

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 81-11979

Exam Date: 5/15/2012

1. Current Owner: US DEPT OF AGRICULTURE
FOREST SERVICE
NEZ PERCE NATIONAL FOREST
1005 E MAIN HWY 13
GRANGEVILLE ID 83530
(208) 983-1950
2. This is an Inter-office field examination. A Sanitary Survey was conducted by James Grubb P.E. Environmental Engineer, USFS (208)765-7385 (copy of sanitary survey is attached) on 6/23/2011 for Public Water System #2250098 O'Hara Campground, for IDEQ. The Beneficial Use Field Report is written up by Sandy Hemenway, IDWR.

3. **SOURCE****TRIBUTARY**

GROUND WATER

B. OVERLAP REVIEW

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

C. DIVERSION AND DELIVERY SYSTEM1. **LOCATION OF POINT(S) OF DIVERSION:**

GROUND WATER SE1/4NW1/4 Sec. 30, Twp 32N, Rge 08E, B.M. IDAHO County

Method of Determination: 2011 Arc Map Imagery, and Bing Map. Also in the sanitary survey, the POD was confirmed using GPS (no information on the type or model used).

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 25				X													
				L 7													
32N 08E 30							X										

Method of Determination: 2011 Arc Map Imagery, and Bing Map. Also in the sanitary survey, the POU was confirmed using GPS (no information on the type or model used).

3. ☒ Delivery System . Indicate all major components and distances between components. *(described in the narrative, but no diagramed)*
- ☐ 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 *(see Sanitary Survey for photos)*

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>
D0028700	Grundfos submersible	1/2 Hp,	model 10S		unknown

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

D. FLOW MEASUREMENTS1. **Measurements:**

No physical measurement was collected, nor was a reading taken off the flow meter during the time of the sanitary survey conducted by USFS.

Well Drillers Report:

Stated 15 gpm X 0.00223 = 0.033 = 0.03 cfs

Theoretical:

$(8.8 \times 0.5 \text{ Hp} \times 0.7 \text{ eff}) / [135' + (20 \text{ psi} \times 2.31)] = 0.02 \text{ cfs}$

The well pumps directly to the 1000 gallon storage tank and then gravity flow to 1 1/2 inch poly buried line. The pipe conversion from this 1 1/2 inch pipe shows a maximum capacity of 0.06 cfs, but this measurement cannot be used, since it is not the capacity of the well, but rather a reflection of the storage tank.

RECOMMEND:

Domestic (10 campsites) = 0.03 cfs

E. VOLUME CALCULATIONS

1. Volume Calculations for Domestic (10 campsites, internal/external):

Internal (potable water, restrooms, culinary uses), external use (putting out campfires, dust abatement, cleaning).

RECOMMEND: Domestic internal/external use = 1.2 af

F NARRATIVE/REMARKS/COMMENTS

On 5/15/2012, I obtained a copy of sanitary survey conducted on 6/23/2011 by James Grubb, P.E. Environmental Engineer USFS (208)765-7385. This field exam is being in-office, using notes from the sanitary survey that was submitted for Public Water System 2250098 O Hara Bar Campground, and submitted to DEQ. The following information describes the water system: The well was drilled on 8/25/2003 by Stuvanga Vessey Drilling, and at the time a pump test was conducted with a rate of 15 gpm. The well has a 6 inch casing (extending 18 inches above ground level), is 200 ft deep, 135 ft static, a 1/2 Hp Grundfos submersible pump (model 10S), that is located on the trail above the campground, west of the control building. Inside the control building is a propane generator, a flow meter (no rate or serial number noted on the field exam) and a pressure gauge (no psi noted in the field exam, but Joe Bond at the Grangeville contacted me with this information). Located above the control building and the well are 2 plastic reservoir/storage tanks that are buried (1000 gallons total), with an overflow and vent. From the storage tank is a 1 1/2 inch poly discharge to a buried main for 10 campsites with frost free hydrants for internal and external use (potable water, cleaning, putting out campfires, dust abatement). The system is gravity flow from the storage tank to the campsites. The operator of the system is: Paul Christensen, Fenn Ranger Station HCR 75 Box 91, Kooskia, ID 83539 (208)926-4258 pchristensen@fs.fed.us.

Have conditions of permit approval been met? X 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	0.030 CFS	1.20 AF
	<u>Totals:</u>	0.030 CFS	1.20 AF

2. Recommended Amendments

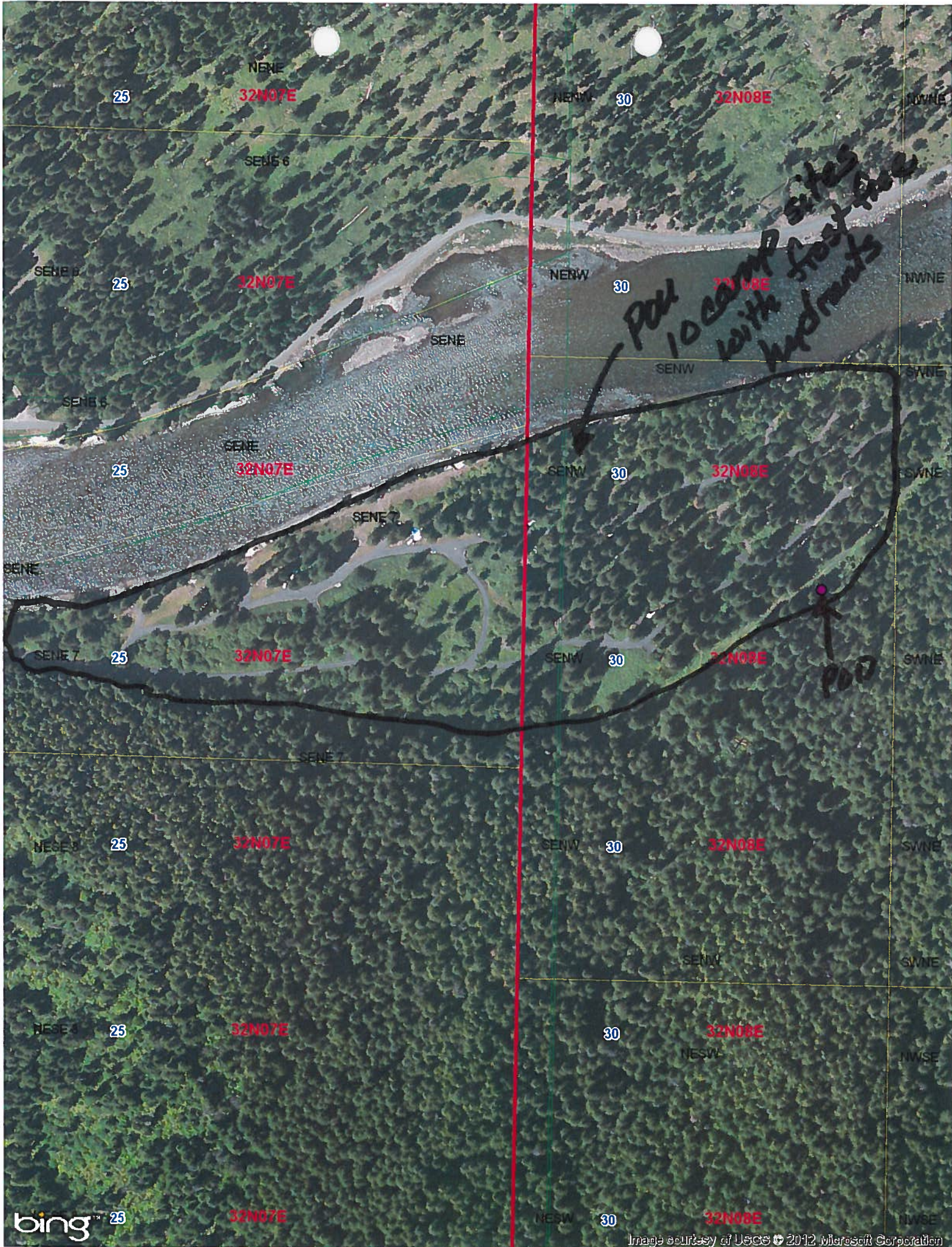
☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None

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

I. AUTHENTICATION

Field Examiner's Name

Sandy Hemenway Date 11/27/2012



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____	1/4 _____	1/4 _____	
Lat : : _____	Long: : : _____		

1. WELL TAG NO. D 0028700

DRILLING PERMIT NO. 807055

Other IDWR No. _____

2. OWNER

Name U. S. Department of Agriculture NezPerce National

Address Rt. 2, Box 475 Forest

City Grangeville State ID Zip 83530

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>32</u> North ☒ or South ☐	
E		Rge. <u>8</u> East ☒ or West ☐	
S		Sec. <u>30</u> SW 1/4 NW 1/4 _____	
W		Gov't - Lot _____ County <u>Idaho</u>	
X		Lat : : _____ Long: _____	

Address of Well Site O'Hara Campground

City Lowell

(Date of last name of road - Distance to Road or Landmark)

Li. _____ Bk. _____ Sub. Name _____

4. USE:

- ☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

- ☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

- ☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK	AMOUNT	METHOD
Material	From To Sacks or Pounds	
Cement	0 58 44S	Pumped Down
Shale Trap	85	Primev. Pipe

Was drive shoe used? ☒ N Shoe Depth(s) 58

Was drive shoe seal tested? ☒ Y ☐ N How? Air Test

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	58	280	Steel	☒	☐	☐	☐
4 1/2	-10	200	250	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

X Perforations Method Saw Cut

Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
180	200	1/8x6	90	4 1/2	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

135 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 155 ft. Describe access port or control devices: Well Cap

11. WELL TESTS:

- ☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
15			1 hr

Water Temp. 54 Bottom hole temp. _____

Water Quality test or comments: Cool & Clear

Depth first Water Encounter 155

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	5	Clay - Brown		X
10	5	25	Clay - Tan		X
10	25	32	Fractured Granite		X
10	32	40	Clay & Silt		X
10	40	58	Granite		X
6	58	70	Granite		X
6	70	80	Soft Granite or Shist		X
6	80	135	Granite - Black		X
6	135	138	Quartz Seam		X
6	138	155	Granite - Black		X
6	155	160	Quartz	X	
6	160	200	Granite - Black		X

RECEIVED
SEP - 2 2003
IDWR North

Completed Depth 200' (Measurable)
Date: Started 8/21/03 Completed 8/25/03

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Stuivenga Vessey Drilling Firm No. 545

Firm Official's Signature [Signature] Date 8-28-03

Driller or Operator [Signature] Date 8-28-03

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

32N 8E 30

State of Idaho Public Water System Enhanced Sanitary Survey

WATER SYSTEM INVENTORY INFORMATION

SURVEY DATE

PWS #

6/23/2011

(mm/dd/yyyy)

2250098

Name of Public Water System:

of Groundwater Sources:

1

of Storage Facilities:

2

O'HARA BAR CAMPGROUND

of Surface Water Sources:

0

Total Storage (gal):

1,000

Date of Last Survey:

06/20/2007

Health District:

☒ N/A

DEQ Region:

☐ N/A

County:

IDAHO

Number of Service Connections:

10

Residential Population:

PAOT - 170

Status:

☒ Approved☐ Disapproved

Water Purchased From:

☒ N/A

PWS #:

Name:

Water Sold To:

☒ N/A

PWS #:

Name:

Owner Type:

1-FEDERAL GOV'T

Legal Entity:

I3-CAMPGROUND

Water System Classification:

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

Combined Sources?

☐ Yes ☒ NoIf yes, ☐ Well Field☐ Manifold/Spring Box

Sources Combined:

System Classification:

Distribution:

VSWS

Treatment: ☐ N/A

Seasonal Operation

Dates: ☐ N/A

Date Open:

MAY

Date Closed:

OCTOBER

Responsible Charge Operator (DO):

☐ No DO☐ N/A - Identify Operator for GW-NC PWS

Legal Owner's Name:

☒ Mr. ☐ Ms. Paul Christensen☐ Mr. ☐ Ms. USDA-Forest Service

Properly Licensed?

☐ Yes ☐ No ☒ N/A-GW-NC

License Type:

☒ N/A

Mailing Address:

License Number:

Mailing Address:

12730 Highway 12

FENN RANTER STATION, HCR 75, BOX 91

City, State, Zip Code:

Telephone

City, State, Zip Code:

KOOSKIA, ID 83539

Telephone

Orofino, ID 83544-9333

Day: 208-476-8207

Day: 208-926-4258

Night:

Night:

Fax:

E-mail: pchristensen@fs.fed.us

Fax:

E-mail: sgraves@fs.fed.us

Substitute Responsible Charge Operator (OP):

☐ No OP☒ N/A for GW-NC PWS☐ Mr. ☐ Ms.

Individuals present during inspection:

Properly Licensed?

☐ Yes ☐ No ☐ N/A-GW-NC

License Type:

☐ N/A

Mailing Address:

License Number:

Name: Susan Graves

Title: Ass't Forest Eng.

Name:

Title:

Name:

Title:

City, State, Zip Code:

Telephone

Day:

Night:

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

T32N, R8E, Sec 30

(46.085, -115.510)

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

Agency:

☐ IDEQ☐ Health Dept.☒ Other: US-FS

If yes, what:

General Information

- | yes | no | n/a | unk | note |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| ☒ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☒ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☒ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☒ | ☐ |
| ☐ | ☒ | ☐ | ☐ | ☐ |
1. Have previously required Significant Deficiencies & Deficiencies been addressed?
 2. Have modifications been made to the PWS since the last ESS?
 3. If yes, are the modifications considered to be significant?
 4. If yes, were plans and specs submitted to and approved by DEQ?
 5. Are there any known issues or problems with equipment or operation of the PWS that could negatively effect the quality of the water produced? (If yes, comment)

Comments:

Sanitary Survey Index

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
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.

6/23/2011

(mm/dd/yyyy)

2250098

Tag #:	Common Name of Source:		Source:	Is this Source Treated?	☐ Yes ☒ No
IDWR-28700, IDEQ-E05875	Well		☒ Well → ☐ Manifold ☐ Spring → ☐ Spring Box	Treatment Objective:	☒ N/A
Physical Location:			Treatment Types:		
On trail above campground, west of control building.			☒ 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)
10 ☐ Unk	6 ☐ Unk	8/28/2003 ☐ Unk	200 ☐ Unk	58 ☐ Unk	58 ☐ Unk
Static Water Depth (Ft)	135 ☐ 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 ☐ Unk	
☐ N/A	From:	To:		From:	To:
				160	200
Latitude (Decimal):		46.085			
Longitude (Decimal):		-115.51			

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: 7/29/2008

yes no n/a unk note

☐ ☒ ☐ ☐ ☐

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)

2. In file only Draft

GROUNDWATER SOURCES - PG. 2

Common Name

SURVEY DATE

PWS #

Well

6/23/2011

(mm/dd/yyyy)

2250098

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)
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?

☒ ☐ ☐ ☐ ☐

☐ Unnecessary

☒ ☐ ☐ ☐ ☐

☒ ☐ ☐ ☐ ☐

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

☐ ☒ ☐ ☐ ☐

☒ ☐ ☐ ☐ ☐

☒ ☐ ☐ ☐ ☐

☐ ☐ ☒ ☐ ☐

☒ ☐ ☐ ☐ ☐

☐ Significant ☐ Deficiency

☐ ☐ ☒ ☐ ☐

☐ Significant ☐ Deficiency

☒ ☐ ☐ ☐ ☐

☐ ☐ ☒ ☐ ☐

☐ ☐ ☒ ☐ ☐

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)

STORAGE

SURVEY DATE

PWS #

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

6/23/2011

(mm/dd/yyyy)

2250098

Storage Structure Name:		Storage Structure ID #:		COMMENTS:	
Storage Tanks				(Please indicate question number)	
Physical Location:		Date in service:			
Above the control building and well		1985 & 1993			
		Volume (gal):			
		1000			
Storage Type:		Construction:		Type of material:	
☒ Reservoir/Tank		☐ Elevated		☒ Plastic	
☐ Standpipe		☐ Above Ground		☐ Wood	
		☐ Partially Below Ground		☐ Fiberglass	
		☒ Below Ground		☐ Concrete	
				☐ Naturally Contained	
Total Days Supply (This structure):		Date Last Inspected:		Cleaned:	
2		2003		☒ Unk	
How is the water level measured?		☐ Unk			
Not measured					
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. Vent repairs are needed

DISTRIBUTION

SURVEY DATE

PWS #

One form for all distribution systems in the PWS.

6/23/2011

(mm/dd/yyyy)

2250098

What are water lines made of:

Material(s): ☐ Unk

Size(s): ☐ Unk

1-1/2" PE

☐ Steel ☒ HDPE (black) ☐ Asbestos/Cement

☐ PVC ☐ Ductile Iron ☐ Copper

☐ Other:

COMMENTS:

(Please indicate the question number)

How many services are metered?

Number of Fire Hydrants:

out of

0

yes no n/a unk note

DISTRIBUTION

- ☐ ☒ ☐ ☐ ☐ 1. Have there been any interruptions in service during the past year? (including pressure loss)
- ☐ ☐ ☒ ☐ ☐ 2. If a loss of pressure occurred (>20 psi), did the PWS provide public notice and disinfect the system? (Reminder)
- ☒ ☐ ☐ ☐ ☐ 3. Is the PWS able to maintain a minimum pressure of twenty (20) psi throughout the distribution system (including fire flow), or forty (40) psi for PWSs constructed after 7/1/1985 (excluding fire flow), during maximum hourly demand conditions?
- ☐ ☒ ☐ ☐ ☐ 4. Was the pressure observed at a service connection?
- ☐ ☐ ☐ ☐ ☐ 5. If yes: psi.
Location:
Time: ☐ A.M. ☐ P.M.
- ☐ ☐ ☒ ☐ ☐ 6. Do all water mains that provide fire flow have a diameter of at least 6 inches?
- ☒ ☐ ☐ ☐ ☐ 7. Are valves exercised regularly? (Recommended)
If yes, how often? 2 / year
- ☐ ☐ ☒ ☐ ☐ 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?

6. No Fire Hydrants
7. System is drained for winter

PUMPING - PG. 2

SURVEY DATE

6/23/2011

(mm/dd/yyyy)

PWS #

2250098

yes no n/a unk note

☐ ☐ ☒ ☐ ☐
☐ Unnecessary

BOOSTER PUMPS

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

yes no n/a unk note

☐ ☐ ☒ ☐ ☐
☐ ☐ ☒ ☐ ☐

COMMENTS:

(Please indicate the question number)

FINANCIAL CAPACITY

SURVEY DATE

6/23/2011

PWS #

2250098

(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

06/23/2011

(mm/dd/yyyy)

PWS #

2250098

yes no n/a unk note

MANAGERIAL CAPACITY

COMMENTS:

(Please indicate the question number)

☐ ☐ ☒ ☐ ☐ 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?

Revise the O&M

Include in O&M manual

State of Idaho
Department of Environmental Quality

Inspection Continuation

SURVEY DATE

1/0/1900

PWS #

6/23/2011

(mm/dd/yyyy)

2250098

Name of Public Water System:

O'Hara Bar Campground

1. Clear vegetation away from the access ports for the storage tanks.
2. Repair the air vents to the storage tanks.
3. Raise the access ports to the required 24 inches from ground level.
4. Revise the O&M manual to reflect the well, submersible pump and controls and include a TCR sample plan.
Send copy of new O&M to Zone Environmental Engineer

BACTERIOLOGICAL TEST RESULTS

	POSITIVE	TESTS
2010	0	5
2009	3	22
2008	0	5
2007	0	4
2006	0	9
2005	1	6
2004	0	5
2003		New Source
2002	0	5
2001	0	9
2000	1	9

CHEMICAL TESTS

	DATE
NITRATE	11/02/2010
NITRITE	12/27/2005
PRIMARY	
SECONDARY	10/15/2003
IOC	
VOC	
SOC	

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

Date:

6/23/2011

Title: Enviornmental Engineer

Photo Log

Photo Log