

Edl, Michele

From: R. John Moss [rjmoss@phd7.idaho.gov]
Sent: Thursday, June 11, 2009 8:02 AM
To: Edl, Michele
Cc: Kellye Eager
Subject: RE: Survey
Attachments: ESS Analysis Report for Township Park ID 7100155.doc

Forgot to attach the other report with pictures:

JM

>>> "Edl, Michele" <Michele.Edl@idwr.idaho.gov> 6/10/2009 6:31 PM >>>

John,

My desktop in Boise is the end destination for your report on the Township Park Estates system. THANK YOU!

Can you share your photos with me?

Michele Edl

From: R. John Moss [mailto:rjmoss@phd7.idaho.gov]
Sent: Wednesday, June 10, 2009 3:08 PM
To: Kellye Eager
Subject: Survey

Here you go:

JM

Important information: Eastern Idaho Public Health District's Idaho Falls Office has moved to 1250 Hollipark Drive, Idaho Falls, Idaho, 83401 (located 1/4 mile south of Lincoln Road). Our main number will remain (208) 522-0310.

The information contained in this e-mail may be privileged, confidential or otherwise protected from disclosure. All persons are advised that they may face penalties under state and federal law for sharing this information with unauthorized individuals. If you received this e-mail in error, please reply to the sender that you have received this information in error. Also, please delete this e-mail after replying to the sender.

6/11/2009

SANITARY SURVEY INVESTIGATION AND ANALYSIS

The Township Park Water Company

PWS ID 7100155

(May 2006)

Sources of Information

- Brad Anderson
- Field Investigation by John Moss

1. Groundwater Source

- Water for this PWS is currently obtained from two groundwater sources by means of two wells. The wells are located outside in the subdivision on Mauna Lani Drive next to a utility shed housing the system components. The homes are the only service connections that use water from these wells. No other facilities in the area obtain water from this source. There is no fire system, and there are sprinkler systems on the homes with PVB's installed. A search of the IDWR database was successful in finding a copy of the well logs which are in the system file. A determination has been made that the two wells function as a well field.
- The wells are equipped with submersible pumps, with water being delivered to a bank of 10 steel pressure tanks inside the utility shed. The overall integrity of the wells is satisfactory and operation has been adequate to meet the needs of the homes. The wellhead seals were in place and firmly attached. The wellheads are not vented, but there is a sample tap. The wells can be pumped to waste. At the time of the survey, the wells were delivering 60 psi to the distribution system. There is a flow meter installed.
- The land use surrounding the wellheads is the homes in the subdivision, the utility shed, the road into the subdivision, and a large grassy commons area. The surrounding area is clean and neat, with no evidence of potential contaminants in the area. The well house floor is concrete and is sloped so no water can accumulate. There is no floor drain.
- Under the federal surface water treatment regulations, all groundwater sources serving public drinking water systems must be evaluated to determine if they are directly influenced by surface water or at risk with regards to giardia, cryptosporidium, or other microbial contamination. The Ground Water Under Direct Influence (GWUDI) assessment was conducted on this system on 8 May 1996. The results of this analysis indicated that the well in this system is classified as groundwater.
- Deficiencies noted: None.
- Recommendations: None.

2. Disinfection

There are no disinfection systems installed.

- Deficiencies: None
- Recommendations: None

3. Treatment

There are no treatment systems installed.

- Deficiencies: None
- Recommendations: None

4. Storage

Water is delivered from the well to a bank of ten (10) 75 gallon steel pressure tanks inside the utility shed. The tanks were structurally sound with no leaking or damage. They can be isolated from the system, and dumped to waste if necessary.

- Deficiencies: None
- Recommendations: None

5. Distribution

The visible distribution system consists of steel galvanized pipe. No leaks or structural problems were noticed, and the distribution system is providing adequate pressure for the demand of the homes. The pressure gauge was indicating 60 psi at the time of the survey.

- Deficiencies: None
- Recommendations: None

6. Pumping Data

The only pumps in the system are the submersible pumps in the wells. They are providing adequate pressure to the system.

- Deficiencies: None
- Recommendations: None

7. Financial Capacity

Fees for the system are current. Adequate resources are available to operate and maintain the system properly.

- Deficiencies: None
- Recommendations: None

8. Managerial Capacity

The system is operated and maintained properly.

- Deficiencies: None
- Recommendations: None
- Record keeping is satisfactory.

Attachments

1. State of Idaho Public Water System Sanitary Survey Checklist
2. Photographic Log



Picture No. 1; Exterior of the utility shed housing pressure tanks and other components.



Picture No. 2; East well head, seal, and tag.



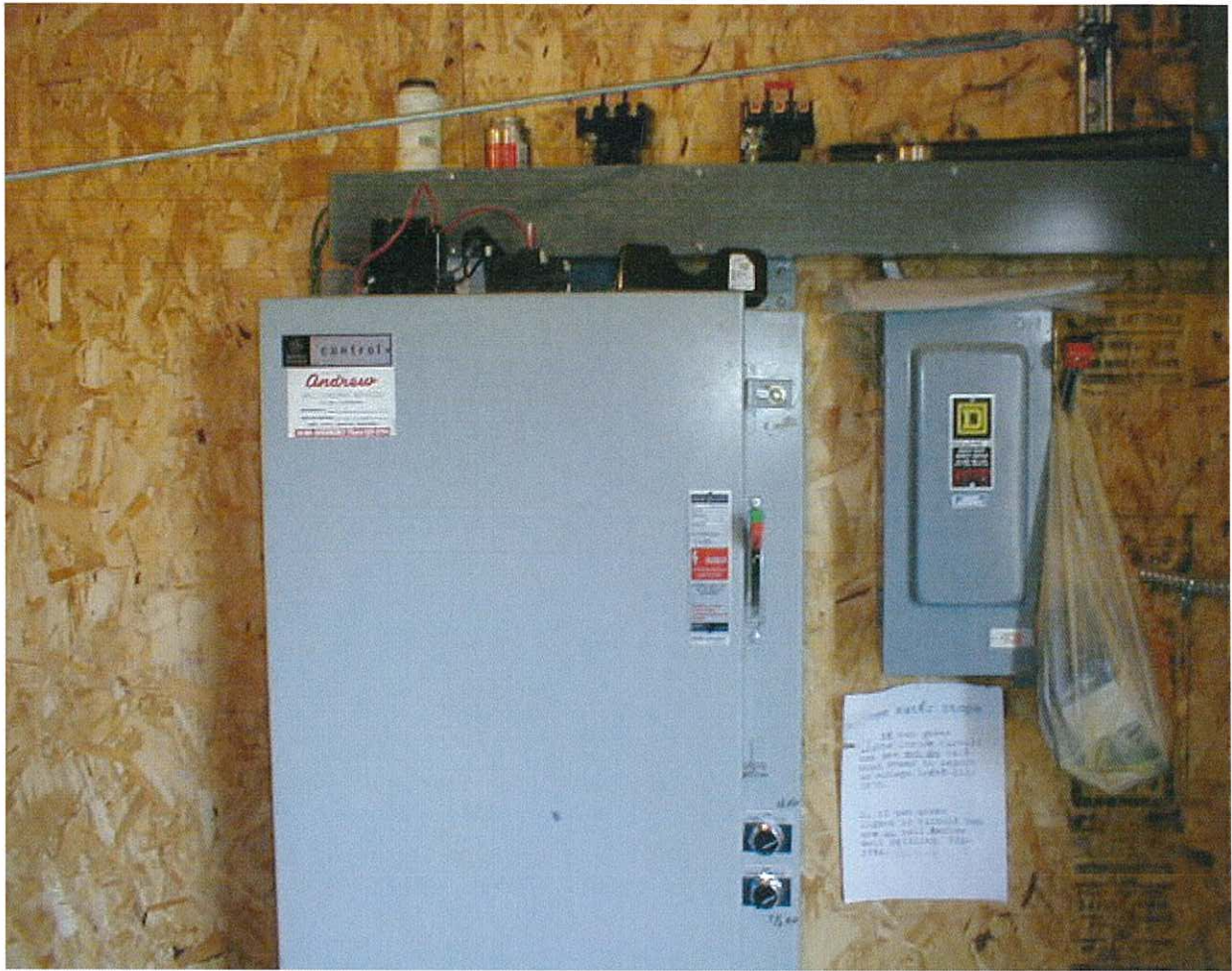
Picture No. 3; West well head, seal, and tag.



Picture No. 4; Well heads (well field) and surrounding area.



Picture No. 5; Sprinkler exit line from the shed to the system.



Picture No. 6; Electrical controls for the system.



Picture No. 7; Line into tanks from the wells, isolation valve, and flow meter.



Picture No. 8; Pressure tanks 1 through 6



Picture No. 9; Pressure tanks 7 through 10, visible lines, and sand filters.



Picture No. 10; Sand filter.



Picture No. 11; Lines from tanks and double check valve for irrigation system.



Picture No. 12; Pressure switch and pressure gauge.



Picture No. 13; Visible lines, sand filters, pressure tanks, and sample tap.

Edl, Michele

From: R. John Moss [rjmoss@phd7.idaho.gov]
Sent: Wednesday, June 10, 2009 3:08 PM
To: Kellye Eager
Subject: Survey
Attachments: ESS for Township Park ID 7100155.xls

Here you go:

JM

6/11/2009

State of Idaho Public Water System Enhanced Sanitary Survey

WATER SYSTEM INVENTORY INFORMATION

SURVEY DATE

12-May-06

(mm/dd/yyyy)

PWS #

ID 7100155

Name of Public Water System:

Township Park Water Co.

of Groundwater Sources: 2

of Storage Facilities: None

of Surface Water Sources: N/A

Total Storage: N/A

Date of Last Survey: 9/10/2001

Health District: ☐ N/A

District 7 HD

DEQ Region: ☐ N/A

Idaho Falls Regional Off.

County:

Bonneville

Number of Service Connections:

15

Residential Population:

50

Status:

☒ Approved

☐ Disapproved

Water Purchased From: ☒ N/A

Name:

PWS #:

Water Sold To: ☒ N/A

Name:

PWS #:

Owner Type:

Private

Legal Entity:

HA

☒ Community Water System

☐ Nontransient Noncommunity

☐ Transient Noncommunity - TNC

Combined Source?

☒ Yes ☐ No

If yes, ☒ Well Fields

☐ Manifolds

Sources Manifolds:

System Certification Class:

VSWS

Seasonal Operation

Dates: ☒ N/A

Date Open:

Date Closed:

Responsible Person In Charge (RIC):

(Identify Operator here for TNC PWS)

☒ Mr. ☐ Ms. Brad Anderson

Legal Owner's Name:

☐ Mr. ☐ Ms. Township Park Water Comp.

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

Certification Level: VSWS

☐ N/A

Mailing Address:

P. O. Box 280

City, State, Zip Code:

Iona ID 83427

Telephone

Day: (208) 533-7250

Night: (208) 523-9112

E-mail:

Fax:

Mailing Address:

5031 Mauna Lani Lane

City, State, Zip Code:

Idaho Falls ID 83405

Telephone

Day: (208) 523-2900

Night: (208) 523-2900

Fax:

E-mail:

Substitute (RIC): ☒ No Sub. RIC Identified

☒ N/A

(N/A for TNC PWS)

☐ Mr. ☐ Ms.

Personnel present during evaluation:

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

Certification Level:

☒ N/A

Mailing Address:

Name: Brad Anderson

Title: Operator

Name: John Moss

Title: Senior REHS

Name:

Title:

City, State, Zip Code:

Telephone

Day:

Night:

E-mail:

Fax:

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

T 1 N; R 38 E; Section 6 (NW NW)

Samples taken at the time of survey by inspector?

☐ Yes ☒ No

If yes, what:

Survey performed by:

Name: John Moss

Title: Senior REHS

Phone #: (208) 523-5382

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

☐ Treatment Application

☐ Disinfection

☐ Notes

☒ Photo Log and Photos

FIELD GUIDE FOR GENERAL INFORMATION

Certified Operator:

Owners of all community and nontransient noncommunity water systems must place the direct supervision of their drinking water system, including each treatment facility and/or distribution system, under the responsible charge of an operator holding a valid certification equal to or greater than that classification of the drinking water system and/or distribution system.

A disapproved designation may be assigned to a PWS when:

Defects: There are design and/or construction defects.

Operating Procedures: Operation procedures constitute a health hazard.

Quality: Physical, chemical, microbiological or radiological quality does not meet the requirements of the rules.

Monitoring: The required monitoring as specified in these rules has not been conducted.

Unapproved Source: An unapproved source of drinking water is used or the system is interconnected with a disapproved water system.

Non-Payment Of Annual Fee Assessment: The annual drinking water system fee assessment is not paid as set forth in Section 010.

Legal Entity:

CM - Company
CP - Cooperation
CR - Corporation
GA - Government Agency
HA - Homeowners Association
IN - Individual
NP - Non-profit
OT - Other
RU - Rate Set Utility
TP - Treatment Plant
TR - Trust

DEQ Regions:

BRO
PRO
TFRO
IFRO
CdARO
LRO

Health Districts:

District 1 - PHDHD
District 2 - NCDHD
District 3 - SWDHD
District 4 - CDHD
District 5 - SCDHD
District 6 - SEDHD
District 7 - District 7 HD

Owner Type

Federal Gov't
Private
State Gov't
Local Gov't
Regulated Public Utilities

Status:

Active
Inactive

Recent Modifications:

If yes, see that the owner notified the State, see that the system is in conformance with design standards and see that an engineering report has not been submitted to the Department.

Community Water System - A public water system, which serves at least fifteen (15) service connections, used by year-round residents or regularly serves at least twenty-five (25) year-round residents.

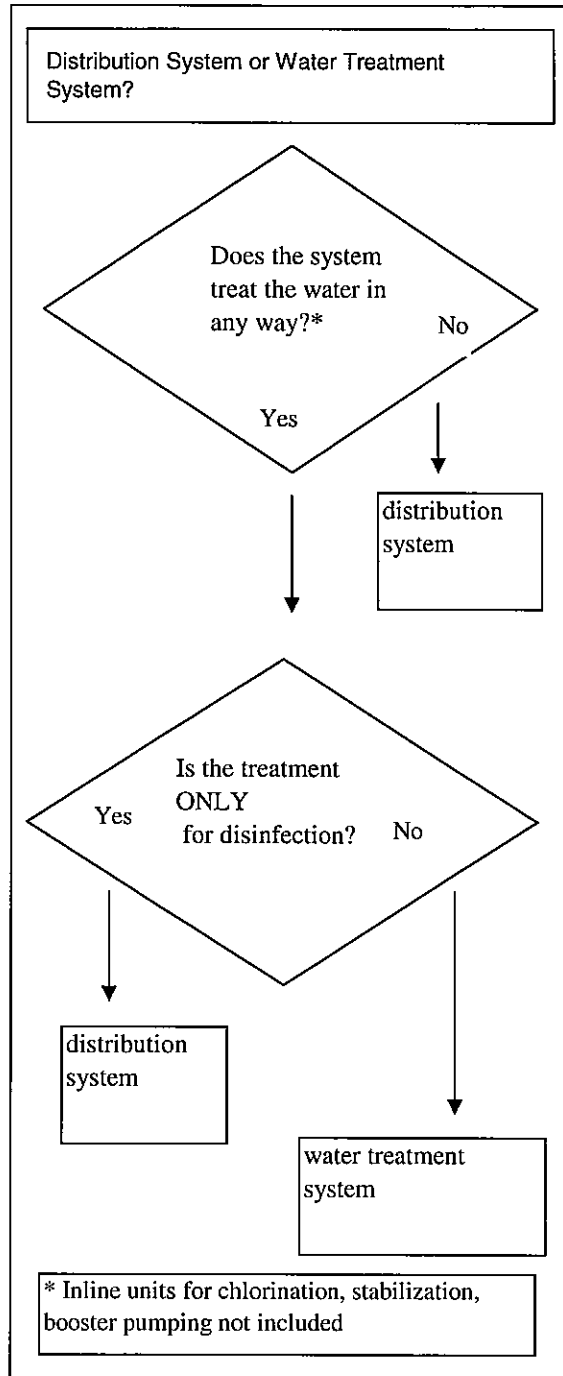
Noncommunity Water System - A public water system that is not a community water system. A non-community water system is either a transient noncommunity water system or a non-transient noncommunity water system.

Transient Noncommunity Water System - A noncommunity water system, which does not regularly serve at least twenty-five (25) of the same persons over six (6) months per year.

Nontransient Noncommunity Water System - A public water system that is not a community water system and that regularly serves at least twenty-five (25) of the same persons over six (6) months per year.

System Certification Class:

First. Is it a distribution system or is it a water treatment system?
Use this flowchart to decide.



Second. What is its certification class?
Use this flowchart to decide.

Certification Classes of Public Water Systems

Distribution System Classes (determined by size only *)

Very Small Water System
500 or less

Distribution System I
501 – 1,500

Distribution System II
1,501 – 15,000

Distribution System III
15,001 – 50,000

Distribution System IV
50,001 or more

Water Treatment System Classes (determined by complexity *)

Water Treatment System I

Water Treatment System II

Water Treatment System III

Water Treatment System IV

* Worksheets for determining the class of a *water treatment system* are available online at http://www.idahocertificationtraining.com/application/water_op.htm or for determining the class of a *distribution system*, at <http://www.idahocertificationtraining.com/application/worksheet.htm> or for either one,

- Call the DEQ drinking water contact person for your area
- Call the helpdesk, 1-800-543-4358 or 208-465-5725
- See the website at <http://www2.state.id.us/ibol/>

Operator's Certification Level:

Last. *You're done*. The operator needs a certificate/license at least the same type and level as your system.

For Example: If the system treats only by adding chlorine it is a distribution system, and if it serves between 1,501 and 15,000 people it is a Class II distribution system. So it would need a certified Water Distribution System Operator II.

GROUNDWATER SOURCE

SURVEY DATE

PWS #

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

12-May-06

(mm/dd/yyyy)

ID 7100155

Tag #: E 0006769	Common Name of Source: Township Park East Well	Source: ☒ Well ☐ Spring ☐ Infiltration Gallery	Is this Source Treated? ☐ Yes ☒ No
Physical Location: Mauna Lani Lane in Idaho Falls		Treatment Objective: ☒ N/A	
Is there a well log for the groundwater source? ☒ Yes ☐ No ☐ N/A ☐ Unk		Treatment Types: ☒ N/A	
Pump Capacity (GPM) ☒ Unk	Casing Size (In) 8 ☐ Unk	Date Drilled: Jun-91 ☐ Unk	Well Depth (Ft) 250 ☐ Unk
Casing Depth (Ft) 37 ☐ Unk	Grout Depth (Ft) 20 ☐ Unk	Static Water Depth (Ft) 130 ☐ Unk	
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 From: To:
Latitude (Decimal):			
Longitude (Decimal):			
(+ IF A GROUNDWATER SOURCE HAS BEEN DETERMINED TO FALL UNDER THE DIRECT INFLUENCE OF SURFACE WATER, THE SURFACE WATER SYSTEM 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: _____

☒ ☐ ☐ ☐ ☐

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

Date: **May 1996**

☒ ☐ ☐ ☐ ☐

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)

Common Name

SURVEY DATE

PWS #

GROUNDWATER SOURCES PG. 2

Township East Well

12-May-06

(mm/dd/yyyy)

ID 7100155

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? _____ gal.
19. Is a pressure gauge provided at all installations and is it maintained and working properly? _____ 60 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

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?

GROUNDWATER SOURCE

SURVEY DATE

PWS #

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

12-May-06

(mm/dd/yyyy)

ID 7100155

Tag #: E 0006770	Common Name of Source: Township Park West Well	Source: ☒ Well ☐ Spring ☐ Infiltration Gallery	Is this Source Treated? ☐ Yes ☒ No
Physical Location: Mauna Lani Land in Idaho Falls		Treatment Objective: ☒ N/A	
Is there a well log for the groundwater source? ☒ Yes ☐ No ☐ N/A ☐ Unk		Treatment Types: ☒ N/A	
Pump Capacity (GPM) ☒ Unk	Casing Size (In) 8 ☐ Unk	Date Drilled: Jul-91 ☐ Unk	Well Depth (Ft) 240 ☐ Unk
Casing Depth (Ft) 37 ☐ Unk	Grout Depth (Ft) 20 ☐ Unk	Static Water Depth (Ft) 130 ☐ Unk	
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: To:

Latitude (Decimal):

Longitude (Decimal):

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

GROUNDWATER SOURCE

COMMENTS:

(Please indicate question number)

yes	no	n/a	unk	note	
			☒		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: _____
☒					3. Has a final GWUDISW determination been done for this source? Date: May 1996
☒					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?

Common Name

SURVEY DATE

PWS #

GROUNDWATER SOURCES PG. 2

Township West Well

12-May-06

(mm/dd/yyyy)

ID 7100155

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? _____ gal.
19. Is a pressure gauge provided at all installations and is it maintained and working properly? _____ 60 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

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
☐	☐	☒	☐	☐
☐	☐	☒	☐	☐
☐	☐	☒	☐	☐
☐	☐	☒	☐	☐
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☐	☐	☒	☐	☐
☐	☐	☒	☐	☐

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?

FIELD GUIDE FOR GROUNDWATER SOURCE

Potential Sources of Contamination:

Subsurface disposal systems
Sanitary sewer
Storm sewer
Waste lagoon
Surface water
Pesticides, Fertilizers
Petroleum products

LAT/LONG

The latitude and longitude should be as accurate as possible; in the format $\pm$ HHMMSSss for latitude and $\pm$ HHMMSSss for longitude; where (+) = north or east and (-) = south or west; where H = hours, M = minutes, S = seconds, s = decimal seconds.

Treatment Objective

disinfection by-products control (THM's)
disinfection
disinfection solely to protect the distribution system
corrosion control
dechlorination
iron removal
inorganics removal
manganese removal
no treatment at source
organics removal (color, THM's, VOC's)
particulate removal (turbidity reduction)
radio nuclides removal
softening (hardness removal)
taste/odor control
other

GWUDISW -Groundwater under the direct influence of surface water.

GPM - Gallons per minute

GPD - Gallons per day

Treatment Type

000 No treatment, not applicable	423 Hypochlorination, pre
100 Activated alumina	441 Inhibitor, bimetallic phosphate
121 Activated carbon, granular	443 Inhibitor, hexametaphosphate
125 Activated carbon, powdered	445 Inhibitor, orthophosphate
141 Aeration, cascade	447 Inhibitor, polyphosphate
143 Aeration, diffused	449 Inhibitor, silicate
145 Aeration, packed tower	455 Iodination
147 Aeration, slat tray	460 Ion exchange
149 Aeration, spray	500 Lime-soda ash addition
160 Algae control	520 Microscreening
180 Bone char	541 Ozonation, post
200 Chloramines	543 Ozonation, pre
220 Chlorine dioxide	560 Permanganate
240 Coagulation	580 Peroxide
300 Distillation	600 Rapid mix
320 Electrodialysis	620 Reducing agents
341 Filtration, cartridge/bag	623 Reducing agent, sodium bisulfate
342 Filtration, diatomaceous earth	625 Reducing agent, sodium sulfate
343 Filtration, greensand	627 Reducing agent, sulfur dioxide
344 Filtration, pressure sand	640 Reverse osmosis
345 Filtration, rapid sand	660 Sedimentation
346 Filtration, slow sand	680 Sequestration
347 Filtration, ultrafiltration	700 Sludge treatment
348 Filtered	720 U.V.
349 Successfully avoiding filtration	740 PH adjustment
350 Unfiltered, required to filter	741 PH adjustment, post
351 Not subject to SWTR	742 PH adjustment, pre
360 Flocculation	996 Treatment Applied by
401 Gaseous chlorination, post	997 Treatment Applied at point of entry
403 Gaseous chlorination, pre	998 Treatment at point of entry
421 Hypochlorination, post	

STORAGE

SURV DATE

PWS #

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

(mm/dd/yyyy)

Storage Structure Name:		Storage Structure ID #:		COMMENTS: (Please indicate the question number)																																																																																																																																																	
Physical Location:		Date in service: ☐ Unk																																																																																																																																																			
		Volume (gal): ☐ Unk																																																																																																																																																			
Storage Type: ☐ Reservoir/Tank ☐ Cistern ☐ Standpipe		Construction: ☐ Elevated ☐ Above Ground ☐ Below Ground ☐ Partially Below Ground				Type of material: ☐ Plastic ☐ Fiberglass ☐ Concrete ☐ Wood ☐ Metal ☒ Naturally Contained																																																																																																																																															
Total Days Supply (This structure): ☐ Unk		Date Last Cleaned: ☐ Unk				Inspected: ☐ Unk																																																																																																																																															
How is the water level measured? ☐ Unk																																																																																																																																																					
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Page _____ Of _____



PWS #

One form for all Hydropneumatic Tanks.

12-May-06

(mm/dd/yyyy)

ID 7100155

[illegible]

yes	no	n/a	unk	not
-----	----	-----	-----	-----

HYDROPNEUMATIC TANKS

- | | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| ☒ | ☐ | ☐ | ☐ | ☐ | 1. Do the tank(s) maintain adequate distribution system pressures? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 2. Is the tank(s) located above normal ground surface and completely housed? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 3. Can the hydropneumatic tank(s) be isolated from the system? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 4. Are the interior and/or exterior surfaces in good condition? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 5. Are tank supports structurally sound and adequate? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 6. Is the recharge air free of pollutants such as oil from an air compressor? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 7. Are instruments and controls adequate and operational? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 8. Does the hydropneumatic tank(s) have the following? |
| ☒ | ☐ | ☐ | ☐ | ☐ | - A drain? |
| ☒ | ☐ | ☐ | ☐ | ☐ | - Automatic or manual air blow-off? |
| ☒ | ☐ | ☐ | ☐ | ☐ | - Means to add air? |
| ☒ | ☐ | ☐ | ☐ | ☐ | - Pressure operated start-stop controls for the pumps? |
| ☐ | ☐ | ☒ | ☐ | ☐ | - An access manhole (24 inches in diameter where practical)? |
| ☐ | ☐ | ☒ | ☐ | ☐ | - Water sight glass? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 9. Is the outside hatch in good physical condition? |
| ☒ | ☐ | ☐ | ☐ | ☐ | 10. Does the PWS using the hydropneumatic (pressure) tank(s) serve less than 150 homes? |
| ☐ | ☐ | ☒ | ☐ | ☐ | 11. Has the non-bladder pressure tank(s) been tested for structural integrity in the past 5 years? |

COMMENTS:

(Please indicate the question number)

DISTRIBUTION DATA

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

SURVEY DATE

12-May-06

(mm/dd/yyyy)

PWS #

ID 7100155

What are water lines made of:

Material(s):

☐ Unk

Size(s):

☐ Unk

3.0, 2.0, and 1.5 inches

COMMENTS:

(Please indicate the question number)

☒ Steel ☐ HDPE (black) ☐ Asbestos/Cement
☐ PVC ☐ Cast Iron ☐ Other: _____

How many services are metered?

Number of Fire Hydrants:

None

None out of None

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? Quarterly
- ☒ 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?

12-May-06

PWS #

ID 7100155

One form for all Pumps.

[illegible]

yes no n/a unk note

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

DATE

PWS #

(mm/dd/yyyy)

COMMENTS:

(Please indicate the question number)

- | 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? |

Page ____ Of ____

FINANCIAL CAPACITY

SURVEY DATE

12-May-06

(mm/dd/yyyy)

PWS #

ID 7100155

- | 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?
- 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?
_____ 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?
_____ 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? |

COMMENTS:

(Please indicate the question number)

MANAGERIAL CAPACITY

SURVEY DATE

05/12/2006

(mm/dd/yyyy)

PWS #

ID 7100155

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: Homeowners Association
- ☐ ☐ ☐ ☐ ☐ 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
☐ Nitrates
☐ Nitrites
☐ Lead and Copper
☐ IOCs
☐ VOCs
☐ SOCs
☐ Disinfection Byproducts
☐ Radionuclide
- ☒ ☐ ☐ ☐ ☐ 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)

TREATMENT APPLICATION & CONTROL

Survey ☐ e

PWS #

A separate form must be filled out for each Treatment Application in the PWS.

Purpose of Treatment:	Treatment Facility Location:	Date Online:	Treated Water (GPD):
		☐ Unk	☐ Unk

What process is used in the treatment train?: ☐ N/A

☐ Sedimentation Basin	☐ Filtration	☐ Oxidation	☐ Ion Exchange	☐ Sequestration by Polyphosphates
☐ Detention Basin	☐ Chemical Coagulation	☐ Softening	☐ Disinfection (Complete Disinfection Mod.)	☐ Sequestration by Sodium Silicates

Sources Treated by Facility: (Tag #)	Equipment Manufacturer:	Model #:
1.	1.	1.
2.	2.	2.
3.	3.	3.

Chemical Trade Name:	Chemical Manufacturer:	NSF 60 Approved?
1.	1.	☐ Yes ☐ No ☐ Unk
2.	2.	☐ Yes ☐ No ☐ Unk
3.	3.	☐ Yes ☐ No ☐ Unk

<table> <tr> <td>yes</td><td>no</td><td>n/a</td><td>unk</td><td>note</td> </tr> <tr> <td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td> </tr> </table>	yes	no	n/a	unk	note	☐	☐	☐	☐	☐	WASTE HANDLING and DISPOSAL 1. Are provisions made for proper disposal of water treatment plant waste such as sanitary, laboratory, clarification sludge, softening sludge, iron sludge, filter backwash water, brines and treatment media? 2. If yes, how are wastes being disposed of? (Identify in comments) SAMPLE TAPS 3. Are smooth-nosed sampling taps provided prior to and after treatment? CHEMICAL APPLICATION If no chemical applied, questions 4-26 are n/a 4. Are chemicals introduced in such a manner as to minimize potential for corrosion? 5. Are spare parts available for all feeders to replace parts which are subject to wear and damage? 6. Are the feeders manually or automatically controlled? ☐ Manual ☐ Automatic 7. Is a means to measure water flow provided in order to determine chemical feed rates? 8. Are provisions made for measuring the quantities of chemicals used? 9. Is cross-connection control provided on the service water lines that discharge to the solution tanks? 10. Is cross-connection control provided so that liquid chemical solutions cannot be siphoned through solution feeders into the water supply? 11. Is the chemical feed equipment readily accessible for servicing, repair, and observation of operation? 12. Is space provided for convenient/efficient storage and handling of chemicals? 13. Are chemicals that are incompatible stored or handled together? 14. Are chemical solution tanks kept covered? 15. Are chemical solution tank overflow pipes, when provided, turned downward with the end screened? 16. Do chemical solution tank overflow pipes, when provided, have free fall discharge? 17. Are day tanks and tank refilling line entry points properly labeled to designate the chemical contained? 18. Are feed lines made of durable, corrosion-resistant material? 19. Do feed lines have problems with scale-forming or solids deposits? 20. Are floor surfaces smooth and impervious, slip-proof and well drained with 3 inches per 10 feet minimum slope? 21. Are vents from feeders, storage facilities and equipment exhaust discharged to the outside atmosphere above grade and remote from air intakes? 22. Are chemical shipping containers fully labeled to include chemical name, purity, concentration, supplier name and address? 23. Are acids and caustics kept in closed corrosion-resistant shipping containers or storage units? 24. 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? 25. Is a deluge shower and/or eyewashing device installed where strong acids and alkalis are used or stored?
yes	no	n/a	unk	note							
☐	☐	☐	☐	☐							

Comments:
(Please indicate the question number)

DISINFECTION

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

Survey e

PWS #

Treatment Facility Name:	Treatment Facility Location:	Date Online:	Treated Water (GPD):
		☐ Unk	☐ Unk

Select all disinfection types used:

☐ Gas d2
 ☐ 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. Is the free chlorine residual being measured daily? (Not Required)
16. Is a chlorine residual being recorded when all compliance total coliform samples are being taken?

REQUIRED DISINFECTION

17. Is the free chlorine residual being measured daily?
18. Is the daily free chlorine residual being recorded and kept on file for a minimum of 5 years?
19. 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?
20. Where chlorination is required for protection of the supply, is there standby equipment of sufficient capacity available to replace the largest unit?
21. 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)

DISINFECTION PG. 2

Treatment Facility Location:

Survey Date:

PWS #

(mm/dd/yyyy)

GAS DISINFECTION ONLY - Fill out any time Gas Chlorination is connected to the PWS.

Comments:
(Please indicate the question number)

yes no n/a unk note

Protection Equipment

22. 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?

☐ ☐ ☐ ☐ ☐

23. 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

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

26. Is continuous chlorine leak detection equipment provided?

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

Chlorine Room

28. 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)?

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

37. Are outside switches protected from vandalism?

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

yes no n/a unk note

Chlorine Gas Cylinders

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐ ☐

State of Idaho
Department of Environmental Quality

Inspection Continuation

SURVEY DATE

PWS #

(mm/dd/yyyy)

Name of Public Water System:

Inspected by:

Date:

Title:

State of Idaho

Department of Environmental Quality

Photo Log

[illegible]

Edl, Michele

From: Kellye Eager [keager@phd7.idaho.gov]
Sent: Wednesday, June 10, 2009 7:57 AM
To: Edl, Michele
Cc: Dunn, Dennis
Subject: Re: Township Park Estates

Hi Michele,

I am out of the office today, but will visit with my water program staff upon my return and get the sanitary survey and pictures to you ASAP.

Thank you,

Kellye

-----Original Message-----

From: "Edl, Michele" <Michele.Edl@idwr.idaho.gov>
Cc: Dennis Dunn <Dennis.Dunn@idwr.idaho.gov>
To: Kellye Eager <keager@phd7.idaho.gov>

Sent: 6/9/2009 7:08:12 PM
Subject: Township Park Estates

Kellye,

I have had several conversations with Dennis Dunn (IDWR's Eastern Region office) about the water supply system for Township Park Estates subdivision. Together Dennis and I are trying to bring their water right permit up to license status. I understand from Dennis that he paid your office a visit and that he was able to obtain and view a copy of a 2006 health inspector's field report of this subdivision. Usually a contemporary document would not have value in our cold case investigations and Dennis may have already destroyed his copy.

However, I do need photos of the system for the water right file and I would need to request contemporary photos from the homeowners or their representative, if I can't locate earlier ones vetted by another source.

If I heard Dennis correctly, there are some photos included in your agency's 2006 inspection. I have copies of 1990 as-built drawings that I could use in a comparison. There would be value in having a copy of that inspection for our file even if the two records do not confirm each other. But I suspect that key components will be the same and I can save someone a trip.

I suspect that I am asking someone to repeat their work but would you please help me obtain a copy of the report?

Thank you very much.

Michele D. Edl

Associate Engineer

Water Rights Section

Idaho Department of Water Resources

322 East Front Street

Boise, ID 83720-0098

Phone: 208-287-4946

Fax: 208-287-4800

Important Information:

Eastern Idaho Public Health District's Idaho Falls Office has moved to 1250 Hollipark Drive, Idaho Falls, Idaho, 83401 (located 1/4 mile south of Lincoln Road). Our main number will remain (208) 522-0310.

The information contained in this e-mail may be privileged, confidential or otherwise protected from disclosure. All persons are advised that they may face penalties under state and federal law for sharing this information with unauthorized individuals. If you received this e-mail in error, please reply to the sender that you have received this information in error. Also, please delete this e-mail after replying to the sender.

Edl, Michele

From: Kellye Eager [keager@phd7.idaho.gov]
Sent: Wednesday, May 20, 2009 10:17 AM
To: Edl, Michele
Cc: Lisa Keating; Merrill Hemming; Rowene Jensen; R. John Moss
Subject: Fwd: information request Township Park Estates

Michele,

EIPHD is the jurisdiction over the public water system for Township Park Estates. You, or any IDWR representative, are welcome to come and view the PWS file to try and gain any answers to your questions.

An appointment to view the file is required to ensure one of my staff can assist. Please contact me directly if an appointment is desired.

Thank you,
Kellye

>>> IT Support 5/20/2009 8:59 AM >>>

Please respond directly to this person and cc me. Thanks! Lisa Keating, IT Support

>>> "Edl, Michele" <Michele.Edl@idwr.idaho.gov> 5/19/2009 5:49 PM >>>

Good afternoon,

I work for the Idaho Department of Water Resources and I am trying to confirm the water use in a small subdivision which I believe is within Health District 7 jurisdiction. Please forward this request to the most appropriate person for me.

The subdivision is currently called Township Park Estates and is located on the south side of Idaho Falls. PLSS address: Township 1 North, Range 38 East, Section 6 in Bonneville County.

Although the developer of this subdivision had a water right permit authorizing the access to and use of groundwater until April 1994, the permit lapsed. I have been assigned to reinstate the permit and issue a water right license if possible. In order to accomplish that, I need to determine the water use from the period before April 1994 and I am hoping that your records will fill in some of the gaps.

Inspection reports of this distribution system from April 1991 through late July 1994 may have information I need. Specifically, I am hoping to

- 1) Confirm the number and sizes of pumps that were in place in the two wells and the system's capacity before April 1, 1994.
- 2) Locate flow measurement records. Available as-built drawings show a flow totalizer on the well-house piping but no records of flow measurements have been provided to me.
- 3) Collect photos of the wells, well-house or pumps or the of distribution system within the April 1991 to July-ish 1994 timeframe.

Any information you can provide about this system would be a valuable addition to my files. Thank you in advance.

Michele D. Edl
Associate Engineer
Water Rights Section
Idaho Department of Water Resources
322 East Front Street
Boise, ID 83720-0098
Phone: 208-287-4946
Fax: 208-287-4800

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