

**Edl, Michele**

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**From:** Merrill Hemming [mhemming@phd7.idaho.gov]  
**Sent:** Wednesday, January 11, 2012 12:01 PM  
**To:** Edl, Michele  
**Subject:** Fall River Survey  
**Attachments:** Fall River.zip

Michele,

Good Day. The sanitary survey conducted in 1999 is attached along with the pictures taken at that time. If there are more questions please contact me again and I will send something different. Thanks.

Merrill Hemming  
Environmental Health Specialist  
Eastern Idaho Public Health District  
1250 Hollipark, Dr.  
Idaho Falls, ID 83401  
208-533-3129  
[mhemming@phd7.idaho.gov](mailto:mhemming@phd7.idaho.gov)

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**DISTRICT SEVEN HEALTH DEPARTMENT  
DRINKING WATER SUPPLY SANITARY SURVEY FORM**

| SYSTEM INFORMATION                                             |                                       |
|----------------------------------------------------------------|---------------------------------------|
| System Name: <u>Fall River Electric</u>                        | PWS Number: <u>7220131</u>            |
| System Contact: <u>Richard Reynolds</u>                        | Contact Phone Number: <u>652-7431</u> |
| System Contact Address: <u>1150 N. 3400 East, Ashton 83420</u> |                                       |

| SANITARY SURVEY INFORMATION                                                                                                                            |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Inspector: <u>Kelly J. Egan</u>                                                                                                                        | Date of this Survey: <u>Oct. 4, 1999</u> |
| Type of System: <input type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Transient, Non-Community <input type="checkbox"/> Transient |                                          |
| Population Served: <u>28</u>                                                                                                                           | Number of Connections: <u>1</u>          |
| Source of Water: <input checked="" type="checkbox"/> Ground Water Well <input type="checkbox"/> Spring                                                 |                                          |

**(IDAPA 16.01.08.550) DESIGN STANDARDS FOR PUBLIC DRINKING WATER SYSTEMS**

| WELL AND WELL LOT                                                                       |                                                         |                                     |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|
| Well located 50 feet from any potential source of contamination? <u>yes</u>             |                                                         |                                     |
| Tag Number: <u>penhole one yet</u>                                                      | Number of wells? <u>1</u>                               | Back-up source? <u>NO</u>           |
| Well Log? <u>NOT AVAILABLE</u>                                                          | Year constructed? <u>1992</u>                           | Depth of well? <u>80-100'</u>       |
| Well casing water tight? <u>yes</u>                                                     | 6" above floor? <u>yes</u> 12" above ground? <u>yes</u> | Casing vented? <u>yes</u> Screened? |
| Well <u>not</u> located in pit? (Unless constructed prior to 11/5/64) <u>not in pit</u> |                                                         |                                     |

| WELL HOUSE <u>X</u> NA                                |                                                              |
|-------------------------------------------------------|--------------------------------------------------------------|
| Protected from flooding?                              | Floor drain provided?                                        |
| Locking door?                                         | Clean?                                                       |
| <u>Not</u> used for hazardous/toxic material storage? | Floor drain <u>not</u> connected to sewer/storm drain/other? |

| DISCHARGE LINE                       |                            |                        |
|--------------------------------------|----------------------------|------------------------|
| Sample tap? <u>use inside house</u>  | Pressure gauge? <u>yes</u> | Flow meter? <u>yes</u> |
| Pump-to-waste-connection? <u>yes</u> |                            |                        |

| SPRING SOURCE <u>X</u> NA                                                                 |  |
|-------------------------------------------------------------------------------------------|--|
| Housed in permanent structure, protected from contamination (flooding, animals, dust)?    |  |
| 100 foot area surrounding spring source owned or leased, fenced to prevent contamination? |  |

350-400  
Pressure  
Tank

**Surface & Ground Water Sources Under the Direct Influence of Surface Water (GWUDI)**In the inspector's opinion, does this source require further study to determine GWUDI? \_\_\_\_\_ Yes ☒ No**DISTRIBUTION SYSTEM**Distribution system protected from contamination? YesIf Booster pumps, is pressure >20psi? YesPipe material meet standards, corrosion resistant? Copper, PVCFire hydrants (if fireflow is provided) are in compliance? YesWater and sewer mains (sanitary or storm) separated by a horizontal distance not < 10 feet? NAVertical separation distance between water and sewer main >18 inches? NAMinimum horizontal distance of 25 feet maintained between sewage disposal system and any water distribution pipe? YesAre dead end mains equipped with means of flushing and is flushing done at least semiannually? NAAre leaking water mains repaired/replaced upon discovery and disinfected? Yes**CROSS CONNECTION** ☒ NA

Community system has a written cross connection program?

**WATER STORAGE** ☒ NA

Storage reservoir protected from flooding?

Stored water protected from contamination?

Storage reservoir has watertight roof/cover and sloped so that water will drain?

Manholes fitted with overlapping watertight locked cover that is at least 4 inches above roof surface?

Overflows and drains have free fall discharges which are screened and not connected to a sewer (sanitary or storm)?

Vent extends 12 inches above roof and constructed and screened to exclude contamination (rain, birds, dust)?

If bottom of reservoir is below ground level, is it constructed a minimum of 4 feet above high groundwater table?

Minimum distance of 50 feet between storage reservoir and any contaminant (sanitary sewer, storm drain, standing water)?

**(IDAPA16.01.08.552) OPERATING CRITERIA FOR PUBLIC WATER SYSTEMS****QUALITY AND PRESSURE REQUIREMENTS**

System constructed before 7/1/85; minimum pressure of 20 psi at the consumer's water tap?

System constructed after 7/1/85; minimum pressure of 35 psi at the consumer's water tap? Yes 40-88psiIf PWS designed for fireflow, does design provide flows in addition to maximum daily demand? Yes**ADDITIVES** ☒ NA

If system is using additives (chemicals) or treating the water, is it in compliance?

|                                                                                                                            |                 |
|----------------------------------------------------------------------------------------------------------------------------|-----------------|
| DISINFECTION                                                                                                               | <del>X</del> NA |
| If system is using chlorine, is there a 0.2 ppm free chlorine residual after 30 minute contact time at the first consumer? |                 |
| If rate of flow is not constant, should an automatic proportioning chlorinator be required?                                |                 |
| Records of free chlorine residual take daily (or as requested by the Department) and kept for 5 years?                     |                 |
| If using a gas chlorinator, is there a separate and ventilated room for gas chlorination equipment?                        |                 |
| If gas chlorine is used, is there chlorine leak detection devices and safety equipment provided?                           |                 |

(IDAPA16.01.08.150) REPORTING, PUBLIC NOTIFICATION, AND RECORDKEEPING

|                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RECORD MAINTENANCE                                                                                                                                                                               |
| Is owner/operator keeping records of bacteriological analysis for not less than 5 years? <u>yes</u>                                                                                              |
| Is owner/operator keeping records of chemical analysis for not less than 10 years? <u>yes</u>                                                                                                    |
| Is owner/operator keeping records of actions taken by the system to correct violations of primary drinking water regulations for not less than 3 years after the last action taken? <u>yes</u>   |
| Is owner/operator keeping copies of written reports relating to sanitary surveys for not less than 10 years after completion of the sanitary survey involved? <u>yes</u>                         |
| Is owner/operator keeping records concerning a variance or exemption granted to the system for a period not less than 5 years following the expiration of such variance or exemption? <u>yes</u> |

|                       |
|-----------------------|
| COMMENTS AND FINDINGS |
| * See Summary form    |
|                       |
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**DISTRICT SEVEN HEALTH DEPARTMENT  
SANITARY SURVEY REPORT**

|                                                          |                                              |
|----------------------------------------------------------|----------------------------------------------|
| System Name: <u>Full River Electric</u>                  | PWS Number: <u>7220131</u>                   |
| System Contact: <u>Richard Reynolds</u>                  | System Contact Phone Number: <u>652-7431</u> |
| System Contact Address: <u>1150 N. 3400 East, Ashton</u> |                                              |
| Inspector: <u>Kellye Eager</u>                           | Date of this Inspection: <u>Oct. 4, 1999</u> |

**REPORT SUMMARY**

**THIS WATER SYSTEM:** ☒ Approved: System is in Substantial Compliance with the Regulations  
☐ Provisionally approved: Minor Defects, remove by specified dates  
☐ Disapproved: Has Major Deficiencies (See Lists Below)

**ITEMS TO BE CORRECTED**

| DESCRIPTION | CORRECTION DATE |
|-------------|-----------------|
|             |                 |
|             |                 |
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**ITEMS TO BE ADDRESSED**

| DESCRIPTION | CORRECTION DATE |
|-------------|-----------------|
|             |                 |
|             |                 |
|             |                 |
|             |                 |

I have discussed the above items with the inspector and have been informed that they may need to be corrected.

Signature (person accompanying EHS)X Richard Reynolds Date 10/4/99

Based on an inspection this day, the items recorded above identify items that must be corrected according to the specified correction date(s). Failure to comply with any correction time limit specified in this report may result in disapproval of the public water system, formal enforcement, and possible monetary fines. Standards are in accordance to 16.01.08- IDAHO RULES PUBLIC DRINKING WATER STANDARDS. You will receive a copy of the survey to keep in your records.

DISTRICT SEVEN HEALTH DEPARTMENT  
SANITARY SURVEY ON-SITE MAP

|                                            |                                |
|--------------------------------------------|--------------------------------|
| Name of System: <i>Full Green Electric</i> | PWS #: <i>742012</i>           |
| EHS doing survey: <i>John Y. Green</i>     | Date of Survey: <i>10/1/99</i> |
| EHS #: <i>742012</i>                       |                                |

ON-SITE MAP OF SYSTEM

Field (potatoes)

THU, NOV-13-97 3:16PM

HD FREMONT CO. \*\*\*

208 624 0954

P. 02

**MEMO**

TO: 351-5099

FROM: Fall River Electric

SUBJECT: Septic

DATE: 11-13-97

TIME: 3:16 PM

PHONES: ☐ WASH ☐ URGENT

SIGNED: [Signature]

# DISTRICT SEVEN HEALTH DEPARTMENT SEPTIC PERMIT

NOTE: THIS PERMIT IS ONLY VALID FOR ONE YEAR FROM DATE OF ISSUE

requirements of the Health District and Idaho's Individual Subsurface Sewage Disposal Regulations as stated  
compliance with permit will cause disapproval by District 7 and possible legal action.

7/96

T-Code: 235 Time: 30 Permit No. 2297064  
Box 839 170 Receipt No. 6962  
83420  
River Electric Co-op Phone 1800-632-5726  
Harris Const. 208-356-3342

For Location: Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Legal Description: 1/4 Section \_\_\_\_\_ Section 2 Township 8N Range 42E

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

## SEPTIC TANK SPECIFICATIONS (minimums)

Size of Septic Tank: 1500 <sup>gallons</sup> Multiple tank (if using or required): 2500 Total gallons  
 First tank: 1500 gallons Second tank: 1000 gallons

Pump Chamber (if required): \_\_\_\_\_ gallons

750 gallon a day average use

## SEWAGE DISPOSAL (DRAINFIELD) SPECIFICATIONS (minimums)

Type(s) of Standard Sewage Disposal System Permitted: Trench ☒ Bed ☒ Pit \_\_\_\_\_ Gravelless ☒ if desired  
Basic Alternative Privy \_\_\_\_\_ Steep Slope System \_\_\_\_\_ Capping Fill ☒ Extra Drain-rock Trench ☒ if needed

Type(s) of Complex Alternative Disposal System Permitted: Sand Filter Intermittent \_\_\_\_\_ Sand Filter Intrench \_\_\_\_\_  
 Sand Mound \_\_\_\_\_ Lagoon \_\_\_\_\_ Extended Treatment Systems \_\_\_\_\_ Large Soil Absorption Systems \_\_\_\_\_  
 Other \_\_\_\_\_

\*Complex Alternative Disposal Systems are required to be installed by a licensed complex installer\*

3-C1 soil  
 DISPOSAL AREA SIZE: 2500 Sq. Ft. MAXIMUM DEPTH OF EXCAVATION: 2'6" Feet

DISTANCE TO NEAREST SURFACE WATER (explanation): 300'

Note: Will hook to central sewer when available

## SPECIAL CONDITIONS

Drainage from build roof and south parking lot divert away from drainfield area. Sump pump to collect rainwater and grease intercepter connected to multiple septic tanks. Test done on effluent bottle March 1998 for non domestic waste characteristics and

I hereby agree that the system will be installed as per the permit and will not make any changes from the permit without written approval from District 7. I also hereby authorize access to this property for purpose of inspection.

Applicant/Agent Signature [Signature] Date: 6-12-97

ISSUED BY EHS Jerry Woods # 054 Date: 6-16-97

\*Note: Other requirements on reverse side of permit.

THU, NOV-13-97 3:18PM

\*\*D7HD FREMONT CO.\*\*\*

208 624 09

P.04

## DISTRICT SEVEN HEALTH DEPARTMENT

## SEWER APPLICATION

Shaded Area - OFFICE USE ONLY

Receipt 6962

#14

ON SITE CONDUCTED ☒ APP ☐ DISAPP

EHS # 1541-2341

TRAVEL TIME 30/30

DATE 12/17/97

ON SITE TIME 12/15

Steve Knapp 1800-632-5726

NAME (Fall River Electric Co-op)

PHONE

MAILING ADDRESS

Harold L. Harris Const. Inc. 208-356-3342

565 N 2E Arbury

STREET/P.O. BOX P.O. Box 30

CITY Sugar City

STATE ID ZIP 83448

PROPERTY ADDRESS South Ashton at

STREET storage compound

CITY Ashton, Idaho

ZIP 83217

ORIGINAL OWNER'S NAME

Fall River Electric Co-op

LOT SIZE (ACRES)

LEGAL DESCRIPTION:

TOWNSHIP

8 NORTH

RANGE 42

SECTION 2

1/4 SECTION

SUBDIVISION

BEISE MERIDIAN

LOT #

BLOCK #

BRIEF DIRECTIONS TO PROPERTY: 1 MILE SOUTH OF ASHTON ON HIGHWAY 20 AT SITE OF EXISTING STORAGE COMPOUND (WEST SIDE OF HIGHWAY)

TYPE OF USE

☐ SINGLE FAMILY☐ MULTIPLE FAMILY☒ COMMERCIAL☐ OTHER

# BEDROOMS

# EMPLOYEES

25 x 20

TYPE OF INSTALLATION

☒ NEW☐ REPLACEMENT

WATER SUPPLY

☒ PRIVATE☐ PUBLIC

SYSTEM NAME

PROPOSED DISPOSAL SYSTEM

☒ DRAINFIELD☐ ABSORPTION BED☐ BASIC ALTERNATIVE☐ COMPLEX ALTERNATIVE☐ PIT☐ BASIC ALTERNATIVE☐ COMPLEX ALTERNATIVE☐ COMPLEX ALTERNATIVE

\*Additional information may be needed

750 gallons at 3 applications/week

IF COMMERCIAL/OTHER EXPLAIN This is an office/warehouse complex with 25 daily employees

## PLEASE COMPLETE THE GEOLOGICAL INFORMATION

HIGHEST NORMAL GROUNDWATER DEPTH 4'-6' FT.

DEPTH TO BEDROCK 6'-8'

ROCK OUTCROPS

DESCRIBE SOIL (AT PROPOSED DEPTH OF DRAINFIELD)

☐ HILLSIDE☒ FLAT☐ YES☐ NO

loam

100'

250'

150'

NEAREST: SURFACE WATER +/-' WELL +/-' SEPTIC +/-'

The information provided on this application is accurate to the best of my knowledge. I understand that any false statements may result in disapproval of this permit. If this subsurface sewage disposal installation is constructed by anyone other than the home/landowner or a licensed septic installer, the installation will not be inspected or approved. Section 1-3006.01 - 1-3007.01.

I am the: Landowner

Licensed Septic Installer ☒ Installer License #Building Contractor ☒

I hereby authorize the health authority to have access to this property for the purpose of performing the requested services and I certify that all the above information is accurate.

APPLICANT SIGNATURE David Harris DATE 5-21-97

SEE BACK FOR FURTHER INSTRUCTIONS AND DIAGRAM OF PROPERTY  
 \*\*\*APPLICATION WILL NOT BE ACCEPTED W/O DIAGRAM ON BACK\*\*\*

REV March 1

TOTAL P.04

THU, NOV-13-97 3:18PM

D7HD FREMONT CO.\*\*\*

208 624 095

P.03

NOV 12 '97 03:54PM SUTTING AND ASSOCIATES INC.:

Post-It Fax Note

7871

To Harold Harris

Date May 12, 97

Pages 1

Co./Dept.

From Jay Price

Phone #

Co.

Fax #

Phone #

Fax #

Fremont Co.

Dist 7 624-7585

Jenny Wood

5A  
3-6-3-6-3-6-3-19  
Extra  
Replacement  
Line 4

Harold, how this?



