-7166





N↑

1967 distribution
system map

From: 81-7166 +
C- 81-11987 from tank

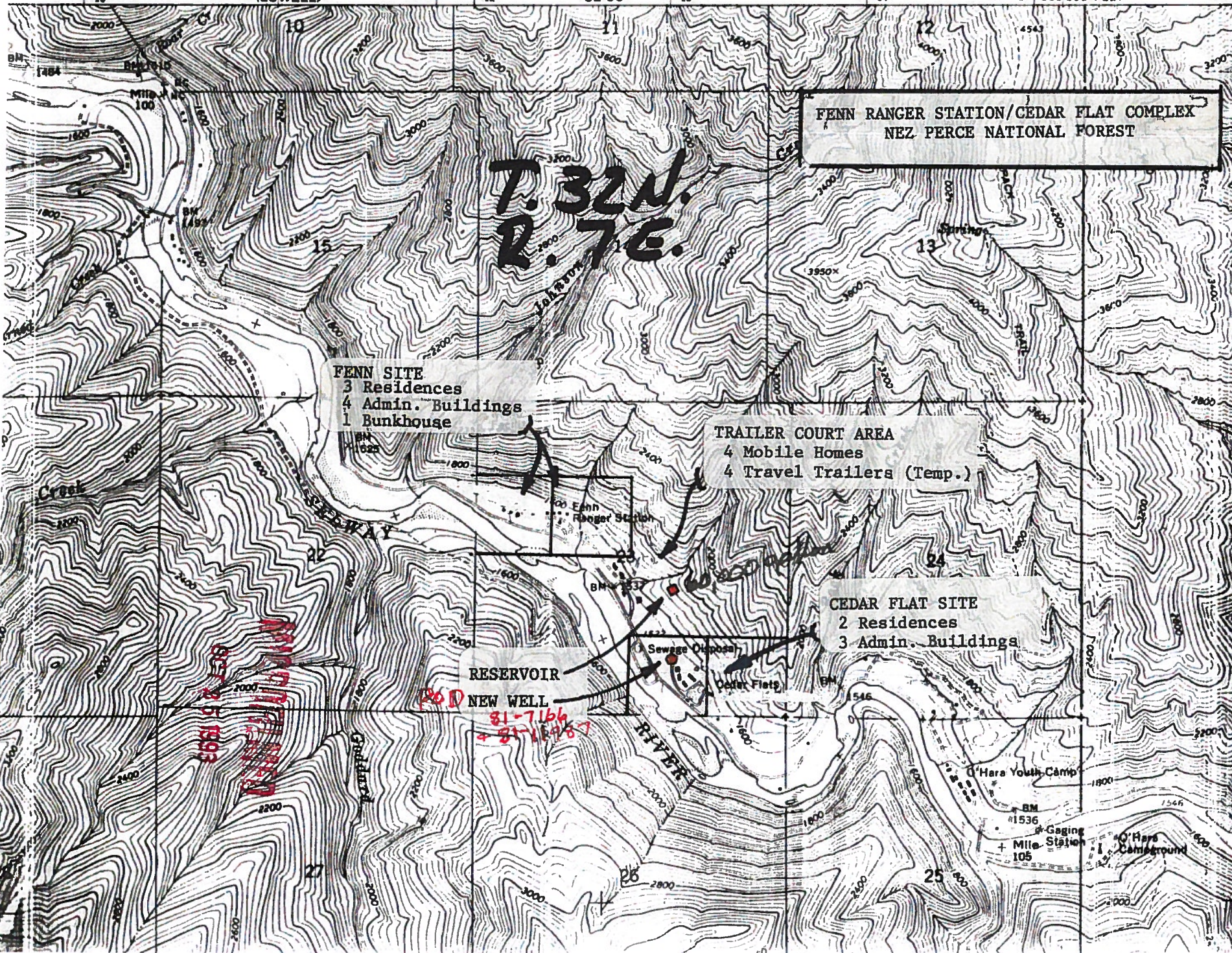
T32N R7E

7.5 MINUTE SERIES (TOPOGRAPHIC)

2875 11 NE
(LOWELL)

R 7 E 560 000 FEET

115°30'
46°07'30"



Johnson Bar

State of Idaho Public Water System Enhanced Sanitary Survey					SURVEY DATE		PWS #	
WATER SYSTEM INVENTORY INFORMATION					6/17/2010 (mm/dd/yyyy)		2250091	
Name of Public Water System: FENN RANGER STATION					# of Groundwater Sources: 1		# of Storage Facilities: 1	
					# of Surface Water Sources:		Total Storage (gal): 60,000	
Date of Last Survey: 08/11/2008		Health District: ☒ N/A		DEQ Region: ☐ N/A		County: IDAHO		
Number of Service Connections: 26		Residential Population: 15		Status: ☒ Approved ☐ Disapproved		Water Purchased From: ☒ N/A Water Sold To: ☒ N/A		
Owner Type: Federal Gov't		Legal Entity: GA-Government Agency		Water System Classification: ☒ Community Water System ☐ Nontransient Noncommunity ☐ Transient Noncommunity - NC		System Classification: Distribution: VSWS Treatment: ☒ N/A		
				Combined Sources? ☐ Yes ☒ No If yes, ☐ Well Field ☐ Manifold/Spring Box Sources Combined:		Seasonal Operation Dates: ☒ N/A Date Open: Date Closed:		
Responsible Charge Operator (DO): ☐ No DO ☐ N/A - Identify Operator for GW-NC PWS					Legal Owner's Name: Mr. Ms. NezPerce National Forest			
Properly Licensed? ☐ Yes ☐ No ☐ N/A-GW-NC License Type: ☐ N/A					Mailing Address: 104 Airport Road			
Mailing Address: HCR 75, Box 91					City, State, Zip Code: Grangeville, ID 83530			
City, State, Zip Code: Kooskia, ID 83839					Telephone: Day: 208-983-1950 Night: Fax:			
E-mail:					E-mail: jasonjohnston@fs.fed.us			
Substitute Responsible Charge Operator (OP): ☐ No OP ☐ N/A for GW-NC PWS					Individuals present during inspection:			
Properly Licensed? ☐ Yes ☐ No ☐ N/A-GW-NC License Type: ☐ N/A					Name: Jason Johnston Title: Engineer			
Mailing Address: HCR 75, Box 91					Name: Title:			
City, State, Zip Code: Kooskia, ID 83839					Physical location of the PWS (Township, Range, Section): T32N, R7E, Sec. 23			
E-mail:					Fax:			
Samples taken at the time of survey by inspector? ☐ Yes ☐ No					Survey performed by: Name: James M. Grubb, P.E. Title: Environmental Engineer Phone #: 208-765-7385			
If yes, what:					Agency: ☐ IDEQ ☐ Health Dept. ☒ Other: Fed.Gov't			
General Information					Sanitary Survey Index			
yes	no	n/a	unk	note	Modules used: #			
☐	☐	☒	☐	☐	☒ General Information 1			
☐	☒	☐	☐	☐	☒ Groundwater Source 2			
☐	☐	☒	☐	☐	☒ Storage 1			
☐	☐	☒	☐	☐	☐ Hydropneumatic Tanks			
☐	☐	☒	☐	☐	☒ Distribution 1			
☐	☐	☒	☐	☐	☒ Pumping 2			
☐	☐	☒	☐	☐	☒ Financial Capacity 1			
☐	☐	☒	☐	☐	☒ Managerial Capacity 1			
☐	☐	☒	☐	☐	☐ Treatment Application			
☐	☐	☒	☐	☐	☐ Disinfection			
☐	☐	☒	☐	☐	☒ Notes 1			
☐	☐	☒	☐	☐	☒ Photo Log 1			
Comments:					Total Modules 11			

GROUNDWATER SOURCE - PG.1

SURVEY DATE

PWS #

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

6/17/2010

(mm/dd/yyyy)

2250091

Tag #:	Common Name of Source:	Source:	Is this Source Treated?
E0005474	Well	☒ Well ☐ Manifold ☐ Spring ☐ Spring Box	☐ Yes ☒ No
Physical Location:		Treatment Objective:	
Behind Cedar Flats bunkhouse.		☒ N/A	
		Treatment Types:	
		☒ N/A (Identify Treatment Train in Comments)	

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

Pump Capacity (GPM)	Casing Size (In)	Date Drilled:	Well Depth (Ft)	Casing Depth (Ft)	Grout Depth (Ft)	Static Water Depth (Ft)
☒ Unk 6	☐ Unk 8/5/1993	☐ Unk 140	☐ Unk 38	☐ Unk 21	☐ Unk 34	☐ Unk

Is the Casing Screened?	Screen Depth (Ft):	Is the Casing Perforated?	Perforation Depth (Ft):
☐ Yes ☒ No ☐ Unk	☒ N/A ☐ Unk	☒ Yes ☐ No ☐ Unk	☐ N/A
☐ N/A	From: To:	☐ N/A	From: 120 To: 140

Latitude (Decimal): 46.0945

Longitude (Decimal): -115.5375

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:

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

Date:

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)

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

- Gravity sewer line.....50 Ft.
- Pressure sewer line.....100 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.

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

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

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

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

10. 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?

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

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

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

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

15. 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

SURVEY DATE

6/17/2010

PWS #

2250091

(mm/dd/yyyy)

yes no n/a unk note

☒ ☐ ☐ ☐ ☐

WELL INFORMATION (cont.)

16. Is there a smooth nosed sample tap provided on the well discharge pipe prior to treatment? (Threaded tap is approved with backflow preventer)

☒ ☐ ☐ ☐ ☐

☐ Unnecessary

17. 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

☒ ☐ ☐ ☐ ☐

18. Is a pressure gauge provided at all installations and is it maintained and working properly? psi.

☐ ☒ ☐ ☐ ☐

19. 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?

yes no n/a unk note

PUMP HOUSE (Any structure containing important water system components)

☐ ☒ ☐ ☐ ☐

20. Is the source located in a pump house?

☒ ☐ ☐ ☐ ☐

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

☒ ☐ ☐ ☐ ☐

22. Is the pump house protected from unauthorized personnel?

☒ ☐ ☐ ☐ ☐

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

☒ ☐ ☐ ☐ ☐

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

☒ ☐ ☐ ☐ ☐

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

☐ Significant ☐ Deficiency

☒ ☐ ☐ ☐ ☐

26. Is adequate heating provided in the pump house to provided safe and efficient operation of equipment to prevent freezing?

☐ Significant ☐ Deficiency

☒ ☐ ☐ ☐ ☐

27. 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?

☐ ☐ ☒ ☐ ☐

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

☐ ☐ ☐ ☒ ☐

29. 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

☐ ☐ ☒ ☐ ☐

30. 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?

☐ ☐ ☒ ☐ ☐

31. Is surface water diverted from the 100 foot protection zone around the spring?

☐ ☐ ☒ ☐ ☐

32. Is the spring housed in a permanent structure and protected from contamination including the entry of surface water, animals and dust?

☐ ☐ ☒ ☐ ☐

33. Is there a smooth nosed sample tap provided on the spring discharge pipe prior to treatment? (Threaded tap is approved with backflow preventer)

☐ ☐ ☒ ☐ ☐

34. Is a flow meter or other flow measuring device provided?

yes no n/a unk note

SPRING BOX INFORMATION (Not all existing springs have a spring box)

☐ ☐ ☒ ☐ ☐

35. Is the spring box equipped with a screened overflow?

☐ ☐ ☒ ☐ ☐

36. Is the supply intake located above the floor of the collection chamber?

☐ ☐ ☒ ☐ ☐

37. Is the spring box protected from contamination including the entry of surface water, animals, and dust?

☐ ☐ ☒ ☐ ☐

38. 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?

☐ ☐ ☒ ☐ ☐

39. Is the access port a framed opening that is at least 4 inches high with a locking device?

☐ ☐ ☒ ☐ ☐

40. Is the access port elevated at least twenty-four (24) inches above the top of the box or ground level, whichever is higher?

COMMENTS:

(Please indicate question number)

17. Meter reading 3031800

STORAGE

SURVEY DATE

PWS #

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

6/17/2010

(mm/dd/yyyy)

2250091

Storage Structure Name:		Storage Structure ID #:		COMMENTS:	
Storage Tank				(Please indicate question number)	
Physical Location:		Date in service:			
Behind bunkhouse on hill between Cedar Flats and Fenn Ranger Station		1967			
		Volume (gal):			
		60,000			
Storage Type:		Construction:		Type of material:	
☐ Reservoir/Tank ☐ Standpipe		☐ Elevated ☐ Above Ground ☐ Partially Below Ground ☐ Below Ground		☐ Plastic ☐ Wood ☐ Fiberglass ☐ Metal ☐ Concrete ☐ Naturally Contained	
Total Days Supply (This structure):		Date Last Inspected:		Cleaned:	
2		2003		2003	
How is the water level measured?		Unk			
Pressure gauge inside bunkhouse					
ALL STORAGE STRUCTURES					
yes	no	n/a	unk	note	
☒	☐	☐	☐		1. Is the storage structure safely accessible to the 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. Are any of the storage structure drains directly connected to a sewer or storm drain?
☒	☐	☐	☐		4. Is an overflow provided that discharges to daylight in a way that will preclude the possibility of backflow to the reservoir and, where practical, provided with an expanded metal screen installed within the pipe that will exclude rodents and deter vandalism?
☐	☒	☐	☐		5. Are overflows brought down to an elevation between 12 and 24 inches above the ground surface? (2X the diameter of the discharge pipe above a basin rim)
☒	☐	☐	☐		6. Do overflows discharge over a drainage inlet structure or splash plate?(storm or sanitary)
☒	☐	☐	☐		7. Is the storage structure secure from unauthorized access?
☐	☐	☒	☐		8. Does the storage reservoir have a watertight roof or cover and is it sloped to facilitate drainage?
☒	☐	☐	☐		9. Is the storage water protected from contamination?
☒	☐	☐	☐		10. Is the storage structure structurally sound?
☐	☒	☐	☐		11. Could vegetation in the area potentially impact the storage structure? (Recommended)
☐	☐	☐	☒		12. Is the storage structure designed so that it can be isolated from the distribution system without necessitating loss of pressure in the distribution system?
☐	☒	☐	☐		13. Is leakage evident at time of inspection?
☐	☐	☒	☐		14. Is the storage structure interior coating or liner peeling or cracked?
☒	☐	☐	☐		15. Is the storage structure used to store finished water?
☒	☐	☐	☐		16. Are access manhole openings for the storage structure 4 inches or greater above the surface of the roof, with a cover 2 inches overlapping, water tight, hinged and locked?
☐	☒	☐	☐		17. Are all vents extended 12 inches above the roof and constructed to exclude potential sources of contamination? (The overflow pipe shall not be considered a vent)
ABOVE GROUND STORAGE					
yes	no	n/a	unk	note	
☐	☒	☐	☐		18. Do all vents open downward and are they fitted with a 4 mesh non-corrodible screen?
GROUND-LEVEL, PARTIALLY BURIED, or BELOW-GROUND STORAGE					
yes	no	n/a	unk	note	
☒	☐	☐	☐		19. Does the overflow for the storage structure have a vertical section of pipe at least 2 pipe diameters in length?
☐	☒	☐	☐		20. Is the overflow for the storage structure provided with either a 24 mesh non-corrodible screen installed within the pipe when practical, or an expanded metal screen installed within the pipe plus a weighted flapper or check?
☒	☐	☐	☐		21. Is the area surrounding the storage structure graded in a manner that will prevent surface water from standing within 50 feet of it?
☒	☐	☐	☐		22. Are all vents for the storage structure open downward with the opening at least 24 inches above the roof or the ground level and covered with 24 mesh non-corrodible screen to exclude potential contamination?
PARTIALLY BURIED OR BELOW-GROUND STORAGE					
yes	no	n/a	unk	note	
☒	☐	☐	☐		23. Are "ALL" manholes elevated 24 inches above the surface of the roof or the ground level, which ever is higher?
☒	☐	☐	☐		24. Is there a minimum distance of 50 feet between the storage structure and any non-potable main, standing water, or other possible source of contamination?

17. Install a turned down screened vent.

20 Replace screen

DISTRIBUTION

One form for all distribution systems in the PWS.

SURVEY DATE

6/17/2010

(mm/dd/yyyy)

PWS #

2250091

What are water lines made of:

Material(s): ☒ Unk

Size(s): ☒ Unk

COMMENTS:

(Please indicate the question number)

☐ Steel ☐ HDPE (black) ☐ Asbestos/Cement

☐ PVC ☐ Ductile Iron ☐ Copper

☐ Other:

How many services are metered?

Number of Fire Hydrants:

0 out of

17

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.

yes no n/a unk note

- ☐ ☐ ☐ ☒ ☐ 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?
- ☐ ☒ ☐ ☐ ☐ 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?

PUMPING - PG. 2

SURVEY DATE

6/17/2010

(mm/dd/yyyy)

PWS #

2250091

COMMENTS:

(Please indicate the question number)

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)

☐ ☐ ☒ ☐ ☐

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?

FINANCIAL CAPACITY

SURVEY DATE

6/17/2010

PWS #

2250091

(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?
 mm/dd/yyyy
- ☐ ☐ ☒ ☐ ☐ 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?
 mm/dd/yyyy
- ☐ ☐ ☒ ☐ ☐ 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)

MANAGERIAL CAPACITY

SURVEY DATE

06/17/2010

(mm/dd/yyyy)

PWS #

2250091

MANAGERIAL CAPACITY

yes no n/a unk note

☐ ☒ ☐ ☐ ☐

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: **Federal Government**

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

☒ ☐ ☐ ☐ ☐

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.**

- Daily free chlorine residuals (*required disinfection*) - **1 year retention.**

☐ ☒ ☐ ☐ ☐

6. Are routine maintenance schedules established? (*Recommended*)

☐ ☒ ☐ ☐ ☐

7. 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?

☒ ☐ ☐ ☐ ☐

8. 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

☐ ☒ ☐ ☐ ☐

9. Are any samples of the following parameters past due?

Coliform

Nitrates

Nitrites

Lead and Copper

IOCs

VOCs

SOCs

Disinfection Byproducts

Radionuclide

☐ ☒ ☐ ☐ ☐

10. Is a written total coliform rule (TCR) sample site plan available for review?

☐ ☐ ☒ ☐ ☐

11. Does the (TCR) sample site plan meet the minimum requirements?

☒ ☐ ☐ ☐ ☐

12. Does the system have a sufficient supply of approved sampling bottles properly stored? (*Recommended*)

☐ ☐ ☒ ☐ ☐

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 concern produced from inadequately protected electrical wiring?

☒ ☐ ☐ ☐ ☐

16. Are all confined space entry requirements considered? (*Recommended*)

☐ ☒ ☐ ☐ ☐

17. Are there any unused subsurface water storage tanks that need to be abandoned?

☐ ☒ ☐ ☐ ☐

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

COMMENTS:

(Please indicate the question number)

7. Revise the O&M manual

10. Prepare a TCR sample plan

State of Idaho
Department of Environmental Quality

Inspection Continuation

SURVEY DATE

1/0/1900

PWS #

6/17/2010

(mm/dd/yyyy)

2250091

Name of Public Water System:

FENN RANGER STATION

General Note:

1. The distribution system was installed in 1967 to serve the Cedar Flat Job Corp Center and Fenn RS. There are many dead end line due to buildings being removed. The reservoir is a 60,000 gallon tank that serves Cedar Flat, Fenn RS and Johnson Bar Campground. RECOMMEND replacing the entire distribution system.
2. Revise the Operation and Maintenance plan for the system
3. Prepare a cross-connection plan for the system. Submit a copy to the Zone Environmental Engineer and Forest Facility Engineer.
4. Update the TCR sampling plan for the system. Submit a copy to the Zone Environmental Engineer and Forest Facility Engineer.
5. A backup operator is required. Have someone begin the process of being certified. Have them work with the operator to become familiar with the system.

Deficiencies:

Storage Tank (Reservoir)

1. Replace the cast iron lids with overlapping lockable aluminum lids. Safety Issue.
2. Install a turned down screened vent at the storage tank.
3. Replace the gasket material for cast iron lids.

Source:

1. Verify the manufacturer, model number, horsepower, size and any other pertinent information regarding the well pump.

Johnson Bar Campground:

1. Extend the open end of the air relief valve to at least 12 inches above ground. The pipe needs to be turned down and screened.

BACTERIOLOGICAL TEST RESULTS

	POSITIVE	TESTS
2009	6	32
2008	3	23
2007	0	11
2006	0	12
2005	0	16
2004	1	14 Johnson Bar added
2003	2	24
2002	1	20
2001	0	12
2000	0	12
1999	0	12

CHEMICAL TESTS

	DATE
NITRATE	5/18/2009
NITRITE	7/22/2003
PRIMARY	9/21/1993
SECONDARY	9/21/1993
IOC	6/11/2001
VOC	6/11/2001
SOC	6/11/2001
LEAD/COPPER	9/29/2009
RADIONUCLIDES	7/1/2002
ARSENIC	
DBP	

Inspected by: James M. Grubb, P.E.

Date:

6/17/2010

Title: Environmental Engineer

Photo Log

The photographers signature below signifies that the images identified on this photo log have not been tampered with and are representative of what was seen in the field.