# APPENDIX A: ANNUAL WATER QUALITY REPORT AND SANITARY SURVEY

## 2014 ANNUAL WATER QUALITY REPORT

## 2015 PUBLIC WATER SUPPLY ROUTINE SANITARY SURVEY

THIS PAGE LEFT INTENTIONALLY BLANK

Quality On Tap!

Our Commitment Our Profession

# City Of York

## Annual Water Quality Report
### For January 1 to December 31, 2014

This report is intended to provide you with important information about your drinking water and the efforts made by the City Of York water system to provide safe drinking water.

**Para Clientes Que Hablan Español:** Este informe contiene información muy importante sobre el agua que usted bebe. Traduzcalo ó hable con alguien que lo entienda bien.

For more information regarding this report, contact:

KENNETH J EKELER
402-363-2600

If you would like to observe the decision-making processes that affect drinking water quality, please attend the regularly scheduled meeting of the Village Board/City Council. If you would like to participate in the process, please contact the Village/City Clerk to arrange to be placed on the agenda of the meeting of the Village Board/City Council.

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA's Safe Drinking Water Hotline (800-426-4791).

**Source Water Assessment Availability:**
The Nebraska Department of Environmental Quality (NDEQ) has completed the Source Water Assessment. Included in the assessment are a Wellhead Protection Area map, potential contaminant source inventory, vulnerability rating, and source water protection information. To view the Source Water Assessment or for more information please contact the person named above on this report or the NDEQ at (402) 471-6988 or go to www.deq.state.ne.us .

In order to ensure that tap water is safe to drink, EPA prescribes regulations which limit the amount of certain contaminants in water provided by public water systems. FDA regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

**Sources of Drinking Water:**
The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and groundwater wells. As water travels over the surface of the land or through the ground, it dissolves naturally-occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

The source of water used by City Of York is ground water.

**Contaminants that may be present in source water include:**
* Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations and wildlife.
* Inorganic contaminants, such as salts and metals, which can be naturally occurring or result from urban storm water runoff, industrial, or domestic wastewater discharges, oil and gas production, mining, or farming.
* Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban storm water runoff, and residential uses.
* Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban storm water runoff, and septic systems.
* Radioactive contaminants, which can be naturally-occurring or be the result of oil and gas production and mining activities.

**Drinking Water Health Notes:**
Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by Cryptosporidium and other microbial contaminants are available from the Safe Drinking Water Hotline (800-426-4791).

Infants, young children, and pregnant women are typically more vulnerable to lead in drinking water than the general population. It is possible that lead levels at your home may be higher than at other homes in the community as a result of materials used in your home's plumbing. If you are concerned about elevated lead levels in your home's water, you may wish to have your water tested. Flushing your tap for 30 seconds to 2 minutes before using your tap water will clear the line of any lead that may have leached into the water while the line was idle. Additional information is available from the Safe Drinking Water Hotline (800-426-4791) or the DHHS/Division of Public Health/Office of Drinking Water (402-471-2541).

The City Of York is required to test for the following contaminants: Coliform Bacteria, Antimony, Arsenic, Asbestos, Barium, Beryllium, Cadmium, Chromium, Copper, Cyanide, Fluoride, Lead, Mercury, Nickel, Nitrate, Nitrite, Selenium, Sodium, Thallium, Alachlor, Atrazine, Benzo(a)pyrene, Carbofuran, Chlordane, Dalapon, Di(2-ethylhexyl)adipate, Dibromochloropropane, Dinoseb, Di(2-ethylhexyl)phthalate, Diquat, 2,4-D, Endothall, Endrin, Ethylene dibromide, Glyphosate, Heptachlor, Heptachlor epoxide, Hexachlorobenzene, Hexachlorocyclopentadiene, Lindane, Methoxychlor, Oxamyl (Vydate), Pentachlorophenol, Picloram, Polychlorinated biphenyls, Simazine, Toxaphene, Dioxin, Silvex, Benzene, Carbon Tetrachloride, o-Dichlorobenzene, Para-Dichlorobenzene, 1,2-Dichlorethane, 1,1-Dichloroethylene, Cis-1,2,-Dichloroethylene, Trans-1,2-Dichloroethylene, Dichloromethane, 1,2-Dichloropropane, Ethylbenzene, Monochlorobenzene, 1,2,4-Trichlorobenzene, 1,1,1-Trichloroethane, 1,1,2-Trichloroethane, Trichloroethylene, Vinyl Chloride, Styrene, Tetrachloroethylene, Toluene, Xylenes (total), Gross Alpha (minus Uranium & Radium 226), Radium 226 plus Radium 228, Sulfate, Chloroform, Bromodichloromethane, Chlorodibromomethane, Bromoform, Chlorobenzene, m-Dichlorobenzene, 1,1-Dichloropropene, 1,1-Dichloroethane, 1,1,2,2-Tetrachlorethane, 1,2-Dichloropropane, Chloromethane, Bromomethane, 1,2,3-Trichloropropane, 1,1,1,2-Tetrachloroethane, Chloroethane, 2,2-Dichloropropane, o-Chlorotoluene, p-Chlorotoluene, Bromobenzene, 1,3-Dichloropropene, Aldrin, Butachlor, Carbaryl, Dicamba, Dieldrin, 3-Hydroxycarbofuran, Methomyl, Metolachlor, Metribuzin, Propachlor.

**How to Read the Water Quality Data Table:**
The EPA and State Drinking Water Program establish the safe drinking water regulations that limit the amount of contaminants allowed in drinking water. The table shows the concentrations of detected substances in comparison to the regulatory limits. Substances not detected are not included in the table. The state requires monitoring of certain contaminants less than once per year because the concentrations of these contaminants do not change frequently. Therefore, some of this data may be older than one year.
**MCL (Maximum Contaminant Level) –** The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.
**MCLG (Maximum Contaminant Level Goal) –** The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
**AL (Action Level) –** The concentration of a contaminant which, if exceeded triggers treatment or other requirements which a water system must follow.
**MRDL (Maximum Residual Disinfectant Level) –** The highest level of a disinfectant allowed in drinking water.
**MRDLG (Maximum Residual Disinfectant Level Goal) –** The level of disinfectant in drinking water below which there is no known or expected risk to health.
**QRAA (Quarterly Running Annual Average) –** An ongoing annual average calculation of data from the most recent four quarters.
**90th Percentile –** Represents the highest value found out of 90% of the samples taken in a representative group. If the 90th percentile is greater than the action level, it will trigger a treatment or other requirements that a water system must follow.
**N/A –** Not applicable.

**Units in the Table:**
**ppm (parts per million) = mg/L (milligrams per liter) –** One ppm or one mg/L corresponds to 1 gallon of water in 1,000,000 gallons of water.
**ppb (parts per billion) –** One ppb corresponds to 1 gallon of water in 1,000,000,000 gallons of water.
**pCi/L (Picocuries per liter) –** Radioactivity concentration unit.
**ug/L (micrograms per liter) –** Measurement of radioactivity.

City Of York

# TEST RESULTS

Date Printed: 3/10/2015 NE3118706

| Microbiological | Highest No. of Positive Samples | MCL | MCLG | Likely Source Of Contamination | Violations Present |
|---|---|---|---|---|---|
| COLIFORM (TCR) | In the month of September, 2 sample(s) were positive | MCL: Systems that Collect Less Than 40 Samples per Month - No more than 1 positive monthly sample | 0 | Naturally present in the environment | Yes |

| Lead and Copper | Monitoring Period | 90th Percentile | Range | Unit | AL | Sites Over AL | Likely Source Of Contamination |
|---|---|---|---|---|---|---|---|
| COPPER, FREE | 2008 - 2010 | 0.241 | 0.00682 - 0.877 | ppm | 1.3 | 0 | Erosion of natural deposits; Leaching from wood preservatives; Corrosion of household plumbing. |
| LEAD | 2008 - 2010 | 4 | 1.1 - 9.98 | ppb | 15 | 0 | Erosion of natural deposits; Leaching from wood preservatives; Corrosion of household plumbing. |

| Regulated Contaminants | Collection Date | Highest Value | Range | Unit | MCL | MCLG | Likely Source Of Contamination |
|---|---|---|---|---|---|---|---|
| BARIUM | 02/23/2014 | 0.282 | 0.0542 - 0.282 | ppm | 2 | 2 | Discharge from drilling wastes; Discharge from metal refineries; Erosion of natural deposits. |
| CHROMIUM | 02/23/2014 | 13.3 | 1.7 - 13.3 | ppb | 100 | 100 | Discharge from steel and pulp mills; Erosion of natural deposits. |
| FLUORIDE | 08/18/2014 | 0.461 | 0.248 - 0.461 | ppm | 4 | 4 | Erosion of natural deposits; water additive which promotes strong teeth; Fertilizer discharge. |
| NITRATE-NITRITE | 04/21/2014 | 9.22 | 0.134 - 9.22 | ppm | 10 | 10 | Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits |
| SELENIUM | 02/23/2014 | 11.5 | 11.5 | ppb | 50 | 50 | Erosion of natural deposits |
| TRICHLOROETHYLENE | 08/18/2014 | 0.817 | 0.817 | ppb | 5 | 0 | Discharge from metal degreasing sites and other factories |

| Radiological Contaminants | Collection Date | Highest Value | Range | Unit | MCL | MCLG | Likely Source Of Contamination |
|---|---|---|---|---|---|---|---|
| COMBINED RADIUM (-226 & -228) | 08/27/2012 | 0.3 | 0.3 | pCi/L | 5 | 0 | Erosion of natural deposits |
| COMBINED URANIUM | 04/12/2010 | 1.2 | 0.2 - 1.2 | pCi/l | 20 | 0 | Erosion of natural deposits |
| GROSS ALPHA, EXCL. RADON & U | 03/16/2010 | 3.2 | 3.2 | pCi/L | 15 | 0 | Erosion of natural deposits |
| GROSS ALPHA, INCL. RADON & U | 04/09/2014 | 8.18 | 8.18 | pCi/L | 15 | 0 | Erosion of natural deposits |
| RADIUM-226 | 08/27/2012 | 0.3 | 0.3 | pCi/L | 5 | 0 | Erosion of natural deposits |
| RADON | 03/16/2010 | 659 | 278 - 659 | pCi/L | | | |

| Unregulated Water Quality Data | Collection Date | Highest Value | Range | Unit | Secondary MCL |
|---|---|---|---|---|---|
| NICKEL | 03/03/2014 | 0.00242 | 0.00106 - 0.00242 | mg/L | 0.1 |
| SULFATE | 03/03/2014 | 44.9 | 39.3 - 44.9 | mg/L | 250 |

**During the 2014 calendar year, we had the below noted violation(s) of drinking water regulations.**

| Type | Category | Analyte | Compliance Period |
|---|---|---|---|
| MCL (TCR), MONTHLY | MCL | COLIFORM (TCR) | 08/01/2014 - 08/31/2014 |
| MCL (TCR), MONTHLY | MCL | COLIFORM (TCR) | 09/01/2014 - 09/30/2014 |

**The City Of York has taken the following actions to return to compliance with the Nebraska Safe Drinking Water Act:**

**Additional Required Health Effects Language:**

**Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other potentially harmful bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.**

Revised 12/30/2010

Department of Health & Human Services
DHHS
NEBRASKA

# Nebraska Department of Health and Human Services
## Division of Public Health – Office of Drinking Water
## Public Water Supply Routine Sanitary Survey

**PWS Name:** City of York **PWSID #:** NE31-18706 **Permit Issue Date:** 11/06/2001

**County:** York **NRD #:** 1 - Upper Big Blue **System Class:** 3 **Type of System:** C

**Accompanied By:** Ken Ekeler **Title:** water operator **Governing Body:** City council & Mayor

**Is there a defined organizational structure for decision making:** Y ☒ N ☐

**RSS Date:** 6/9/2015 **Last RSS Date:** 6/26/12 **Inspection By:** Bob Byrkit

**Is the operator in responsible charge properly licensed:** Y ☒ N ☐

**Do all other operators that make process control / sytem integrity decisions have at least a Grade 4 License:** Y ☒ N ☐

## FINANCIAL INFORMATION

**% Metered Connections:** 100%

**System Interconnections:** ____ **Reason:** ☐ Purchase ☐ Sell ☐ Emergency

**Comments:** ____

**Is operating budget available for inspection:** Y ☒ N ☐ **Planned or Actual for Year:** planned 2014-2015

(Procure a copy of the systems operating budget and water rate structure and attach to survey)

## SYSTEM RECORDS / PROGRAMS

| | S | U | NA | Comments |
|---|---|---|---|---|
| System Maps | ☒ | ☐ | ☐ | |
| Water Quality / Sample results | ☒ | ☐ | ☐ | |
| Water Production Records | ☒ | ☐ | ☐ | |
| Chemical Use Records | ☐ | ☐ | ☒ | no chemicals use |
| Maintenance Records | ☒ | ☐ | | |
| Customer Complaints | ☒ | ☐ | | file no complaints |
| Cross-Connection Control Requirements | ☒ | ☐ | | |
| Copy of Sampling Plans | ☒ | ☐ | ☐ | |
| Wellhead Encroachment Policy | ☒ | ☐ | ☐ | Date Adopted: 1999 Description: Ordinance 1796 |
| Emergency Phone List | ☒ | ☐ | | |
| Emergency Plan | ☒ | ☐ | ☐ | Expiration date: 7/15/2017 |
| Planning Records | ☒ | ☐ | ☐ | (Master Plan) |
| CCR(s) | ☒ | ☐ | ☐ | |
| O&M Manual | ☒ | ☐ | | |
| Provisions For Drought Mitigation/Management | ☒ | ☐ | ☐ | |

**Other Records and Comments:** ____

## WATER SOURCE INFORMATION

Source Type: ☐ Surface Water ☐ Infiltration Gallery ☐ Spring ☒ Well

Other: ____

Does the system have a withdrawal (allocation) permit: Y ☒ N ☐

If yes, from whom and quantity: ____

Max. daily (24 hour) production capability: 15.819 MG Total production for past year: 496.347 MG

Comments: 8000

Complete a Source Water VA for each source and attach to sensitive / secure information sheet (Bulls eye, State only)

## **VOLUNTARY PROGRAMS

| | | |
|---|---|---|
| **Does the system have a Watershed Management Program: | Y ☐ N ☒ | |
| **Does the system have a delineated Well Head Protection Area: | Y ☒ N ☐ | |
| **Has the WHPA officially been adopted by the system: | Y ☒ N ☐ N/A ☐ | Date: 2000 being updated |
| **Has a contaminant source inventory been completed: | Y ☒ N ☐ | Date: 05/06/1999 |
| **Has the contaminant source inventory been updated: | Y ☐ N ☒ N/A ☐ | Date: ____ |
| **Does the system have a delineated WDA (surface sources only): | Y ☐ N ☐ N/A ☒ | |
| **Has a contaminant inventory for the WDA been completed: | Y ☐ N ☐ N/A ☒ | Date: ____ |
| **Is there an ERP for spills within WHP or WDA Areas: | Y ☐ N ☐ N/A ☒ | |

(Items below required for systems over 3,300 population)

| | | |
|---|---|---|
| **Has an EPA Vulnerability Assessment (VA) been completed: | Y☒ N ☐ N/A ☐ | Date: 2003 |
| **Has certification documentation been submitted for the EPA VA: | Y☒ N ☐ N/A ☐ | |
| **Has an EPA Emergency Response Plan (ERP) been completed: | Y☒ N ☐ N/A ☐ | Date: 2003 |
| **Have certification documents been submitted for the EPA ERP: | Y☒ N ☐ N/A ☐ | |

Comments: ____

## DHHS-DPH will assess the following:

| | |
|---|---|
| Is the source adequate to meet peak demands: | Y ☒ N ☐ |
| Is all source water metered: | Y ☒ N ☐ |
| Are any source water facilities located within a 100 yr. flood plain: | Y ☐ N ☒ |

If yes, list each facility: ____

| | |
|---|---|
| Have any source water facilities ever been flooded: | Y ☐ N ☒ |

If yes, list each facility: ____

Comments on Water Source: ____

# CROSS-CONNECTION CONTROL PROGRAM

**Name of person responsible for the administration and enforcement of the CCC Program:** Ken Ekeler

## PWS Grade 6 Operators:

| Name | License # | Expiration Date |
|---|---|---|
| Kenneth Ekeler | 6273 | 12/31/2015 |
| Chuck Habsen | 7269 | 12/31/2015 |
| | | |

**Does the system have an adopted resolution, ordinance, or other enforceable instrument that assures the CCC requirements are being met:** Y ☒ N ☐ N/A ☐ **Comments:** ____

**If yes, provide the following information: Ordinance #:** 1642 **Other:** ____

**Responsibility of PWS:** enforcement, spot checks, surveys and testing, inspeciton of devices

**Responsibility of Consumer:** install protection, perform test, notify city of any system changes and test results Lawn every 5 years

**Fines or Penalties for Noncompliance:** Disconnection of service

**Date(s) of last cross-connection survey:** on going (sent out monthly) N/A ☐

**How were (are) surveys distributed:** by mail

**% of residential surveys returned:** 99% **% of non-residential surveys returned:** 100%

**What actions are taken if surveys are not returned:** door to door

**Have cross-connections been properly addressed:** Y ☒ N ☐ **Comments:** ____

**Required testing frequency of assemblies:** yearly except lawn spriklers every 5 years

**Have all backflow preventers been tested by a properly licensed G6 operator:** Y ☒ N ☐

**Are testing records for the last 5 years available:** Y ☒ N ☐ **Is testing current:** Y ☒ N ☐

**Does the PWS enforce the requirements of their cross-connection control program:** Y ☒ N ☐ **Comments:** ____

**Is an on-going public information program being done (beyond the CCR addition):** Y ☒ N ☐ **Describe:** informational brochure sent with each request for survey & Flyer city offices

**Comments:** ____

## ANNUAL REVIEW – SHORT AND LONG TERM PLANNING

**Are records being kept to facilitate an annual review of the capabilities of the system: Y ☒ N ☐**

**If yes, is an annual review being done: Y ☒ N ☐**

**Have the following items been included in the Annual Review of the PWS for the purpose of short (2 years) and long (10 years) term planning:**

| Item | Y | N | Comments |
|---|---|---|---|
| Source | ☒ | ☐ | |
| Storage | ☒ | ☐ | |
| Distribution System | ☒ | ☐ | |
| Population | ☒ | ☐ | |
| PWS Value | ☒ | ☐ | |
| Water Quality | ☒ | ☐ | |
| Security/Vulnerability | ☒ | ☐ | |

**Intended Capital Improvements for next 5 years:**

1.) treatment plant

2.) main updates

3.) ____

4.) ____

5.) ____

## WATER QUALITY MONITORING

**If the system has an AO, are the requirements of the order being followed: Y ☐ N ☐ N/A ☒**

**If not, describe: ____**

**If the AO is for nitrate, list locations of all nitrate postings: ____**

**If the system has a current MCL violation, is the system taking the required actions: Y ☐ N ☐ N/A ☒**

**If not, describe: ____**

**Is compliance water testing equipment calibrated or standardized: Y ☐ N ☐ N/A ☒**

**Are calibration records readily available: Y ☐ N ☐**

**What non-compliance water testing, if any, is routinely done: ____ ☒ None**

**List any established water quality goals: good water**

**Comments on Water Quality Monitoring: ____**

# DISTRIBUTION SYSTEM



☐ This is a non-community PWS without a distribution system.

Are there maps of the Distribution System(s): Y ☒ N ☐ Date of last update: 2012 Constant with new mains

Are the following features shown on the distribution map(s):

| | | | | |
|---|---|---|---|---|
| Line and Valve Locations: | Y ☒ | N ☐ | | Comments: ____ |
| Line and Valve Sizes: | Y ☒ | N ☐ | | Comments: ____ |
| Line Materials: | Y ☒ | N ☐ | | Comments: |
| Fire Hydrant Locations: | Y ☒ | N ☐ | N/A ☐ | Comments: ____ |
| Pressure-zone(s) Boundaries: | Y ☐ | N ☐ | N/A ☒ | Comments: ____ |
| Storage Facilities: | Y ☒ | N ☐ | N/A ☐ | Comments: ____ |
| Booster Pump Stations: | Y ☒ | N ☐ | N/A ☐ | Comments: ____ |
| Sampling sites and zone boundaries: | Y ☒ | N ☐ | | Comments: ____ |
| Does system have dead end mains: | Y ☒ | N ☐ | | |
| Do dead-ends have flushing capability: | Y ☒ | N ☐ | | |

Distribution system map comments: ____

Does the System retain records or documentation on the following:

| | | | | |
|---|---|---|---|---|
| O&M Distribution System Repairs: | Y ☒ | N ☐ | | |
| Leak Detection / Water Loss: | Y ☐ | N ☒ | N/A ☐ | Water Loss last year: ____% |

R&R / Water Loss Comments: ____

| | | | | |
|---|---|---|---|---|
| Does the system have a flushing program: | Y ☒ | N ☐ | | Frequency: 2 times yearly |
| Does the system utilize directional flushing: | Y ☒ | N ☐ | | Frequency: as needed |
| Does the system utilize pigging: | Y ☐ | N ☒ | | Frequency: ____ |
| Are valves inspected and exercised: | Y ☐ | N ☒ | | Frequency: |
| Are fire hydrants inspected and operated routinely: | Y ☒ | N ☐ | N/A ☐ | Frequency: 2 times yearly |
| Are sampling stations available: | Y ☐ | N ☒ | | Number: ____ |
| Is there a common POE for more than one source: | Y ☒ | N ☐ | | |

If yes, how many sources per POE? 971 & 971A

Are the POE's metered? Y☐ N☒

What is the pressure at each common POE?45 psi

Comments on POE's: meter at both wells

# DISTRIBUTION SYSTEM



**Piping Materials** *(indicate all types of piping existing in distribution system, # of feet of each type **may** be included)*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **C-900:** | ☐ ____ | **C-909:** | ☐ ____ | **PVC:** | ☐ ____ | **Copper:** | ☐ ____ |
| **Steel:** | ☐ ____ | **Lead:** | ☐ ____ | **AC:** | ☐ ____ | **Concrete:** | ☐ ____ |
| **Ductile Iron:** | ☒ ____ | **CIP:** | ☒ ____ | **SandCIP:** | ☒ ____ | **Other:** | ☐ ____ |

**Size of Pipe** *(indicate each pipe size present in distribution system, # of feet of each size **may** be included)*:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **1"** | ☐ ____ | **2"** | ☒ ____ | **3"** | ☐ ____ | **4"** | ☒ ____ |
| **6"** | ☒ ____ | **8"** | ☒ ____ | **10"** | ☒ ____ | **12"** | ☒ ____ |
| **14"** | ☒ ____ | **16"** | ☒ ____ | **18"** | ☒ ____ | **24"** | ☐ ____ |
| **36"** | ☐ ____ | **Other:** | ____ | | | | |

**Comments:** ____

## The following applies to all PWS

**Does the system have any lead service lines:** Y ☒ N ☐ Unknown ☐

**If yes, does the system have a removal or replacement method:** Y ☒ N ☐ **Describe:** remove when found

**Where does the systems responsibility for the distribution system end (corp stop, curb stop, etc.):** corp stop

**Where is the point of maximum water residence time in the distribution system:** 5520 South Lincoln (Physical location description)

**Disinfectant Residual Check:** **POE:** N/A mg/L **Max. residence time:** N/A mg/L

**Other checks:** N/A

**Frequency of checking distribution disinfectant residual:** N/A

**Test kit used:** N/A

**Typical distribution system pressure range (pressure fluctuation):** 5 psi

**Pressure at highest elevation (lowest pressure):** 45 psi **Location (address or physical):** 4 North circle Dr.

**Are pressure readings routinely taken from the distribution system:** Y ☒ N ☐

**Frequency:** Constant with chart recorder

**Comments on Distribution System:** ____

# CONTROL SYSTEMS

Age of Control System or Installation Date: 2011 updated 2013 Control Type: SCADA VFD

Mode of Communications: Phone: ☐ ____ Leased: ☐ ____ Owned: ☐ ____

Radio: ☒ ____ Hard wired: ☐ ____ Other: ____

Is there a backup communications system: Y ☒ N ☐ N/A ☐ Describe: touch screen computer

Is a UPS available: Y ☒ N ☐ If yes, at all sites?: Y ☒ N ☐ Duration of backup: 1 hours & generator at shop

Does control system automatically log system data: Y ☒ N ☐

If yes, what data is automatically logged: tower levels & well run times & well water levels

Frequency of data logging: continuos

Does control system generate automatic reports: Y ☒ N ☐

If yes, what are the reports: water pumped electric usage Well drawdowns GPM

Frequency of automatic reports: daily

Is there manual override capability in the control system: Y ☒ N ☐

If yes, describe: switch at wells

Who has the authority to make set-point changes (provide a name): Ken Ekeler

Describe the security measures for the control system: locked door

Is a spare parts inventory maintained on hand: Y ☒ N ☐ Comments: ____

Comments on Control Systems: 822, 774, 771, 681 and 621 Wells do not have VFD's

## SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 621 Well Common Name: Platte DNR Registration #: G-030563 Well Status: Emergency

Comments: this well has just been put on emergency use

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☒ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: Daily Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 30 Pump Type: Turb Well Depth: 183' Well Casing Dia: 10/12*"

Screen Const. Type: SS Top of Screen Depth: 66' Casing Type: Steel Pump Setting: 80'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 1.25" Comments: ____

Well blow-off size: 2" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☐ N ☒

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 0 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 3/4"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☐ N ☒

Is well metered: Y ☒ N ☐ Type: propeller Size: 8" Make/Model: Sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 8970 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: Daily Airline Length: 80'

Static Water Level: 30' Pumping Water Level: 72' Drawdown: 42' Avail. DD: 36'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Diesel Generator Describe Other:____

Size: ____ Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often monthly? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: * This is the screen diameter of wells. well pumps to ground storage tank

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 681 Well Common Name: ____ DNR Registration #: G-030559 Well Status: Active

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☒ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: Daily Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 70 Pump Type: Turb Well Depth: 356' Well Casing Dia: 10/12*"

Screen Const. Type: SS Top of Screen Depth: 167' Casing Type: Steel Pump Setting: 165'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 1" Comments: ____

Well blow-off size: 4" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☐ N ☒

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 45 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 3/4"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☐ N ☒

Is well metered: Y ☒ N ☐ Type: propeller Size: 8" Make/Model: Sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 260865 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: Daily Airline Length: none'

Static Water Level: 77' Pumping Water Level: 131' Drawdown: 54' Avail. DD: 88'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Diesel Generator Describe Other:____

Size: ____ Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often monthly? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: * This is the screen diameter of wells.

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

**Well ID #:** 761 **Well Common Name:** ____ **DNR Registration #:** G-063042 **Well Status:** Active

**Comments:** ____

**If INACTIVE, is well disconnected from the system:** Y ☐ N ☐ **Decommissioned properly:** Y ☐ N ☐

**Is this well part of a combined POE to the distribution system:** Y ☐ N ☒ N/A ☐ **If yes, which one:** ____

**Frequency site is inspected by PWS:** Daily **Describe other:** ____

**Is the well sealed properly at the surface:** Y ☒ N ☐ **Comments:** ____

**Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface:** Y ☒ N ☐

**Motor HP:** 50 **Pump Type:** Turb **Well Depth:** 194' **Well Casing Dia:** 18"

**Screen Const. Type:** SS **Top of Screen Depth:** 107' **Casing Type:** Steel **Pump Setting:** 150'

**Is the well vent termination and screening acceptable:** Y ☒ N ☐ **Size:** 1" **Comments:** ____

**Well blow-off size:** 2" **Is blow-off properly capped or screened:** Y ☒ N ☐

**Is a sampling tap available:** Y ☒ N ☐ **Is the sample tap smooth nosed:** Y ☐ N ☒

**Is a pressure gauge available:** Y ☒ N ☐ **Working:** Y ☒ N ☐ **Observed pressure gauge reading:** 45 psi Static

**Is a chemical injection tap available:** Y ☒ N ☐ **Chemical tap size:** 3/4"

**Is an approved electrical outlet available for chemical tap:** Y ☒ N ☐ **Is this a GFI outlet:** Y ☐ N ☒

**Is well metered:** Y ☒ N ☐ **Type:** propeller **Size:** 8" **Make/Model:** sensus **Serial #:** ____

**Electric meter reading:** ____ **Water meter reading:** 14344 X 1000 **Hr. meter reading:** ____

**Are drawdown readings taken routinely:** Y ☒ N ☐ **Frequency:** Daily **Airline Length:** 105'

**Static Water Level:** 34' **Pumping Water Level:** 82' **Drawdown:** 48' **Avail. DD:** 73'

**Are cross-connection requirements adequately met:** Y ☒ N ☐

**Are chemicals injected at the well:** Y ☐ N ☒ **If yes, what chemical(s):** ____

**Observed condition of piping and valving:** Good, paint Ok and no corrosion

**Observed condition of electrical systems:** Good, everything appears OK

**Is backup power available:** Y ☒ N ☐ **Type:** Diesel Generator **Describe Other:** ____

**Size:** ____ **Kwh** ____ **Hp** ____ **RPM for PTO or Belt Drive** **If exercised, how often** monthly? **Under load** Y ☐ N ☐

**Is the facility well maintained and secure:** Y ☒ N ☐ **If yes, describe security measures:** locked door

**If necessary, is appropriate signage in place:** Y ☐ N ☐ N/A ☒

**Does well meet criteria for potential GWUDI:** Y ☐ N ☒ Unknown ☐

**Has the source been deemed to be GWUDI:** Y ☐ N ☐ **Date of determination:** ____

**Are there any encroachments on this well:** Y ☐ N ☒ **If yes, are they pre-existing or new:** ☐ Pre ☐ New

**Current well vulnerability rating:** ☐ Vulnerable ☒ Non-Vulnerable

**Comments on this well:** ____

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 771 Well Common Name: ____ DNR Registration #: G-060709 Well Status: Active

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☒ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: Daily Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 50 Pump Type: Turb Well Depth: 380' Well Casing Dia: 16/12*"

Screen Const. Type: SS Top of Screen Depth: 183 & 258 & 363' Casing Type: Steel Pump Setting: 160'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 3/4" Comments: ____

Well blow-off size: 2" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☐ N ☒

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 45 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 3/4"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☐ N ☒

Is well metered: Y ☒ N ☐ Type: propeller Size: 8" Make/Model: sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 321554 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: Daily Airline Length: none'

Static Water Level: 82' Pumping Water Level: 138' Drawdown: 56' Avail. DD: 78'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Diesel Generator Describe Other:____

Size: ____ Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often monthly? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☐ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: * This is the screen diameter of wells.

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 773 Well Common Name: ____ DNR Registration #: G-060708 Well Status: Emergency

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☒ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: X Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 50 Pump Type: Turb Well Depth: 292' Well Casing Dia: 16/12*"

Screen Const. Type: SS Top of Screen Depth: 157.5' Casing Type: Steel Pump Setting: 140'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 3/4" Comments: ____

Well blow-off size: 4" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☐ N ☒

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 70 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 1/2"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☐ N ☒

Is well metered: Y ☒ N ☐ Type: propeller Size: 8" Make/Model: Sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 976714 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: monthly Airline Length: none'

Static Water Level: 44' Pumping Water Level: 78' Drawdown: 34' Avail. DD: 96'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Diesel Generator Describe Other:____

Size: ____ Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often monthly? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: * This is the screen diameter of wells.

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 774 Well Common Name: ____ DNR Registration #: G-060707 Well Status: Active

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☒ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: Daily Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 50 Pump Type: Turb Well Depth: 249' Well Casing Dia: 16"

Screen Const. Type: SS Top of Screen Depth: 140.5' Casing Type: Steel Pump Setting: 130'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 3/4" Comments: ____

Well blow-off size: 3" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☐ N ☒

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 50 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 1/2"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☐ N ☒

Is well metered: Y ☒ N ☐ Type: propeller Size: 8" Make/Model: Sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 366713 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: Daily Airline Length: none'

Static Water Level: 48' Pumping Water Level: 102' Drawdown: 54' Avail. DD: 82'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Diesel Generator Describe Other:____

Size: ____ Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often monthly? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door & fence

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: ____

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 821 Well Common Name: ____ DNR Registration #: G-030560A Well Status: Emergency

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☐ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: Alternate Days Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 50 Pump Type: Turb Well Depth: 368.5' Well Casing Dia: 18/12*"

Screen Const. Type: SS Top of Screen Depth: 173.5' Casing Type: Steel Pump Setting: 92'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 3/4" Comments: ____

Well blow-off size: 3" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☐ N ☒

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 50 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 1/2"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☐ N ☒

Is well metered: Y ☒ N ☐ Type: propeller Size: 6" Make/Model: Sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 430301 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☐ N ☒ Frequency: ____ Airline Length: none'

Static Water Level: not done on this well' Pumping Water Level: ____' Drawdown: ____' Avail. DD: ____'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Diesel Generator Describe Other:____

Size: ____ Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often monthly? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: * This is the screen diameter of wells.

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 822 Well Common Name: ____ DNR Registration #: G-030560B Well Status: Active

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☒ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: Daily Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 50 Pump Type: Turb Well Depth: 340' Well Casing Dia: 18/12*"

Screen Const. Type: SS Top of Screen Depth: 170' Casing Type: Steel Pump Setting: 160'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 3/4" Comments: ____

Well blow-off size: 2" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☐ N ☒

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 50 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 1/2"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☐ N ☒

Is well metered: Y ☒ N ☐ Type: propeller Size: 6" Make/Model: Sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 607618 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: Daily Airline Length: none'

Static Water Level: 87' Pumping Water Level: 140' Drawdown: 53' Avail. DD: 73'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Diesel Generator Describe Other:____

Size: ____ Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often monthly? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: * This is the screen diameter of wells.

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 881 Well Common Name: ____ DNR Registration #: G-071287 Well Status: Emergency

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☒ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: Alternate Days Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 50 Pump Type: Turb Well Depth: 174' Well Casing Dia: 16"

Screen Const. Type: SS Top of Screen Depth: 129' Casing Type: Steel Pump Setting: 124'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 1.25" Comments: ____

Well blow-off size: 2.5" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☐ N ☒

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: unknown psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 1/2"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☐ N ☒

Is well metered: Y ☒ N ☐ Type: propeller Size: 8" Make/Model: Sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 670221 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☐ N ☒ Frequency: ____ Airline Length: 98'

Static Water Level: ____' Pumping Water Level: ____' Drawdown: ____' Avail. DD: ____'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Diesel Generator Describe Other:____

Size: ____ Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often monthly? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door & fence

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: ____

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 971 Well Common Name: ____ DNR Registration #: G-094218 Well Status: Active

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☒ N ☐ N/A ☐ If yes, which one: 011

Frequency site is inspected by PWS: Daily Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 100 Pump Type: Turb Well Depth: 367' Well Casing Dia: 18"

Screen Const. Type: SS Top of Screen Depth: 284' Casing Type: Steel Pump Setting: 260'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 1.25" Comments: ____

Well blow-off size: 2.5" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☒ N ☐

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 45 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 1/2"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☒ N ☐

Is well metered: Y ☒ N ☐ Type: propeller Size: 8" Make/Model: Sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 141526 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: Daily Airline Length: 250'

Static Water Level: 79' Pumping Water Level: 145' Drawdown: 66' Avail. DD: 181'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Diesel Generator Describe Other: ____

Size: ____ Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often monthly? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door & fence

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: ____

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 971A Well Common Name: ____ DNR Registration #: G-094220 Well Status: Active

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☒ N ☐ N/A ☐ If yes, which one: 011

Frequency site is inspected by PWS: Daily Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 40 Pump Type: Turb Well Depth: 233' Well Casing Dia: 18"

Screen Const. Type: SS Top of Screen Depth: 167 & 227' Casing Type: Steel Pump Setting: 165'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 1.25" Comments: ____

Well blow-off size: 2.5" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☒ N ☐

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 45 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 1/2"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☒ N ☐

Is well metered: Y ☒ N ☐ Type: propeller Size: 8" Make/Model: Sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 371636 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: Daily Airline Length: 165'

Static Water Level: 74' Pumping Water Level: 125' Drawdown: 51' Avail. DD: 91'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Diesel Generator Describe Other:____

Size: ____ Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often monthly? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door & fence

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: ____

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 972 Well Common Name: ____ DNR Registration #: G-094219 Well Status: Active

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☒ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: Daily Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 75 Pump Type: Turb Well Depth: 384' Well Casing Dia: 18"

Screen Const. Type: SS Top of Screen Depth: 276 & 316' Casing Type: Steel Pump Setting: 250'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 1.25" Comments: ____

Well blow-off size: 2.5" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☒ N ☐

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 50 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 1/2"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☒ N ☐

Is well metered: Y ☒ N ☐ Type: propeller Size: 8" Make/Model: Sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 765233 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: Daily Airline Length: none'

Static Water Level: 87' Pumping Water Level: 152' Drawdown: 65' Avail. DD: 91'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Diesel Generator Describe Other:____

Size: ____ Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often monthly? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: ____

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 2004-1 Well Common Name: ____ DNR Registration #: G-130246 Well Status: Active

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☒ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: Daily Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 100 Pump Type: Turb Well Depth: 384' Well Casing Dia: 18"

Screen Const. Type: SS Top of Screen Depth: 268 & 336' Casing Type: Steel Pump Setting: 250'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 2" Comments: ____

Well blow-off size: 2.5" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☒ N ☐

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 50 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 1/2"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☒ N ☐

Is well metered: Y ☒ N ☐ Type: propeller Size: 8" Make/Model: Sensus Serial #:

Electric meter reading: ____ Water meter reading: 985549 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: Daily Airline Length: 250'

Static Water Level: 104' Pumping Water Level: 120' Drawdown: 16' Avail. DD: 74'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Shaft Driven PTO Describe Other:____

Size: ____ Kwh ____ Hp 1000 RPM for PTO or Belt Drive If exercised, how often ____? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door & fence

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: ____

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 2009-1 Well Common Name: ____ DNR Registration #: G-157272 Well Status: Active

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☒ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: Daily Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 75 Pump Type: Turb Well Depth: 326' Well Casing Dia: 18"

Screen Const. Type: SS Top of Screen Depth: 269 & 296' Casing Type: Steel Pump Setting: 260'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 2" Comments: ____

Well blow-off size: 4" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☒ N ☐

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 50 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 3/4"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☒ N ☐

Is well metered: Y ☒ N ☐ Type: propeller Size: 10" Make/Model: Water Spe Serial #: ____

Electric meter reading: ____ Water meter reading: 121904 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: Daily Airline Length: 260'

Static Water Level: 102' Pumping Water Level: 139' Drawdown: 37' Avail. DD: 158'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Diesel Generator Describe Other:____

Size: 100 Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often weekly? Under load Y ☒ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door & fence

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: ____

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 2009-2 Well Common Name: ____ DNR Registration #: G-157274 Well Status: Active

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☒ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: Daily Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 75 Pump Type: Turb Well Depth: 347' Well Casing Dia: 18"

Screen Const. Type: SS Top of Screen Depth: 263 & 305' Casing Type: Steel Pump Setting: 250'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 2.5" Comments: ____

Well blow-off size: 4" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☒ N ☐

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 50 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 3/4"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☒ N ☐

Is well metered: Y ☒ N ☐ Type: propeller Size: 10" Make/Model: Sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 1233964 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: monthly Airline Length: 250'

Static Water Level: 105' Pumping Water Level: 138' Drawdown: 33' Avail. DD: 145'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Diesel Generator Describe Other:____

Size: 100 Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often weekly? Under load Y ☒ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door & fence

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: ____

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

**Well ID #:** 2009-3 **Well Common Name:** ____ **DNR Registration #:** G-157275 **Well Status:** Active

**Comments:** ____

**If INACTIVE, is well disconnected from the system:** Y ☐ N ☐ **Decommissioned properly:** Y ☐ N ☐

**Is this well part of a combined POE to the distribution system:** Y ☐ N ☒ N/A ☐ **If yes, which one:** ____

**Frequency site is inspected by PWS:** Daily **Describe other:** ____

**Is the well sealed properly at the surface:** Y ☒ N ☐ **Comments:** ____

**Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface:** Y ☒ N ☐

**Motor HP:** 75 **Pump Type:** Turb **Well Depth:** 376' **Well Casing Dia:** 18"

**Screen Const. Type:** SS **Top of Screen Depth:** 265 & 280' **Casing Type:** Steel **Pump Setting:** 255'

**Is the well vent termination and screening acceptable:** Y ☒ N ☐ **Size:** 2.5" **Comments:** ____

**Well blow-off size:** 4" **Is blow-off properly capped or screened:** Y ☒ N ☐

**Is a sampling tap available:** Y ☒ N ☐ **Is the sample tap smooth nosed:** Y ☒ N ☐

**Is a pressure gauge available:** Y ☒ N ☐ **Working:** Y ☒ N ☐ **Observed pressure gauge reading:** 50 psi Static

**Is a chemical injection tap available:** Y ☒ N ☐ **Chemical tap size:** 3/4"

**Is an approved electrical outlet available for chemical tap:** Y ☒ N ☐ **Is this a GFI outlet:** Y ☒ N ☐

**Is well metered:** Y ☒ N ☐ **Type:** propeller **Size:** 10" **Make/Model:** Sensus **Serial #:** ____

**Electric meter reading:** ____ **Water meter reading:** 81792 X 1000 **Hr. meter reading:** ____

**Are drawdown readings taken routinely:** Y ☒ N ☐ **Frequency:** monthly **Airline Length:** 255'

**Static Water Level:** 108' **Pumping Water Level:** 139' **Drawdown:** 31' **Avail. DD:** 147'

**Are cross-connection requirements adequately met:** Y ☒ N ☐

**Are chemicals injected at the well:** Y ☐ N ☒ **If yes, what chemical(s):** ____

**Observed condition of piping and valving:** Good, paint Ok and no corrosion

**Observed condition of electrical systems:** Good, everything appears OK

**Is backup power available:** Y ☒ N ☐ **Type:** Diesel Generator **Describe Other:** ____

**Size:** 100 Kwh ____ Hp ____ RPM for PTO or Belt Drive **If exercised, how often** weekly? **Under load** Y ☒ N ☐

**Is the facility well maintained and secure:** Y ☒ N ☐ **If yes, describe security measures:** locked door & fence

**If necessary, is appropriate signage in place:** Y ☐ N ☐ N/A ☒

**Does well meet criteria for potential GWUDI:** Y ☐ N ☒ Unknown ☐

**Has the source been deemed to be GWUDI:** Y ☐ N ☐ **Date of determination:** ____

**Are there any encroachments on this well:** Y ☐ N ☒ **If yes, are they pre-existing or new:** ☐ Pre ☐ New

**Current well vulnerability rating:** ☐ Vulnerable ☒ Non-Vulnerable

**Comments on this well:** ____

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 2009-4 Well Common Name: ____ DNR Registration #: G-157276 Well Status: Active

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☒ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: Daily Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 75 Pump Type: Turb Well Depth: 392' Well Casing Dia: 18"

Screen Const. Type: SS Top of Screen Depth: 270 & 342 & 372' Casing Type: Steel Pump Setting: 260'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: ____" Comments: ____

Well blow-off size: 4" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☒ N ☐

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 50 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 3/4"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☒ N ☐

Is well metered: Y ☒ N ☐ Type: propeller Size: 10" Make/Model: Sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 100697 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: monthly Airline Length: 260'

Static Water Level: 113' Pumping Water Level: 141' Drawdown: 28' Avail. DD: 147'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☒ N ☐ Type: Diesel Generator Describe Other:____

Size: 100 Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often weekly? Under load Y ☒ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door & fence

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: ____

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 2009-5 Well Common Name: ____ DNR Registration #: G-157277 Well Status: Active

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☒ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: Daily Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 75 Pump Type: Turb Well Depth: 375' Well Casing Dia: 18"

Screen Const. Type: SS Top of Screen Depth: 255 & 283 & 365' Casing Type: Steel Pump Setting: 250'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 2.5" Comments: ____

Well blow-off size: 4" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☒ N ☐

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 50 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 3/4"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☒ N ☐

Is well metered: Y ☒ N ☐ Type: propeller Size: 10" Make/Model: Sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 101484 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: monthly Airline Length: 265'

Static Water Level: 98' Pumping Water Level: 138' Drawdown: 40' Avail. DD: 152'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☐ N ☒ Type: X Describe Other:____

Size: ____ Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often ____? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door & fence

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: ____

# SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

*(Complete one sheet per source or well.)*

Well ID #: 2009-6 Well Common Name: ____ DNR Registration #: G-157273 Well Status: Active

Comments: ____

If INACTIVE, is well disconnected from the system: Y ☐ N ☐ Decommissioned properly: Y ☐ N ☐

Is this well part of a combined POE to the distribution system: Y ☐ N ☒ N/A ☐ If yes, which one: ____

Frequency site is inspected by PWS: Daily Describe other: ____

Is the well sealed properly at the surface: Y ☒ N ☐ Comments: ____

Casing extends min of 18"(CWS) or 12"(NCWS) above well slab, floor, or ground surface: Y ☒ N ☐

Motor HP: 75 Pump Type: Turb Well Depth: 375' Well Casing Dia: 18"

Screen Const. Type: SS Top of Screen Depth: 261 & 333' Casing Type: Steel Pump Setting: 250'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 2.5" Comments: ____

Well blow-off size: 4" Is blow-off properly capped or screened: Y ☒ N ☐

Is a sampling tap available: Y ☒ N ☐ Is the sample tap smooth nosed: Y ☒ N ☐

Is a pressure gauge available: Y ☒ N ☐ Working: Y ☒ N ☐ Observed pressure gauge reading: 50 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 34"

Is an approved electrical outlet available for chemical tap: Y ☒ N ☐ Is this a GFI outlet: Y ☒ N ☐

Is well metered: Y ☒ N ☐ Type: propeller Size: 10" Make/Model: Sensus Serial #: ____

Electric meter reading: ____ Water meter reading: 150756 X 1000 Hr. meter reading: ____

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: monthly Airline Length: 250'

Static Water Level: 101' Pumping Water Level: 145' Drawdown: 44' Avail. DD: 149'

Are cross-connection requirements adequately met: Y ☒ N ☐

Are chemicals injected at the well: Y ☐ N ☒ If yes, what chemical(s): ____

Observed condition of piping and valving: Good, paint Ok and no corrosion

Observed condition of electrical systems: Good, everything appears OK

Is backup power available: Y ☐ N ☒ Type: X Describe Other: ____

Size: ____ Kwh ____ Hp ____ RPM for PTO or Belt Drive If exercised, how often ____? Under load Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ If yes, describe security measures: locked door & fence

If necessary, is appropriate signage in place: Y ☐ N ☐ N/A ☒

Does well meet criteria for potential GWUDI: Y ☐ N ☒ Unknown ☐

Has the source been deemed to be GWUDI: Y ☐ N ☐ Date of determination: ____

Are there any encroachments on this well: Y ☐ N ☒ If yes, are they pre-existing or new: ☐ Pre ☐ New

Current well vulnerability rating: ☐ Vulnerable ☒ Non-Vulnerable

Comments on this well: ____

## TRANSMISSION OF SOURCE WATER

(For purposes of this survey, if the Transmission main exceeds 300' in length this sheet must be completed)

**If the system treats, does the transmission main deliver all raw water to a treatment plant:** Y ☐ N ☐

**If no, explain:** **Number of Transmission mains:** 2

| Length | Construction Date | Type of Material | # Air Relief | # Blow Off |
|---|---|---|---|---|
| 9270' | 2009 | DI | 4 | 6 |
| 1 mile | 1988 | DI | N/A | 1 |
| | | | | |

**Does the air relief(s) terminate above ground level:** Y ☒ N ☐ N/A ☐ **Is (are) the air relief(s) screened:** Y ☒ N ☐ N/A ☐

**Is (are) the blow off(s) capped:** Y ☒ N ☐ N/A ☐ **Is there a valve exercising program:** Y ☐ N ☒ N/A ☐ **Frequency:** ____

**Are repair materials available on-site:** Y ☒ N ☐

**Comments on Transmission main:** ____

## DISTRIBUTION SYSTEM PUMPS AND PUMP FACILITIES

(Booster Pump Stations, etc. Excluding Well and Other Source Water Facilities)

| | Facility Name | Pump Type | Application | Motor HP | Var. Speed | PM Prog. | Backup Power | Comments |
|---|---|---|---|---|---|---|---|---|
| 1 | 59 Platte HS-1 | C | pressure pump | 100 | No | Yes | No | not used |
| 2 | HS-2 | C | pressure pump | 100 | No | Yes | No | not used |
| 3 | | X | | | X | X | X | |

**Type Codes:** PDP = Positive Displacement Pump SR = Helical or Spiral Rotor C = Centrifugal Pump VT = Vertical Turbine
E = Ejector Pump RT = Regenerative Turbine ES = End Suction (vertical) S = Submersible
RP = Reciprocating Pump SC = Split Case (horizontal) O = Other

**Are all pumps operational:** Y ☒ N ☐ **Comments:** ____ **Are spare-parts on hand for repairs:** Y ☒ N ☐ **Comments:** ____

**Are the pump facilities located in a flood plain:** Y ☒ N ☐ **If yes, what are the provisions for facility access:** Door

**Are all drains and vents properly screened:** Y ☒ N ☐ N/A ☐ **Comments:** ____

**Are the following adequate for operation at all facilities:** **Lighting:** Y ☒ N ☐ **Signage:** Y ☐ N ☒ **Ventilation:** Y ☒ N ☐

**Type of Heating:** gas **Interior Drainage:** Y ☒ N ☐ **Describe security measures:** locked door

**Comments on Pumps and Pump Facilities:** The booster pumps station has not being used used

# CHEMICALS AND CHEMICAL FEED SYSTEMS

(This sheet needed for any system required to comply with 179 NAC 22-005 Item 6)

| Chemical Name | Day Tank capacity in gal. | Average Daily Feed | Certified By | Measured By | Safety Equip. | MSDS Avail. | Labeling & Signage | Spill Contain-ment | Comments |
|---|---|---|---|---|---|---|---|---|---|
| none | none | X | X | X | X | X | X | X | |
| | | X | X | X | X | X | X | X | |
| | | X | X | X | X | X | X | X | |

**Certification Codes:** 1 = NSF 2 = UL 3 = AWWA Standards **Measurement Codes:** S = Scale L = Labeled T = Tank Marked O = Other

**Safety Equip., MSDS Avail., Labeling & Signage, Spill Containment, Storage Secure & Safe = Yes or No**

**Are MSDS(s) readily accessible to all personnel:** Y ☐ N ☐ **Comments:** ____

**Is the appropriate chemical safety equipment available to all personnel:** Y ☐ N ☐ **Comments:** ____

**Are there any visible problems with the application points:** Y ☐ N ☐ **Comments:** ____

**Describe security measures for chemical storage:** ____

# CHEMICAL FEED EQUIPMENT SPECIFICATIONS

| Description | Make | Model # | Feed Range | NSF 61 Cert. (Y or N) | Method of setting Feed Rate | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Well or Motor Paced | Flow Paced | Manual | Other |
| X | | | X | X | | | | |
| X | | | X | X | | | | |
| X | | | X | X | | | | |

**Are backup units available for all feeders:** Y ☐ N ☐ **Comments:** ____

**Is appropriate cross-connection control in place for chemical feeders:** Y ☐ N ☐ **Comments:** ____

**Are these chemicals fed at a chemical feed facility:** Y ☐ N ☐ **If not, where are they fed:** ____

**Comments on Chemicals, Chemical Feed System(s) and Chemical Feed Equipment:**

# GROUND AND ELEVATED TANK STORAGE FACILITIES

| Facility Name | Type | Const. Mat. | Tank ht. | Over-flow ht. | Corrosion Control (Y or N) | Date of Last Inspection | Date of Last Cleaning | Date Interior Painted | Interior Paint Type | Date Exterior Painted | Exterior Paint Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **63 Platte Reservoir** | **PB** | **C** | **22'** | **18'** | **No** | 2009 | 2009 | 1999 | **E** | 1999 | **O** |
| **South tower** | **E** | **S** | **118.7'** | **113.2'** | **Yes** | 2011 | 2011 | 1998 | **E** | 1998 | **O** |
| **North tower** | **E** | **S** | **128'** | **122.8'** | **Yes** | 2011 | 2011 | 1988 | **E** | 1988 | **O** |

**Type:** G = Ground Storage PB = Partially Buried B = Buried E = Elevated HP = Hydro-pillar UC = Uncovered Facility SP = Stand Pipe

**Construction Material:** C = Concrete S = Steel O = Other **Describe:** ____

**Paint System Type:** E = Epoxy G = Glass Coating W = Wax UK = Unknown O = Other **Describe:** Poyurethane

**Current condition of tank exterior(s):** good

**Any apparent structural problems:** Y ☐ N ☒ **Comments:** ____

**Is there a routine inspection and cleaning program:** Y ☒ N ☐ **Comments:** ____

**Who performed the last inspection and cleaning?** Johnson Corrosion Engineering Inc.

**Were any deficiencies noted during the last inspection:** Y ☐ N ☒

**If yes, have they been corrected:** Y ☐ N ☐ **If no, what was not corrected:** ____

**How is the water supply maintained with storage facilities out of service:** the towers are not out of service at the same time

**Are the facilities well maintained:** Y ☒ N ☐ **Describe security measures for storage facility:** south tower fence & locked door, North tower ladder covered locked hatch, Platte locked hatch (not used), south tower to be painted year 2015, north tower year 2016.

# GROUND AND ELEVATED STORAGE TANK FACILITIES COMPONENTS

(If unable to inspect the following, obtain information from the most recent storage facility inspection report)

| Facility Name | Roof Leaks | Access Hatch Locked | Roof Vent Cond | Level Measure Operational | Tank Drain | Overflow 12-24" above ground on splash pad | Overflow Cover | Access Ladders | Valves Operable | Bypass Present / Operable | Level Controls Type | Alarm System |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **63 Plate reservior** | **S** | **S** | **S** | **S** | **S** | **S** | **flapper** | **S** | **S** | **S** | **pressure** | **S** |
| **south tower** | **S** | **S** | **S** | **S** | **S** | **S** | **screen** | **S** | **S** | **NA** | **pressure** | **S** |
| **north towr** | **S** | **S** | **S** | **S** | **S** | **S** | **flapper** | **S** | **S** | **NA** | **pressure** | **S** |

S = Satisfactory U = Unsatisfactory N = Not Present, but should be UI = Unable to Visually Evaluate NA = Not Applicable

**Overall Comments on Ground and Elevated Storage Facilities:** Platte to be decommitioned

# THE FOLLOWING MARKED SANITARY SURVEY COMPONENTS ARE NOT APPLICABLE TO THIS PWS.

| | |
|---|---|
| CROSS-CONNECTION CONTROL PROGRAM | ☐ |
| SOURCE FACILITIES—GROUNDWATER SUPPLY FACILITIES | ☐ |
| WELL INFORMATION | ☐ |
| SURFACE WATER SUPPLIES AND FACILITIES | ☒ |
| INFILTRATION GALLERY FACILITIES | ☒ |
| SPRING SOURCE FACILITIES | ☒ |
| PUMPS AND PUMP FACILITIES | ☐ |
| TRANSMISSION OF SOURCE WATER | ☐ |
| TREATMENT FACILITIES AND PROCESS | ☒ |
| PRESEDIMENTATION BASINS | ☒ |
| FLOW CONTROL AND METERING | ☒ |
| RAPID MIX PROCESS | ☒ |
| CHEMICAL AND CHEMICAL FEED SYSTEMS | ☐ |
| CHEMICAL EQUIPMENT SPECIFICATIONS | ☐ |
| COAGULATION AND FLOCCULATION | ☒ |
| SEDIMENTATION / CLARIFICATION | ☒ |
| PRESSURE FILTERS | ☒ |
| GRAVITY FILTERS | ☒ |
| DISINFECTION PROCESSES | ☒ |
| GROUND AND ELEVATED TANK STORAGE FACILITIES | ☐ |
| GROUND AND ELEVATED STORAGE FACILITIES COMPONENTS | ☐ |
| HYDROPNUEMATIC AND PRESSURE TANKS | ☒ |

Department of Health & Human Services

DHHS

NEBRASKA

**Inspector's Signature:** Robert Byrkit

**System Representative:** Kenneth Chole

**Date Inspection Completed:** 6/9/15

**Bob Byrkit**
**Water Supply Specialist**
**State of Nebraska**
**Department of Health and Human Services**
**Division of Public Health**
**PO Box 33**
**Nelson, NE 68961**

**Cell: (402) 432-4831**
**FAX: (402) 225-2417**

**Email: bob.byrkit@nebraska.gov**

# SENSITIVE / SECURE INFORMATION

**PWS Name: City of York** **County: York** **PWS ID#: NE31-18706**

**Date of Survey: 06/27/2012**

## WELL INFORMATION

| Well ID# | Well Capacity | Chemicals Injected (Y/N) | GPS Location |
|---|---|---|---|
| G-030569 (621) | 445 GPM | N | N 40° 51' 38.384" W 97° 35' 37.821" Elevation 1592' |
| G-030559 (681) | 500 GPM | N | N 40° 52' 31.821" W 97° 34' 49.723" Elevation 1641' |
| G-060709 (761) | 450 GPM | N | N 40° 51' 31.500" W 97° 35' 23.393" Elevation 1596' |
| G-060709 (771) | 645 GPM | N | N 40° 52' 46.294" W 97° 34' 41.714" Elevation 1650' |
| G-060708 (773) | 500 GPM | N | N 40° 52' 14.706" W 97° 36' 9.524" Elevation 1612' |
| G-060707 (774) | 500 GPM | N | N 40° 51' 30.196" W 97° 34' 48.296" Elevation 1610' |
| G-030560B (822) | 600 GPM | N | N 40° 52' 30.021" W 97° 35' 15.018" Elevation 1649' |
| G-071287 (881) | UN GPM | N | N 40° 48' 1.865" W 97° 35' 54.642" Elevation 1642' |
| G-094278 (971) | 650 GPM | N | N 40° 52' 50.880" W 97° 35' 41.500" Elevation 1649' |
| G-094220 (971A) | 450 GPM | N | N 40° 52' 50.880" W 97° 35' 41.500" Elevation 1649' |
| G-094219 (972) | 650 GPM | N | N 40° 52' 37.299" W 97° 35' 14.500" Elevation 1652' |
| G-30246 (2004-1) | 697 GPM | N | N 40° 52' 22.21" W 97° 33' 50.42" Elevation 1651' |
| G-157272 (2009-1) | 800 GPM | N | N 40° 52' 01.73" W 97° 34' 04.86" Elevation 1642' |
| G-157274 (2009-2) | 850 GPM | N | N 40° 51' 55.15" W 97° 33' 41.25" Elevation 1642' |
| G-157275 (2009-3) | 752 GPM | N | N 40° 52' 13.87" W 97° 33' 33.05" Elevation 1646' |
| G157276 (2009-4) | 858 GPM | N | N 40° 52' 21.64" W 97° 33' 24.80" Elevation 1648' |
| G-157277 (2009-5) | 850 GPM | N | N 40° 52' 35.53" W 97° 33' 19.06" Elevation 1634' |
| G-157273 (2009-6) | 807 GPM | N | N 40° 52' 32.59" W 97° 33' 46.16" Elevation 1638' |
| G-030560A (821) | GPM | N | N 40° 52' 37.930" W 97° 35' 27.665" Elevation 1610' |

## STORAGE FACILITIES

| Facility Name | Physical Location of Facility | PSI | Capacity | GPS Location |
|---|---|---|---|---|
| Platte reservoir | Platte & Walnut | 68 | 125,000 Gallons | N 40° 51' 38.60" W 97° 35' 41.80" Elevation 1591' |
| South tower | North of I80 | 53 | 750,000 Gallons | N 40° 49' 22.60" W 97° 36' 00.50" Elevation 1650' |
| North tower | Park | 53 | 1,000,000 Gallons | N 40° 52' 33.10" W 97° 34' 47.80" Elevation 1641' |

## DISTRIBUTION SYSTEM GPS DATA

| Location of Geographical Center of Distribution System | GPS Location |
|---|---|
| 9th & Nebraska | N 40° 52' 10.20" W 97° 35' 17.400" Elevation 1620' |

## CHEMICALS AND CHEMICAL FEED SYSTEMS

| Name of Chemical Stored | Location of Chemicals, Chemical Storage and Chemical Feed Systems | Lbs./Gallons of Chemical Stored |
|---|---|---|
| none | | |
| | | |
| | | |

| Name of Chemical Feed Facility and Type of Chemical Fed | GPS Location if different from well locations |
|---|---|
| none | N __ ° __ ' _____ " W __ ° __ ' _____ " Elevation ____ ' |
| | N __ ° __ ' _____ " W __ ° __ ' _____ " Elevation ____ ' |
| | N __ ° __ ' _____ " W __ ° __ ' _____ " Elevation ____ ' |

## TRANSMISSION OF SOURCE WATER

| Description of Trans. Main Run (stop/end point. Provide GPS for end) | GPS Location |
|---|---|
| Well 881 to South of I80 | N 40° 48' 49.12" W 97° 35' 52.79" Elevation 1646' |
| Well 2009-1 to Rd 13 & Rd N | N 40° 52' 21.11" W 97° 33' 32.30" Elevation 1644' |
| well 2009-5 to Rd 13 & Rd N | N 40° 52' 21.11" W 97° 33' 32.30" Elevation 1644' |
| Well 2009-4 to Rd 13 & Rd N | N 40° 52' 21.11" W 97° 33' 32.30" Elevation 1644' |
| Well 2009-6 to Rd 13 | N 40° 52' 30.98" W 97° 33' 48.60" Elevation 1642' |
| Rd 13 & RD N to Washington & Rd 13 | N 40° 52' 20.52" W 97° 34' 5.70" Elevation 1642' |