

EPA REGION VIII

- **Sanitary Survey Form**

P.W.: Sam Seurey
WY (RLAP)

U.S. EPA REGION VIII
DRINKING WATER BRANCH (8WM-DW-PWSIE)
999 - 18TH STREET, SUITE 500
DENVER, COLORADO 80202-2405
Phones: 1-800-227-8917, (303) 293-1413

SANITARY SURVEY

ADMINISTRATIVE DATA

1. Date of Survey: _____ PWS ID No.: _____
2. Classification: _____
3. Name of PWS: _____
4. Mailing address: _____
5. County: _____ Telephone: _____
6. Physical location and directions: _____
7. Name of Surveyor: _____
8. Prior Survey (By whom and date): _____
9. Date of VOC vulnerability & score: _____
10. Date of GWUDISW assessment & score: _____
11. Name and phone No. of Owner or Person Legally Responsible, e.g. Mayor, or City Manager: (circle which) _____
12. Name(s) and phone no(s). of Public Works Director, City Engineer, and/or Water Plant Superintendent: (circle which) _____
13. Name(s) and phone no(s). of Operators: _____
14. Certification(s) type and date _____
15. Person contacted for survey and phone no.: _____

The following abbreviations will be used throughout this document
NI = No Information NA = Not Applicable NR = Not Requested

(Attach any available maps or diagrams of system to this report.)
Rev. 4-93 bj/jll

SERVICE DATA

1. Service Area(s) _____
2. Owner type (circle which) Private Mixed public/private Federal gov't
State gov't Local gov't Native American
3. Population... High _____ Low _____ Aver. daily _____
4. Period of open _____ Per. qual'd as PWS _____
5. No. of Connections _____ Metered? _____
6. Water usage (gal/day) _____ Water lost (gal/day) _____
(For community systems only) Water usage per person/day _____
7. Water sold to (Name(s) of consecutive system(s) & PWS ID#) _____
8. Have there been any interruptions in service ...
 - a. during the past year? _____
 - b. during the past 5 years? _____
 - c. when, where, why and how long? _____
9. Have there been any reports of waterborne disease? _____
If yes, give details _____

SOURCE DATA

FOR CONSECUTIVE SYSTEMS

1. Water purchased from (syst. name & PWS ID#) _____
2. Water source type: Ground _____ Surface _____
3. Does this PWS have another PWS consecutive to it? _____
If so, name and PWS ID# _____
4. If a water hauler is involved...
 - a. does he haul only water? _____
 - b. if his source is a surface source, is there a disinfection residual remaining at the time of delivery? _____
 - c. how often does he disinfect his tank? _____
 - d. what other customers does he have? _____
 - e. is there backflow prevention on his tank's hose? _____
 - f. are there dust caps on the fill points? _____
5. Does this PWS have booster disinfection? _____

Include map, if available, or make drawing of distribution system.

WELL INFORMATION

1. Nature of recharge area _____
 2. How is access to recharge area controlled? _____
 3. Has there been a survey of the recharge area? _____
Date _____ Agency _____
 4. Are abandoned wells possible sources of pollution? _____
Comments _____
 5. Other nearby sources of potential pollution _____
 6. Formation and/or rock type (if available) _____
 7. Describe emergency response plan (potential pollution) _____
-

CURRENT AND ABANDONED WELLS

1. Name/Number of well _____
 2. Location: Latitude _____ Longitude _____
Section _____ Township _____ Range _____
 3. Is the well housed? _____ Pitless adapter? _____
If pit vault present, is vault... open _____ covered _____
 4. Date drilled _____
 5. Well depth (total in ft) _____
Hole size (in) _____ Casing size _____ Depth _____
 7. Perforations: Size _____ Total # _____
Depth _____
 8. Pump set at _____ Type of pump _____
 9. Yield/Design rate of flow (gpm) _____
 10. Well head properly sealed? _____
 11. Subject to flooding? _____
 12. Casing 12 in. above ground? _____
 13. Vent 18 in. above ground? _____
 14. Vent facing downward & screened? _____
 15. Working sample cock? _____
 16. Is there emergency power? _____
Comments ^C _____
-

SPRINGS AND INFILTRATION GALLERIES

1. Name/Number _____
2. Location: Latitude _____ Longitude _____
Section _____ Township _____ Range _____
3. Yield (gpm) _____
4. Describe supply intake _____
5. Subject to surface infiltration? _____
6. Subject to flooding? _____
7. Nature of recharge area _____
8. How is access to water source controlled? _____
9. Sources of potential pollution: _____
10. Has there been a watershed survey? _____
Date _____ Agency _____
11. How is collection chamber constructed? _____
12. Are there seasonal or other conditions which change water quality? _____
Describe _____
13. Describe emergency response action _____

STREAMS

1. Name/Number _____
2. Location: Latitude _____ Longitude _____
Section _____ Township _____ Range _____
3. Nature of watershed _____
4. How is the watershed protected? _____
5. Rate of flow (in gal) _____
6. Sources of potential pollution (nature and distance from intake)

7. Has there been a watershed survey? _____
Date _____ Agency _____
8. Is there surface treatment of contained water? _____
9. Is the area around the intake restricted? _____
Radius (ft.) _____
10. Are there multiple intakes located at different levels? _____
Describe _____
11. Are the intakes screened? _____
12. Frequency of intake inspection and date of last inspection _____

13. Are there seasonal or other conditions which change water quality? _____
 14. Describe emergency response plan _____
- _____
- Comments _____
- _____

RESERVOIRS AND LAKES

1. Name/Number _____
 2. Location: Latitude _____ Longitude _____
Section _____ Township _____ Range _____
 3. Nature of watershed _____
 4. How is watershed protected? _____
 5. Area and volume _____
 6. Sources of potential pollution _____
 7. Has there been a watershed survey? _____
Date _____ Agency _____
 8. Is there surface treatment of contained water? _____
 9. Is the area around the intake restricted? _____
Radius (ft.) _____
 10. Are there multiple intakes located at different levels? _____
Describe _____
 11. Are the intakes screened? _____
 12. Frequency of intake inspection and date of last inspection _____
 13. Are there seasonal or other conditions which change water quality? _____
Describe _____
 14. Describe emergency response plan (potential pollution) _____
- _____

TRANSMISSION DATA (RAW WATER)

1. Name or designation _____
2. Point of origin _____
3. Point of termination _____
4. Date in service _____
5. Length _____ Diameter _____ Material _____
6. Pressure range _____ Flow Rate (gpm) _____
7. Controls and/or PRVs (describe) _____
8. ARVs (number) _____
9. Condition _____
10. Have there been any breaks in the last two years? _____
If yes, describe _____
11. Is the pump station subject to flooding? _____
12. Is there emergency power? _____
13. Pumps

Number	Type	Standby	Flow Rate	Condition

Comments _____

STORAGE DATA (RAW WATER)

TANKS AND CISTERNS

1. Name or designation _____
2. Number and type of material: Ground level _____
Underground _____
Tower _____
3. Volume in Gal: Gravity _____ Pressure tank _____
4. Total days of supply (all sources) _____
5. Date(s) in service _____
6. Is the site subject to flooding? _____
7. Is the unit structurally sound and properly maintained? _____
8. Are overflow lines...
 - a. turned downward? _____
 - b. covered or screened? _____
 - c. terminated at least 3 diameters above ground? _____
- Are air vents...
 - a. turned downward? _____
 - b. covered or screened? _____
- Are drainage lines and cleanout pipes...
 - a. turned downward? _____
 - b. covered or screened? _____
 - c. terminated at least 3 diameters above ground? _____
9. Can the tank(s) be isolated from the system? _____
10. Is all storage covered or enclosed? _____
11. When was the tank last cleaned? _____
12. If repaired, was it disinfected? _____
13. Describe emergency response plan _____

RESERVOIRS

1. Name/Number of well _____
2. Location: Latitude _____ Longitude _____
Section _____ Township _____ Range _____
3. How is reservoir protected? _____
4. Area and volume _____
5. Sources of potential pollution _____
6. Is the area around the intake restricted? _____
Radius (ft.) _____
7. Are there multiple intakes located at different levels? _____
8. Frequency of intake inspection and date of last inspection _____
9. Describe emergency response plan (potential pollution) _____

WATER TREATMENT DATA

1. Plant/Office Location and Directions _____
2. Location: Latitude _____ Longitude _____
Section _____ Township _____ Range _____
3. Date plant put on line _____
Latest modifications _____
4. Plant schematic readily available and up to date? _____
5. Daily output (gal/day) _____
Design _____ Average _____ Maximum _____
6. Types of pre-treatment _____
 - a. What is the purpose: Disinfection by-products control or particulate removal (scratch out inappropriate term)
 - b. Chemicals and/or additives used: _____
 - c. Are chemical dosages based on lab data? _____
 - d. Do processes appear adequate? _____

Comments ^C _____

8. Filtration
 - a. Type _____
 - b. Media _____
 - c. Length of filter runs _____
 - d. Backwash determining factor(s): Turbidity _____ Automatic setting
Head loss _____ Time _____ Other _____
 - e. Gallons used per backwash _____

- f. Percentage loss of finished water for backwash: _____
- g. Has there been any violation of finished water turbidity in the last year? _____

Comments _____

- 9. Disinfection
 - a. Method _____
 - b. Dosage _____
 - c. Point of application _____
 - d. What is the contact time between injection and first point of use? _____
 - e. Is disinfectant residual being monitored? _____
 - f. Have THMs been evaluated? _____
 - g. Is there standby disinfection equipment? _____
 - In good working order? _____
 - If not, are critical spare parts on hand or available? _____
 - h. Is there an emergency power source for the disinfection equipment? _____
 - i. Have there been any interruptions in disinfection in the past year? _____
- 10. Is the facility subject to flooding? _____
- 11. Describe emergency response plan _____

TRANSMISSION DATA, TREATED WATER

- 1. Service area or designation _____
- 2. Point of origin _____
- 3. Point of termination _____
- 4. Date in service _____
- 5. Length _____ Diameter _____ Material _____
- 6. Pressure range _____ Flow Rate (gpm) _____
- 7. Controls and/or PRVs (describe) _____
- 8. ARVs (number) _____
- 9. Condition _____
- 10. Have there been any breaks in the last two years? _____
 - If yes, describe _____
- 11. Is the pump station subject to flooding? _____
- 12. Is there emergency power? _____
- 13. Pumps _____

Number	Type	Standby	Flow Rate	Condition

Comments _____

STORAGE DATA, TREATED WATER

TANKS AND CISTERNS

1. Name or designation _____
2. Number and type of material: Ground level _____
 Underground _____
 Tower _____
3. Volume in Gal: Gravity _____ Pressure tank _____
4. Total days of supply (all sources) _____
5. Date(s) in service _____
6. Is the site subject to flooding? _____
7. Is the unit structurally sound and properly maintained? _____
8. Are overflow lines...
 - a. turned downward? _____
 - b. covered or screened? _____
 - c. terminated at least 3 diameters above ground? _____
- Are air vents...
 - a. turned downward? _____
 - b. covered or screened? _____
- Are drainage lines and cleanout pipes...
 - a. turned downward? _____
 - b. covered or screened? _____
 - c. terminated at least 3 diameters above ground? _____
9. Can the tank(s) be isolated from the system? _____
10. Is all storage covered or enclosed? _____
11. When was the tank last cleaned? _____
12. If repaired, was it disinfected? _____

13. Describe emergency response plan _____
Comments ^C _____

DISTRIBUTION DATA

1. Lines

	Origin	Material	Inside Diam	Length
Main Lines				
Dist Lines				
Svc Lines				

2. Pressure zones

Area	Pressure Range	Control		
		Auto	Manual	Remote

3. Cross connection control

Location	Type	Size	Last Tested

4. Date of cross connection control training for operator _____
5. Dead ends _____
6. Is there an adequate maintenance program? _____
Describe _____
7. Is there interconnection with any other system? _____
Describe _____
8. Are plans of the system available and current? _____
9. Describe emergency response plan (ruptures) _____

SAFETY AND SECURITY DATA

1. Security

	Fenced	Locked	How Often Patrolled
Wells			
Springs & Infilt. Galleries			
Stream intakes			
Reservoirs/Lakes			
Pump houses			
Treat. plant			
Storage tanks			
Manholes & vaults			
Storage shed for chems			

2. Is access to all facilities restricted to authorized personnel? _____

Comments ^C _____

Chlorine Safety

1. Is there ongoing chlorine safety training for all water system personnel? _____
Describe _____
2. Are chlorine room doors...
 - a. posted with warnings? _____
 - a. do they open outward? _____
 - b. do they open to the exterior of the building? _____
 - c. are they all equipped with crash bars and viewports? _____
3. Is there a leak detector in the chlorine room with an audible alarm? _____
4. Are chlorine feed and storage areas isolated from other facilities? _____
5. Are chlorine areas adequately ventilated? _____
6. Are all chlorine cylinders adequately restrained? _____
7. Are self contained breathing units...
 - a. readily available for use in chlorine emergencies? _____
 - b. Where are they stored? _____
9. Are water system personnel adequately trained in the use and maintenance of the self-contained breathing apparatus? _____
11. Are chlorine leak kits available? _____
12. Are all personnel trained in proper use of chlorine leak kits? _____

Comments _____

Chemical safety

1. Are all treatment chemicals and maintenance supplies properly stored? _____
2. Are oxidizers, corrosives, and flammables ...
stored in separate areas and in closed, marked containers? _____
3. Are flammables stored in appropriate containers...
and cabinets away from combustion sources? _____
4. Is there adequate ventilation in the areas...
where solvents, aerosols and chemical feeders are in use? _____
5. Are adequate masks, protective clothing and safety equipment...
provided and required? _____
6. Are all personnel trained in proper handling of all utilized chemicals and
materials? _____
7. Are they familiar with the MSDS sheets? _____
8. Are bulk storage areas physically isolated from treatment areas...
to prevent spills from entering treated or untreated water? _____
9. Is the fire department familiar with the facilities and their contents? _____

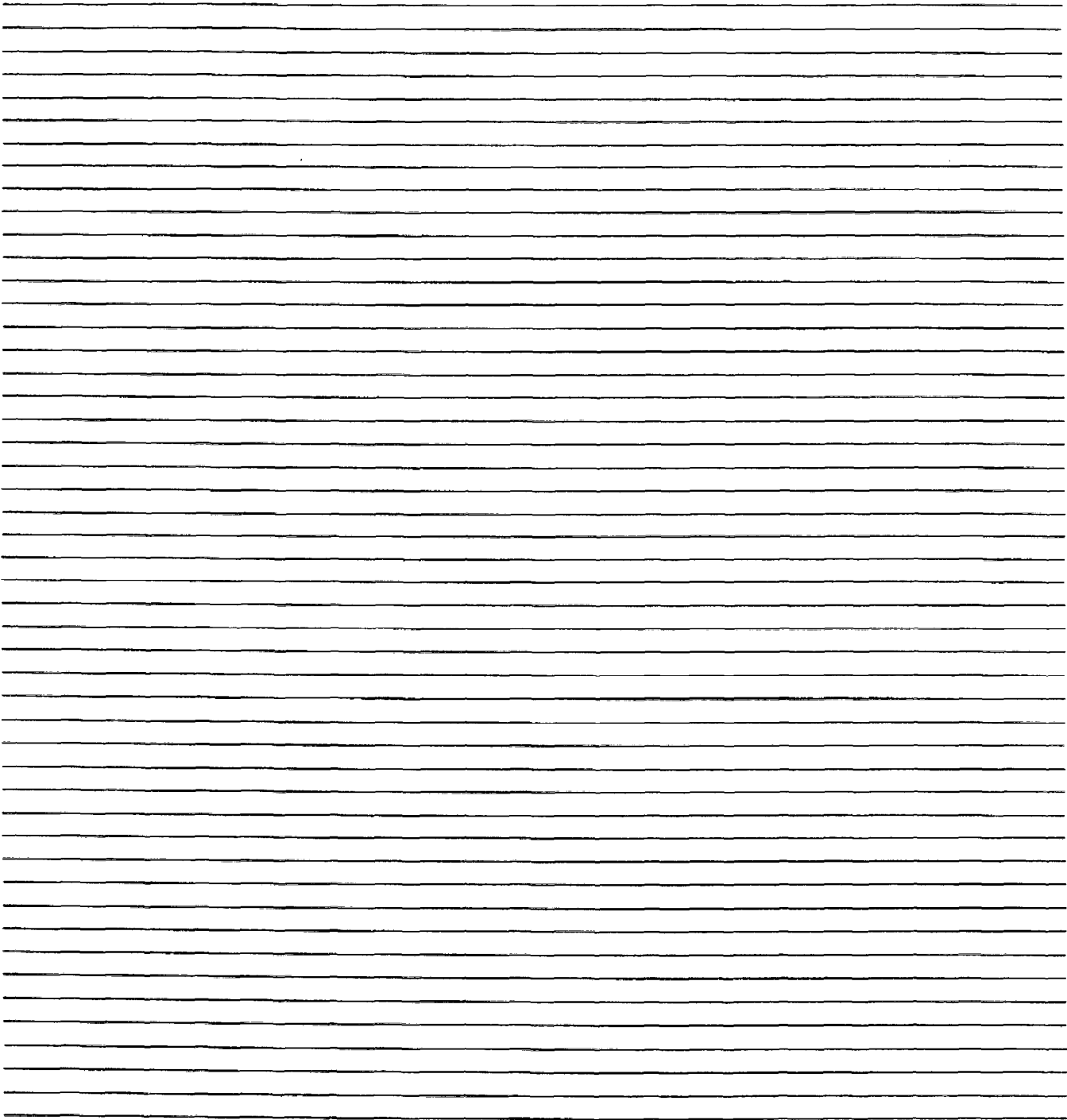
MONITORING AND RECORDS

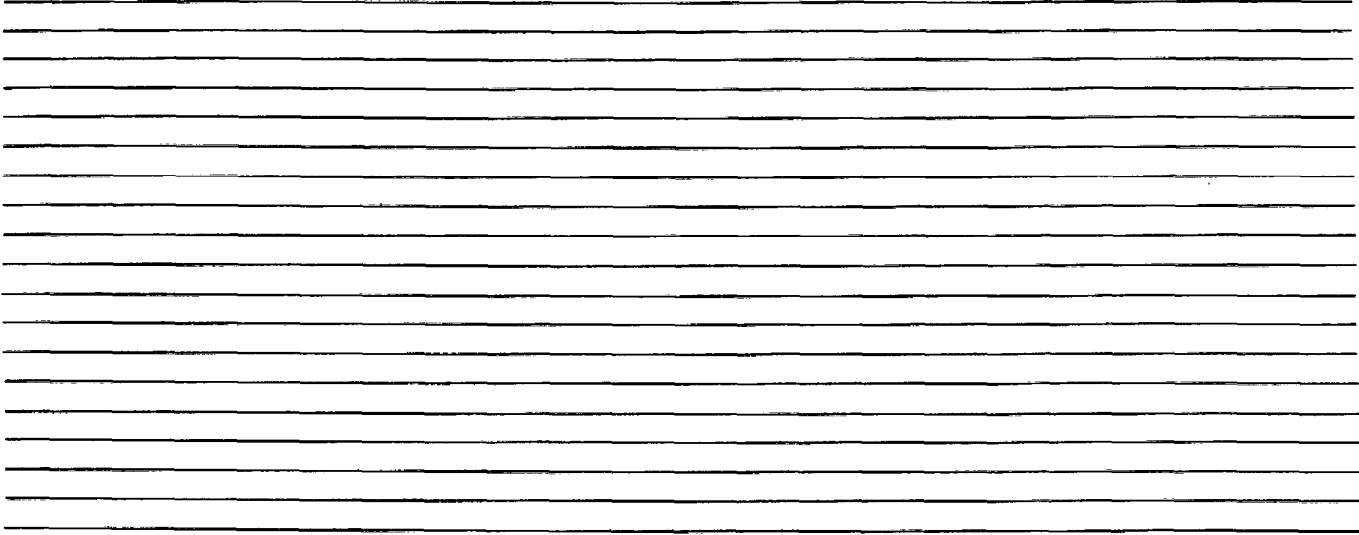
1. Number of bacteria samples per month required _____
2. Sample siting plan submitted to EPA? _____
3. Is sampling procedure adequate? _____

Comments ^C _____

4. Are copies of monitoring results, system records and plans...
- Retained on the premises? _____
- Available to the surveyor? _____
5. Violations (w/in last 2 yrs) Date: _____ Type(s) _____
Agency action _____
System response _____
6. Samples taken during survey _____
Type _____ Results _____
7. Are all system records and plans properly filed and available to the Surveyor? _____
8. Next tests due...
Inorganic chemicals _____
Organic chemicals _____
VOCs _____
SOCs _____
Total trihalomethanes _____
Radionuclides _____

Comments ^C _____





Environmental Protection Agency, Region VIII
999 18th St. Suite 500 (8WM-DW)
Denver, Colorado 80202-2405

ASSESSMENT OF GROUND WATER UNDER THE DIRECT INFLUENCE
OF SURFACE WATER AND SUBJECT TO SURFACE WATER
TREATMENT RULE

Name: PWS# 5600000

Source Name: County:

Date: []C []NC []NTNC Index Points Score

A. TYPE OF SUBSURFACE WATER SOURCE (Circle One)

Well, equal to or greater than 50 ft. deep..... 0
Well, less than 50 ft. deep..... 5
Spring..... 5
Infiltration Gallery..... 10

B. HISTORICAL MICROBIOLOGICAL CONTAMINATION (Circle)

History or suspected outbreak of Giardia
or other pathogenic organisms associated with
surface water with current system configuration. 50

Record of total coliform acute MCL violations
over last 3 years..... 30

Record of total coliform monthly MCL violation
over last 3 years
One Month..... 5
Two Months..... 10
Three Months..... 20

Regulatory agency verifies complaints about
turbidity or suspected waterborne disease..... 10

C. HYDROGEOLOGICAL FEATURES (Circle)

Distance between a surface water source and
casing or nearest collector lateral
Over 200 ft..... 0
100 - 200 ft..... 5
Less than 100 ft..... 10

Intake is located on floodplain at approximate
altitude of stream..... 20

Surface runoff drains toward intake..... 15

Exposed aquifer that is coarse alluvial,
cavernous, or fractured is used for water supply 15

D. WATER INTAKE STRUCTURE (Circle)

Poorly constructed well, or spring collection chamber (uncased, or casing not cemented to depth of at least 20 feet below land surface)..... 15

Poor sanitary seal, or seal without acceptable material..... 15

Intake open to atmosphere..... 15

Leaks of source collector that allow entry of surface water..... 15

TOTAL SCORE _____

COMMENTS:

Analyst: Mike Sposit

revised 10/22/91

The GWUDISW assessment will be incorporated into sanitary survey visits. This assessment form is designed for the first round screening based on the field observations and record review of a PWS.

If a PWS scores above the criteria EPA Region VIII set above, the PWS has 3 options to proceed:

The first option is to improve or modify intake structure(s), if item D makes up most of the points.

The second option is to collect and analyze at least 2 particulate samples (one collected in dry season, and one collected in wet season).

The third option is to monitor the source water quality daily, from Monday to Friday, for at least 4 consecutive calendar quarters.

A PWS, which scores above the set criteria, has to either do the particulate analysis and/or start a water quality monitoring program immediately, but no later than 6 months of this assessment.

The most convincing data for the determination are the particulate analyses. We should recommend a PWS do the particulate analyses. And it is the responsibility of a PWS to collect the samples for particulate analyses.

A PWS, which scores above the set criteria, will be a GWUDISW and start to monitor as specified in the SWTR; unless the PWS can prove otherwise (through particulate analysis, source water monitoring, or improvement).

Based on the test or monitoring results, EPA will make the final determination about the water supply source.

REVISED 10-22-1991

Environmental Protection Agency, Region VIII
 999 18th St. Suite 500 (8WM-DW)
 Denver, Colorado 80202-2405

VULNERABILITY INDEX FOR VOLATILE ORGANIC CHEMICALS
 IN PUBLIC WATER SUPPLIES IN REGION VIII

Name: PWS# 5600000
 County: []C []NC []NTNC []GW []SW
 Index Points Score

LOCALLY KNOWN HAZARDS

Chemical analysis of any
regulated VOC exceeding MCL
 in water supply.....50 _____
 Chemical analysis of
any VOC detected
 in water supply.....50 _____
 Significant VOC spill
 in last three years.....15 _____
 Significant VOC spill
 more than three years ago10 _____

LOCAL HAZARDOUS WASTE SITES

CERCLA, RCRA, or LUST site
 that generates VOCs within two points
 metropolitan area.....per site _____
 metropolitan area _____ No.sites _____
 Use, disposal, or storage
 of VOCs within metropolitan
 area.....10 _____

WATERSHED PROTECTION

Unprotected.....15 _____
 Public and agriculture are
 denied access to watershed.....12 _____
 New industry is denied
 access to watershed..... 9 _____
 New industry, public, and
 agriculture are denied
 access to watershed..... 6 _____
 New industry, public,
 agriculture, and transportation
 are denied access to watershed..... 0 _____

	Index Points	Score
POPULATION OF SYSTEM		
(rounded to nearest thousand)		
0 to 1,000.....	1	_____
1,000 to 2,000 etc.....	2	_____
MISCELLANEOUS		
Large water system nearby.....	5	_____
CHARACTERISTICS OF GROUND-WATER SYSTEMS		
Infiltration gallery or spring.....	10	_____
Well depths (feet)		
0 to 100.....	10	_____
100 to 200.....	7	_____
200 to 500.....	3	_____
More than 500.....	0	_____
Poorly constructed well (uncased, or casing not cemented to depth of at least 20 feet below surface).....	10	_____
Stream in vicinity of wells, gallery, or spring	5	_____
Coarse alluvial, cavernous or highly fractured aquifer used for water supply.....	3	_____
TOTAL SCORE		_____

The vulnerability index is the total of all index points for each city. A vulnerability assessment is required every 3 years for water systems with more than 500 service connections; an assessment is required every 5 years for systems with fewer than 500 service connections.

Special vulnerability test for Ethylene Dibromide (EDB) and 1,2-Dibromo-3-Chloropropane (DBCP). Note: Nationwide about 10 years ago, 300 million lbs. of these two VOC's were used annually.

Is PWS vulnerable to EDB (gasoline additive/pesticide)? Yes No
 Is PWS vulnerable to DBCP (pesticide)? Yes No
 If vulnerable, state why:

ND = Not Detected

Analyst Mike Sposit

Date May 21, 1991

revised 05/21/91

Ref: 8WM-DW-PWSIE

February 9, 1995

1~
c/o 2~
3~
4~, 5~ 6~

RE: Ground Water Under The
Direct Influence Of
surface Water (GWUDISW)
PWS ID# 7~ 8~

Dear 9~:

This letter concerns the ground water source that supplies water for your public water system.

The Surface Water Treatment Rule (SWTR) requires that each ground water source, including wells, springs, and infiltration galleries, be assessed to determine if it is influenced by surface water. If a ground water source is determined to be under the direct influence of surface water, the system has to either provide filtration or meet the filtration avoidance criteria (40 CFR Section 141.70).

The most recent on-site sanitary survey of your water system included the first screening in the process of assessing the influence, if any, of surface water on the ground water source.

This first assessment indicated the possibility that your ground water supply source(s) might be directly influenced by surface water.

In order for us to make a final determination, we must acquire further information.

The most conclusive information can be obtained by conducting a microscopic particulate analysis - or MPA. The method is used to determine if certain surface water indicators - microscopic particulates - are present or absent in the ground water source.

In some cases other options exist:

It is possible that structural improvements of the surface facilities will assure that the source will be protected from the influence of surface water.

A third option involves water quality parameter (WQP) monitoring. Under this option, you must monitor WQPs (four parameters) for at least a year and submit the

data to EPA for determination. If interested, please contact us for more information on this option.

Our preferred option is MPA testing. With MPA, a minimum of three raw water samples from each source are required in order to make a determination. At least two of the samples must be collected in the wet season - from late March to late June - when the spring run-off occurs and the ground water source is most susceptible to surface water influence. The third sample can be collected during a dryer period.

The MPA sampling, or one of the other options, should be completed by September 1996. Please advise us as to how you wish to proceed.

The collecting of MPA samples is a technical process and requires special equipment. For these reasons, EPA is offering technical assistance in the form of providing people and equipment for MPA sampling. The laboratory cost for the analysis of the samples is the responsibility of the public water supply owner/operator.

It should be emphasized that we are not requiring you to use EPA's technical assistance or to use a particular laboratory. You should understand, however, that it is your responsibility to provide, in a timely manner, the necessary data to make a final determination about your ground water source.

If you elect to arrange for the MPA testing yourself, be sure that you check with the laboratory you select prior to the actual sampling. We are enclosing a list of MPA laboratories for your information. This reference does not imply any endorsement or certification from EPA.

If you select one of the other options, you must advise us so that we can monitor your structural improvements and/or concur in your WQP testing.

If you wish to take advantage of EPA's technical assistance, you may contact Chuck Lamb at 1-800-227-8917, ext. 1428. He will be glad to answer your questions or explain the options to you. If you desire, he will arrange an appointment with you to sample your source(s) for MPA.

You may also contact Mary Wu on ext. 1698 or (303) 293-1698 for more information.

Sincerely,

Tony Medrano
Chief, PWS Implementation and
Enforcement Section

Enclosure

FCD: February 9, 1995, clamb, cfl, C:\DATA\WP\GWA\MPA1ST.LTR

SYSTEM CASE STUDY for GWUI

Date _____

Location: _____

PWS 56

Source: _____ Evaluator: _____

Aquifer Type:

Unconsolidated: Silt _____ Sand _____ Sand/Gravel _____ Gravel _____
Cobbles _____ Boulders _____

Consolidated: Sandstone _____ Limestone(karst) _____ Volcanic(lava) _____
Fractured Bed Rock _____

Identify rock type - Sandstone, Limestone, Shale, Siltstone, Granite, etc. _____

Note: Multiple Aquifer Types? _____

Source Type:

Spring _____ Infiltration Gallery _____ Well _____

Collection Device:

Direct _____ Collection Box _____

Ave. daily discharge _____ gpm Max. daily discharge _____ gpm

Is source used seasonally or intermittently? No _____ Yes _____

Microbiological Quality:

Basis of potential source contamination from

Giardia/Cryptosporidium and estimated distance from source water?

Surfacewater _____ Type _____ Distance _____ ft.

Septic System _____ Type _____ Distance _____ ft.

Wastewater _____ Type _____ Distance _____ ft.

Other _____ Distance _____ ft.

Has there ever been a waterborne disease outbreak associated with this source? No _____ Yes _____ If yes explain.

Have there been bacteriological MCL violations within the last five years associated with this source? No _____ Yes _____ If yes, describe.

Have there been consumer complaints within the past five years associated with this source? No _____ Yes _____ If yes, describe nature.

Comments: Frequency: Remedial Action:

Construction:

Does this source meet construction specifications including good sanitary practices regarding location, construction, seal, etc. to prevent the entrance of surfacewater?

Points to check: surface seal, casing, depth of casing, and flooding. Acceptable___ Unacceptable___

Field Parameters:

Review the data on water quality parameters? Is there any evidence of local surfacewater influence during the year? If yes, describe type of evidence including time and period if possible.

Temperature:

Conductivity:

Turbidity:

Is monitoring data collected Daily___ Weekly___ Monthly___

Hydrogeological Information:

What can be concluded from data if provided?

GWUDI:

Can a decision be made from the data provided thus far?

If yes, on what basis?

MPA:

Results and additional information acquired for a determination of GWUDI.

1. Can a determination be made after reviewing the MPA data?
No___ Yes___ What basis?
2. Can a determination be made on reviewing the hydrogeologic data? No___ Yes___ What basis?
3. Recommendations to the utility in regard to this source status and basis of determination made.
4. What further information is required to make a determination for this facility?

Microscopic Particulate Analysis (MPA)
Analysis Request Chain of Custody

Sample Information:

PWS _____

System Name: _____

Sampler Name: Mike Sposit

Address: _____

Address: Midwest Assistance Program Inc.
Box 688
Green River, Wyoming 82935

Phone Number: (307) _____

Phone: (307) 875-4200 _____

Sample ID: _____

Date/Time Start: _____

Meter Reading: _____

Date/Time Stop: _____

Meter Reading: _____

Total Sample Time: _____ Hrs.

Total Gallons Sampled: _____

Field Measurements:

Water Temp: _____ °C pH _____ Conductivity: _____ μ mhos NTU's: _____

Sample exposed to disinfectant? Yes ___ No ___ Sample DeChlorinated? Yes ___ No ___

Residual Chlorine Tested _____ mg/l

This sample is:

Raw Surfacewater ___ Filtered Surfacewater ___ Infiltration System: ___

Name of lake /stream/river: _____

Groundwater:

Spring ___ Infiltration Gallery: ___ Artesian Well: ___ Drilled Well: ___

Well Depth: _____ ft Distance from lake/stream/river: _____ ft

Notes:

File No. _____



MPA Environmental Support Data

PWS No. _____

Date: _____

Weather Conditions:

Last Rain: Date ___/___/___ Time _____ Inches _____

Spring Run Off: Date Started ___/___/___ Ended ___/___/___

Note: _____

Current Temperature: Air ___ °C Type of Day: Cold Warm Dry Wet

Surfacewater: Distance to Groundwater Source _____ feet

Condition of Stream: Clear Muddy Low High Slow Fast

Approximate Altitude of Stream; _____ feet

Subsurface Water Table: _____ feet Condition of Soil: Wet Dry

Area Geology: _____

Pumping Rate: _____ gpm _____ % of Design or maximum

Surface Area around well site: Evidence of Cattle Sheep Wildlife Other

Notes:

Relinquished By:	Affiliation:	Date/Time:	Received by:	Affiliation:	Date/Time:
Relinquished By:	Affiliation:	Date/Time:	Received by:	Affiliation:	Date/Time:
Relinquished By:	Affiliation:	Date/Time:	Received by:	Affiliation:	Date/Time:
<input type="checkbox"/> samples received in good condition?			Remarks:		

ENCLOSURES TO NEW SYSTEM PACKETS

NC-GRD

BACTI SAMPLING
BACTI SAMPL TRNG GUIDE
CERTIFIED LABS (MAY 91)
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