Appendix D – Annual Water Quality Report and Survey

- 2011 Annual Water Quality Report
- 2011 Public Water Supply Routine Sanitary Survey

Quality On Tap!

Our Commitment Our Profession

City Of Wayne

Annual Water Quality Report

For January 1 to December 31, 2011

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

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

For more information regarding this report, contact:

JEFFREY J BRADY
402-375-1733

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 is 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 on the cover of this report or NDEQ at (402) 471-6988.

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 Wayne 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 and young children 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 Department of Health and Human Services/Division of Public Health/Office of Drinking Water (402-471-2541).

The City Of Wayne 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.

Note: 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 more than one year old.
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.

ppm: parts per million	ppb: parts per billion
ppt: parts per trillion	pCi/l: picoCuries per liter
ug/l: micrograms per liter	(Measurement of Radioactivity)

City Of Wayne

TEST RESULTS

Date Printed: 3/23/2012 NE3118104

Microbiological	Highest No. of Positive Samples	MCL	MCLG	Likely Source Of Contamination	Violations Present
COLIFORM (TCR)	In the month of November, 1 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	No

Lead and Copper	Monitoring Period	90th Percentile	Range	Unit	AL	Sites Over AL	Likely Source Of Contamination
COPPER, FREE	2008 - 2010	0.731	0.0249 - 1.78	ppm	1.3	0	Erosion of natural deposits; Leaching from wood preservatives; Corrosion of household plumbing.
LEAD	2008 - 2010	1.7	1.19 - 3.69	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
ARSENIC	12/08/2010	4.01	3.2 - 4.01	ppb	10	0	Erosion of natural deposits; runoff from orchards; runoff from glass and electronics production wastes.
BARIUM	01/19/2010	0.0679	0.0679	ppm	2	2	Discharge from drilling wastes; Discharge from metal refineries; Erosion of natural deposits.
CHROMIUM	01/19/2010	21.3	21.3	ppb	100	100	Discharge from steel and pulp mills; Erosion of natural deposits.
FLUORIDE	01/19/2010	0.386	0.386	ppm	4	4	Erosion of natural deposits; water additive which promotes strong teeth; Fertilizer discharge.
NITRATE-NITRITE	08/08/2011	8.93	3.29 - 8.93	ppm	10	10	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits
SELENIUM	01/05/2011	43	18.7 - 43	ppb	50	50	Erosion of natural deposits
URANIUM MASS	11/07/2011	11.3	6.35 - 11.3	ug/l	30	0	Erosion of natural deposits

Radiological Contaminants	Collection Date	Highest Value	Range	Unit	MCL	MCLG	Likely Source Of Contamination
COMBINED RADIUM (-226 & -228)	12/16/2009	1.2	1.2	pCi/l	5	0	Erosion of natural deposits
COMBINED URANIUM	11/07/2011	8.7	5.1 - 8.7	?g/l	20	0	Erosion of natural deposits
GROSS ALPHA, EXCL. RADON & U	12/16/2009	0.2	0.2	pCi/l	15	0	Erosion of natural deposits
GROSS ALPHA, INCL. RADON & U	08/16/2011	33.3	5.1 - 33.3	pCi/l	15	0	Erosion of natural deposits
RADIUM-226	12/16/2009	0.2	0.2	pCi/l	5	0	Erosion of natural deposits
RADIUM-228	12/16/2009	1	1	pCi/l	5	0	Erosion of natural deposits
RADON	12/16/2009	152	152	pCi/l			

Unregulated Water Quality Data	Collection Date	Highest Value	Range	Unit	Secondary MCL
NICKEL	01/19/2010	0.00377	0.00377	mg/l	0.1
SULFATE	01/19/2010	190	190	mg/l	250

During the 2011 calendar year, we had the below noted violation(s) of drinking water regulations.

Type	Category	Analyte	Compliance Period
No Violations Occurred in the Calendar Year of 2011			

The City Of Wayne 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.

Certain minerals are radioactive and may emit a form of radiation known as alpha radiation. Some people who drink water containing alpha emitters in excess of the MCL over many years may have an increased risk of getting cancer.

Revised 12/30/2010
DLW

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

PWSID #: NE31-18104 PWS Name: City of Wayne

Permit Issue Date: 11/1/00 County: Wayne NRD #: 04 System Class: 2 Type of System: C

Accompanied By: Jeff Brady Title: Water Operator

Governing Body: Mayor & City Council Is there a defined organizational structure for decision making: Y ☒ N ☐

RSS Date: 12/12/11 Last RSS Date: 11/12/08 Inspected By: Richard Koenig

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

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

FINANCIAL INFORMATION

% Metered Connections: 99%

System Interconnections: None

Reason: ☐ Purchase ☐ Sell ☐ Emergency

Reason: ☐ Purchase ☐ Sell ☐ Emergency

Reason: ☐ Purchase ☐ Sell ☐ Emergency

Comments: ____

Is operating budget available for inspection: Y ☒ N ☐ Planned or Actual for Year: 2011 - 2012

(Procure a copy of the system's 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	☒	☐	☐	
Maintenance Records	☒	☐		
Customer Complaints	☒	☐		
Cross-Connection Control Requirements	☒	☐		
Copy of Sampling Plans	☒	☐	☐	
Wellhead Encroachment Policy	☒	☐	☐	Date Adopted: 2001 Description: Ordinance #2001-17
Emergency Phone List	☒	☐		
Emergency Plan	☒	☐	☐	Expiration Date: 2/17/14
Planning Records	☒	☐	☐	(Master Plan)
CCR(s)	☒	☐	☐	
O&M Manual	☐	☒		
Provisions For Drought Mitigation/Management	☒	☐	☐	Code Book Section 82-196 through 82-198

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: 6.2 MG Total Production for past year: 265.2 MG

Population Served: 5,560 Source of population information (census, etc.): Census

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 ☐	N/A ☒	
**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: 10/30/01
**Has a contaminant source inventory been completed:	Y ☒	N ☐		Date: 4/4/00
**Has the contaminant source inventory been updated:	Y ☒	N ☐	N/A ☐	Date: 12/12/11
**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: 2004
**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: 2004
**Has certification documentation 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-year 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: Jeff Brady

PWS Grade 6 Operators:

Name	License #	Expiration Date
Doug Echtenkamp	8155	12/31/11
Jeff Brady	6008	12/31/11

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 #: ____ Other: Code 1974 3-18

Responsibility of PWS: Advisory role

Responsibility of consumer: Survey, purchase, installation, and maintenance

Fines or penalties for noncompliance: Disconnection of service

Date(s) of last cross-connection survey: 2008/2011 N/A ☐

How were (are) surveys distributed: By mail

% of residential surveys returned: 2008 = 100% & 2011 = 65%

% of non-residential surveys returned: 2008 = 100% & 2011 = 65%

What actions are taken if surveys are not returned: Surveys were mailed to consumers 3 times; then were contacted by phone; then personally contacted by going door-to-door

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

Required testing frequency of assemblies: Annually

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 ongoing public information program being done (beyond the CCR addition): Y ☒ N ☐

If yes, describe: Articles are posted in the local newspaper and notices are broadcasted on the local radio station. Classes for WCHDC are available for first time home buyers.

Comments on Cross-Connection Control Program: ____

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.) Install new water mains

2.) ____

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 no, 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 no, 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: ____

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: 9/1999

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: CAD has all updates
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 the 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: 5%

R&R / Water Loss Comments: ____

Does the system have a flushing program:	Y ☒	N ☐		Frequency: Annually
Does the system utilize directional flushing:	Y ☐	N ☒		Frequency: ____
Does the system utilize pigging:	Y ☐	N ☒		Frequency: ____
Are valves inspected and exercised:	Y ☒	N ☐		Frequency: Quarter of the city each year
Are fire hydrants inspected and operated routinely:	Y ☒	N ☐	N/A ☐	Frequency: Annually
Are sampling stations available:	Y ☒	N ☐		Number: 5
Is there a common POE for more than one source:	Y ☒	N ☐		

If yes, how many sources per POE: 2 - Well #6 & Well #9 or Well #10 or Well #11

Are the POE's metered: Y ☐ N ☒

What is the pressure at each common POE: No gauge; the wells blend by SCADA.

Comments on POE's: ____

DISTRIBUTION SYSTEM

Piping Materials *(Indicate all types of piping existing in the distribution system; number 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 the distribution system; number 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 ☐

If yes, describe: When found, they are replaced.

Where does the system's responsibility for the distribution system end (corp stop, curb stop, etc.): At the corp stop

Where is the point of maximum water residence time in the distribution system: At the Restful Knights main (east end)

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): 2 psi

Pressure at Highest Elevation (lowest pressure): 72 psi Location (address or physical): 902 Douglas St

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

Frequency: Annually when the hydrants are flushed.

Comments on Distribution System: ____

CONTROL SYSTEMS

Age of Control System or Installation Date: 1999 Control Type: Pressure Transducer

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

Radio: ☒ ____ Hard Wired: ☐ ____ Other: ____

Is there a back-up communications system: Y ☐ N ☒ N/A ☐ Describe: ____

Is a UPS available: Y ☒ N ☐ If yes, at all sites: Y ☐ N ☒ Duration of Backup: 20 minutes

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

If yes, what data is automatically logged: Water tower level and well run time

Frequency of Datalogging: Continually; reports can also be printed when needed.

Does the control system generate automatic reports: Y ☐ N ☒

If yes, what reports: Reports are manually requested

Frequency of Automatic Reports: As needed

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

If yes, describe: Hand-off-auto switch

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

Describe security measures for the control systems: Locked & secured facilities with entry alarms

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

Comments on Control Systems: ____

SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

(Complete one sheet per source or well.)

Well ID #: 90104541 Well Common Name: Well #4 DNR Registration #: G-028980

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: Other Describe Other: 5 days per week

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: 135' Well Casing Diameter: 12"

Screen Const. Type: SS Top of Screen Depth: 116' Casing Type: Steel Pump Setting: 120'

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: 0 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: Turbo Size: 6" Make/Model: Sparling Serial #: 31536

Electric meter reading: 1955 Water meter reading: 588974.00 Hr. meter reading: 34523.3

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

Static Water Level: 96' Pumping Water Level: 108' Drawdown: 12' Available DD: 20'/8' S

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 back-up power available: Y ☐ N ☒ If yes, type: X Describe Other: ____

Size: ____ KW ____ Hp ____ RPM for PTO or Belt Drive

If exercised, how often: ____ Under load: Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ Describe security measures: Locked Facility

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 ☐ If yes, 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: The pressure gauge is on the pump side of the check valve. Using electronic drawdown readings.

SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

(Complete one sheet per source or well.)

Well ID #: 90104651 Well Common Name: Well #5 DNR Registration #: G-028981

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: Other Describe Other: 5 days per week

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: 125' Well Casing Diameter: 12"

Screen Const. Type: Unknown Top of Screen Depth: Unknown Casing Type: Steel Pump Setting: Unknown

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: 0 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: Turbo Size: 6" Make/Model: Sparling Serial #: 60679

Electric meter reading: 52586 Water meter reading: 454226.00 Hr. meter reading: 26253.9

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

Static Water Level: 85' Pumping Water Level: 87' Drawdown: 2' Available DD: Unknown

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

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

Observed condition of piping and valving: Good; paint OK and no corrosion

Observed condition of electrical systems: Good; everything appears OK

Is back-up power available: Y ☒ N ☐ If yes, type: Shaft Driven PTO Describe Other: ____

Size: ____ KW ____ Hp ? RPM for PTO or Belt Drive

If exercised, how often: ____ Under load: Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ Describe security measures: Locked facility

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 ☐ If yes, 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: The pressure gauge is on the pump side of the check valve. Using electronic drawdown readings.

SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

(Complete one sheet per source or well.)

Well ID #: 90104701 Well Common Name: Well #6 DNR Registration #: G-062208

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: POE 1

Frequency site is inspected by PWS: Other Describe Other: 5 days per week

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: 60 Pump Type: Sub. Well Depth: 185' Well Casing Diameter: 12"

Screen Const. Type: SS Top of Screen Depth: 165' Casing Type: Steel Pump Setting: 170'

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: 50 psi Dynamic

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: Turbine Size: 6" Make/Model: Sparling Serial #: 65096

Electric meter reading: 9862 Water meter reading: 316910.00 Hr. meter reading: 2004.8

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: Monthly Airline Length: _____'

Static Water Level: 137' Pumping Water Level: 139' Drawdown: 2.5' Available DD: 24.5'/22' S

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

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

Observed condition of piping and valving: Good; paint OK and no corrosion

Observed condition of electrical systems: Good; everything appears OK

Is back-up power available: Y ☐ N ☒ If yes, type: X Describe Other: _____

Size: _____ KW _____ Hp _____ RPM for PTO or Belt Drive

If exercised, how often: _____ Under load: Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ Describe security measures: Locked Facility with entry alarm

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 ☐ If yes, 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 #: 90104702 Well Common Name: Well #7 DNR Registration #: G-062209

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: Other Describe Other: 5 days per week

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: 103' Well Casing Diameter: 12"

Screen Const. Type: SS Top of Screen Depth: 83' Casing Type: Steel Pump Setting: 70'

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: 77 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: Turbine Size: 6" Make/Model: Sparling Serial #: 7583

Electric meter reading: 11666 Water meter reading: 616470.00 Hr. meter reading: 21988.2

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

Static Water Level: 54' Pumping Water Level: 61' Drawdown: 7.5' Available DD: 14'/6.5' P

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

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

Observed condition of piping and valving: Good; paint OK and no corrosion

Observed condition of electrical systems: Good; everything appears OK

Is back-up power available: Y ☐ N ☒ If yes, type: X Describe Other: ____

Size: ____ KW ____ Hp ____ RPM for PTO or Belt Drive

If exercised, how often: ____ Under load: Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ Describe security measures: Locked facility

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 ☐ If yes, 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 #: 90104881 Well Common Name: Well #9 DNR Registration #: G-016525

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: POE 1

Frequency site is inspected by PWS: Other Describe Other: 5 days per week

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: 125 Pump Type: Turb. Well Depth: 244' Well Casing Diameter: 16"

Screen Const. Type: SS Top of Screen Depth: 144' Casing Type: Steel Pump Setting: 200'

Is the well vent termination and screening acceptable: Y ☐ N ☒ Size: 3/4" Comments: Air relief screens missing

Well blow off size: 8" 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: 34 psi Dynamic

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: Turbo Size: 6" Make/Model: McCrometer Serial #: 01-06256-8

Electric meter reading: 4651 Water meter reading: 797345.00 Hr. meter reading: 43199.5

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: Monthly Airline Length: _____'

Static Water Level: 121' Pumping Water Level: 144' Drawdown: 20' Available DD: 18'/-2' S

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

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

Observed condition of piping and valving: Good; paint OK and no corrosion

Observed condition of electrical systems: Good; everything appears OK

Is back-up power available: Y ☐ N ☒ If yes, type: X Describe Other: _____

Size: _____ KW _____ Hp _____ RPM for PTO or Belt Drive

If exercised, how often: _____ Under load: Y ☐ N ☐

Is the facility well maintained and secure: Y ☒ N ☐ Describe security measures: Locked facility w/entry alarm

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 ☐ If yes, 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: Well #9 & Well #10 alternate with Well #6 for common POE 011.

SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

(Complete one sheet per source or well.)

Well ID #: 90104901 Well Common Name: Well #10 DNR Registration #: G-016927

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: POE 1

Frequency site is inspected by PWS: Other Describe Other: 5 days per week

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: 125 Pump Type: Turb. Well Depth: 266' Well Casing Diameter: 16"

Screen Const. Type: SS Top of Screen Depth: 184' Casing Type: Steel Pump Setting: 200'

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

Well blow off size: 8" 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: 30 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 1" & 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: Turbo Size: 6" Make/Model: McCrometer Serial #: 91-8-1309

Electric meter reading: 79961 Water meter reading: 967948.00 Hr. meter reading: 36071.1

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: Monthly Airline Length: 180'

Static Water Level: 137' Pumping Water Level: 147' Drawdown: 19.5' Available DD: 43'/33.5' S

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

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

Observed condition of piping and valving: Good; paint OK and no corrosion

Observed condition of electrical systems: Good; everything appears OK

Is back-up power available: Y ☒ N ☐ If yes, type: Diesel Generator Describe Other: ____

Size: 200 KW ____ 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 ☐ Describe security measures: Locked facility w/entry alarm

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 ☐ If yes, 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 #: 90104091 Well Common Name: Well #11 DNR Registration #: G-155312

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: 259' Well Casing Diameter: 16"

Screen Const. Type: SS-WW Top of Screen Depth: 210' Casing Type: PVC Pump Setting: 165'

Is the well vent termination and screening acceptable: Y ☒ N ☐ Size: 1 1/2" Comments: ____

Well blow off size: 8" 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: 31.3 psi Static

Is a chemical injection tap available: Y ☒ N ☐ Chemical tap size: 2 at 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: Turbine Size: 10" Make/Model: Sensus Serial #: 54496

Electric meter reading: 33227 Water meter reading: 33511.000 Hr. meter reading: 547.1

Are drawdown readings taken routinely: Y ☒ N ☐ Frequency: Per regs. Airline Length: 165'

Static Water Level: 119' Pumping Water Level: 132' Drawdown: 13' Available DD: 46'/33' P

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

Are chemicals injected at the well: Y ☒ N ☐ If yes, what chemical(s): Fluorosilicic Acid & Emergency Chlorination

Observed condition of piping and valving: Excellent; new or fairly new paint, no corrosion

Observed condition of electrical systems: Excellent; all boxes covered, no exposed wire

Is back-up power available: Y ☒ N ☐ If yes, type: Diesel Generator Describe Other: ____

Size: 125 KW ____ 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 ☐ Describe security measures: Locked bldg with entry alarm

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 ☐ If yes, 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: ____

WELL INFORMATION

Well ID # (DNR Reg. #)	Motor HP	Pump Type	Well Depth Ft.	Well Casing Diam.	Screen Const. Type	Top of Screen Depth	Casing Type	Pump Setting	Static Water Level	Pumping Water Level	Draw-down	Avail. DD	Comments
G-028980 90104541 Well #4	50	Turb.	135'	12"	SS	116'	Steel	120'	96'	108'	12'	20'/8' S	
G-028981 90104651 Well #5	40	Turb.	125'	12"	UK	UK	Steel	UK	85'	87'	2'	UK	
G-062208 90104701 Well #6	60	Sub.	185'	12"	SS	165'	Steel	170'	137'	139'	2.5'	24.5'/22' S	
G-062209 90104702 Well #7	50	Turb.	103'	12"	SS	83'	Steel	70'	54'	61'	7.5'	14'/6.5' P	
G-016525 90104881 Well #9	125	Turb.	244'	16"	SS	144'	Steel	200'	121'	144'	20'	18'/-2' S	
G-016927 90104901 Well #10	125	Turb.	266'	16"	SS	184'	Steel	200'	137'	147'	19.5'	43'/33.5' S	
G-155312 90104091 Well #11	100	Turb.	259'	16"	SS-WW	210'	PVC	165'	119'	132'	13'	46'/33' P	

Comments: ____

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: No treatment plant Number of Transmission Mains: 1

Length	Construction Date	Type of Material	# Air Relief	# Blow Off
6 miles	8/1988	16" DIP	8	0

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 there a valve exercising program: Y ☒ N ☐ N/A ☐ Frequency: Annually

Is (are) the blow off(s) capped: Y ☐ N ☐ N/A ☒

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.	Back-up Power	Comments
1	Booster Pump Station Pump 1	VT	Booster	1.5	Yes	Yes	Yes	East Pump
2	Booster Pump Station Pump 2	VT	Booster	5	Yes	Yes	Yes	
3	Booster Pump Station Pump 3	VT	Booster	5	Yes	Yes	Yes	34 in & 58 out
4	Booster Pump Station Pump 4	ES	Booster	60	Yes	Yes	Yes	West Pump

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

Var. Speed, PM Prog., Back-up Power = Yes or No

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: _____

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: Electric

Interior Drainage: Y ☒ N ☐ Describe security measures: Locked facility with entry alarm

Comments on Pumps and Pump Facilities: _____

CHEMICALS AND CHEMICAL FEED SYSTEMS

(This sheet is 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
Fluoride - Well #4									Emergency only
Fluoride - Well #5									Emergency only
Fluoride - Well #6	15	1.56 # / Day	1	S	No	Yes	No	Yes	
Fluoride - Well #7	15	.13 # / Day	1	S	No	Yes	No	Yes	
Fluoride - Well #9	25	13.05 # / Day	1	S	No	Yes	No	Yes	
Fluoride - Well #10	25	14.29 # / Day	1	S	No	Yes	No	Yes	
Fluoride - Well # 11	15	6 # / Day	1	S	No	Yes	No	Yes	
Sodium Hypochlorite	15	N/A	1	S	No	Yes	No	Yes	Emergency Chlorination

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 = 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 the chemical storage: Locked facilities with various sites having entry alarms

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
Diaphragm Pump	LMI	A121-91FS	24 GPD	Yes	X			Well #6
Diaphragm Pump	LMI	A121-91FS	24 GPD	Yes	X			Well #7
Diaphragm Pump	LMI	A121-91FS	24 GPD	Yes	X			Well #9
Diaphragm Pump	LMI	A121-91FS	24 GPD	Yes	X			Well #10
Diaphragm Pump	LMI	A121-91FS	24 GPD	Yes	X			
Peristaltic Pump	Stenner	85MHP17	17 GPD	Yes	X			Well #11
Peristaltic Pump	Stenner	85MHP17	17 GPD	Yes	X			

Are back-up units available for all feeders: Y ☐ N ☒ Comments: Only one unit has a back-up.

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 no, where are they fed: Well #90104091, G-155312 (Well #11)

Comments on Chemicals, Chemical Feed Systems, and Chemical Feed Equipment: ____

GROUND AND ELEVATED STORAGE TANK FACILITIES

Facility Name	Type	Const. Mat.	Tank ht.	Overflow 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
East Water Tower ST2	HP	S	149'	141'	Yes	2010	2010	1987	E	7/2000	E
West Stand Pipe ST3	SP	S	110'	97'	Yes	2008	2008	2008	E	2008	E

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: _____

Current condition of tank exterior(s): Both storage tanks are in excellent condition.

Any apparent structural problems: Y ☐ N ☒ Comments: _____

Is there a routine inspection and cleaning program: Y ☒ N ☐ Comments: Every 3 years

Who performed the last inspection and cleaning: LFW Sandblasting and Painting, Plattsmouth and Liquid Engineering

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: Divers are utilized.

Are the facilities well maintained: Y ☒ N ☐ Describe security measures for the storage facilities: Locked and secured facilities

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
East Water Tower	UI	UI	UI	S	S	S	S	S	S	S	S	S
West Stand Pipe	UI	UI	UI	S	S	S	S	S	S	S	S	S

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

Comments on Ground and Elevated Storage Tank Facilities: The East Water Tower overflow terminates 9" above the concrete pad.

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	☒
Transmission of Source Water	☐
Distribution System Pumps and Pump Facilities	☐
Treatment Facilities and Processes	☒
Presedimentation Basins	☒
Flow Control and Metering	☒
Rapid Mix Process	☒
Chemicals and Chemical Feed Systems	☐
Chemical Feed Equipment Specifications	☐
Coagulation and Flocculation	☒
Sedimentation / Clarification	☒
Pressure Filters	☒
Gravity Filters	☒
Disinfection Processes	☒
Ground and Elevated Storage Tank Facilities	☐
Ground and Elevated Storage Tank Facilities Components	☐
Hydropnuematic and Pressure Tanks	☒

Inspector's Signature: _____

System Representative: _____

Date Inspection Completed: December 12, 2011

SENSITIVE / SECURE INFORMATION

PWS Name: City of Wayne **County:** Wayne **PWS ID#:** NE31-18104

Date of Survey: 12/12/11

WELL INFORMATION

Well ID#	Well Capacity	Chemicals Injected (Y/N)	GPS Location
G-028980 90104541 Well #4	450 GPM	No	N 42° 14' 33.4" W 97° 01' 11.8" Elevation 1496'
G-028981 90104651 Well #5	500 GPM	No	N 42° 14' 33.1" W 97° 01' 19.5" Elevation 1508'
G-062208 90104701 Well #6	600 GPM	Yes	N 42° 15' 00.0" W 97° 01' 22.2" Elevation 1562'
G-062209 90104702 Well #7	375 GPM	Yes	N 42° 15' 16.7" W 97° 00' 47.4" Elevation 1502'
G-016525 90104881 Well #9	1100 GPM	Yes	N 42° 18' 58.8" W 97° 02' 21.1" Elevation 1600'
G-016927 90104901 Well #10	1150 GPM	Yes	N 42° 19' 18.1" W 97° 02' 17.0" Elevation 1610'
G-155312 90104091 Well #11	1100 GPM	Yes	N 42° 19' 21.5" W 97° 01' 59.3" Elevation 1574'

STORAGE FACILITIES

Facility Name	Physical Location of Facility	PSI	Capacity	GPS Location
East Water Tower	Storage ST2	62	500,000 gals.	N 42° 14' 33.2" W 97° 00' 16.6" Elevation 1475'
West Stand Pipe	Storage ST1	58	750,000 gals.	N 42° 14' 21.5" W 97° 01' 43.2" Elevation 1609'

DISTRIBUTION SYSTEM GPS DATA

Location of Geographical Center of Distribution System	GPS Location
Intersection of 7th & Main St	N 42° 14' 08.6" W 97° 01' 04.9" Elevation 1502'

CHEMICALS AND CHEMICAL FEED SYSTEMS

Name of Chemical Stored	Location of Chemicals, Chemical Storage, and Chemical Feed Systems	Lbs./Gallons of Chemical Stored
Fluoride	Well #90104651	100
Fluoride	Well #90104701	100
Fluoride	Well #90104702	100
Fluoride	Well #90104881	165
Fluoride	Well #90104901	165
Fluoride	Well #90104091	

DISTRIBUTION SYSTEM PUMPS AND PUMP FACILITIES

(Booster stations, etc., excluding wells and other water sources.)

Facility Name	Number & Application of Pumps	PSI	Cap. of Pump	GPS Location
Booster Pump Station	4 Booster	34 in 58 out	600 GPM	N 42° 14' 20.8" W 97° 01' 43.8" Elevation 1552'

TRANSMISSION OF SOURCE WATER

Description of Trans. Main Run (stop/end point – provide GPS for end)	GPS Location
Sampling station for Well #90104881, Well #90104901, & Well #90104701	N 42° 14' 59.9" W 97° 01' 03.1" Elevation 1530'

GPS DATA

PWS Name: City of Wayne

Account # NE 31- 18104

WSF ID # : NE3118104ST2

Waypoint: 18104A

Reading Location: Overflow Pipe of Storage Tank

GPS Reading: N 42° 14'33.2" W 097° 00'16.6"

Collection Date: August 14, 2002

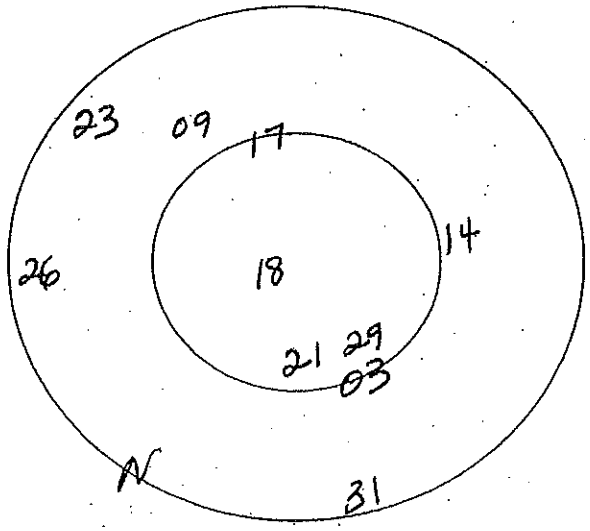
Altitude (Feet): 1475

Collection Time: 11:18 A.M.

PDOP (Must be less than 5)/Average: 40.3

Indicate satellite strength (from Garmin display) and draw constellation below:

Signal Strength ↑												
Satellite Number →	03	09	14	17	18	21	23	26	29	31		



GPS DATA

PWS Name: City of Wayne

Account # NE 31- 18104

WSF ID # : NE3118104ST1

Waypoint: 18104B

Reading Location: Base of Ladder

GPS Reading: N 42° 14'21.5" W 097° 01'43.2"

Collection Date: August 14, 2002

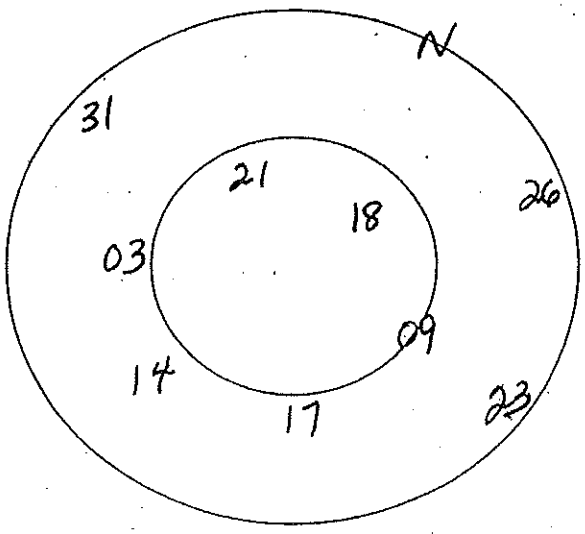
Altitude (Feet): 1609

Collection Time: 11:40 A.M.

PDOP (Must be less than 5)/Average: 20.9

Indicate satellite strength (from Garmin display) and draw constellation below:

Signal Strength ↑												
Satellite Number →	03	09	14	17	18	21	23	26	31			



GPS DATA

PWS Name: City of Wayne Account # NE 31- 18104

WSF ID # : NE3118104651 Waypoint: 18104C

Reading Location: South Wall of Well House

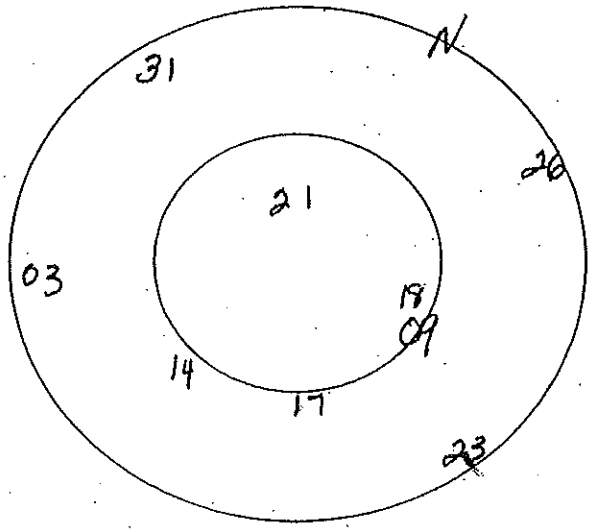
GPS Reading: N 42° 14'33.1" W 097° 01'19.5"

Collection Date: August 14, 2002 Altitude (Feet): 1508

Collection Time: 11:57 A.M. PDOP (Must be less than 5)/Average: 18.9

Indicate satellite strength (from Garmin display) and draw constellation below:

Signal Strength ↑												
Satellite Number →	03	09	14	17	18	21	23	26	31			



GPS DATA

PWS Name: City of Wayne

Account # NE 31- 18104

WSF ID # : NE3118104541

Waypoint: 18104D

Reading Location: Door of Well House

GPS Reading: N 42° 14'33.4" W 097° 01'11.8"

Collection Date: August 14, 2002

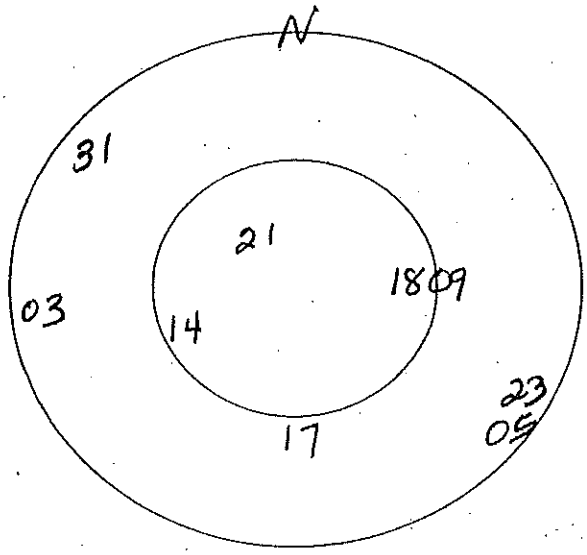
Altitude (Feet): 1496

Collection Time: 12:12 P.M.

PDOP (Must be less than 5)/Average: 20.0

Indicate satellite strength (from Garmin display) and draw constellation below:

Signal Strength ↑												
Satellite Number →	03	05	09	14	17	18	21	23	31			



GPS DATA

PWS Name: City of Wayne

Account # NE 31- 18104

WSF ID # : NE3118104701

Waypoint: 18104E

Reading Location: South Wall of Well House

GPS Reading: N 42° 15'00.0" W 097° 01'22.2"

Collection Date: August 14, 2002

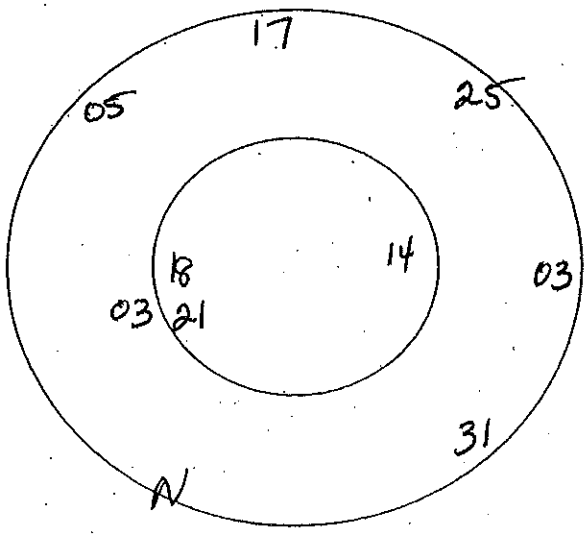
Altitude (Feet): 1562

Collection Time: 12:26 P.M.

PDOP (Must be less than 5)/Average: 33.2

Indicate satellite strength (from Garmin display) and draw constellation below:

				—								
					—							
Signal Strength ↑	—								—			
Satellite Number →	03	05	09	14	17	18	21	25	31			



GPS DATA

PWS Name: City of Wayne

Account # NE 31- 18104

WSF ID # : NE3118104702

Waypoint: 18104F

Reading Location: Door of Well House

GPS Reading: N 42° 15'16.7" W 097° 00'47.4"

Collection Date: August 14, 2002

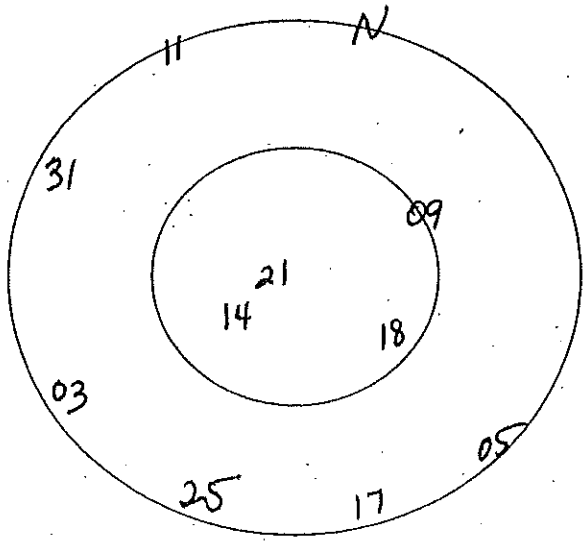
Altitude (Feet): 1502

Collection Time: 12:42 P.M.

PDOP (Must be less than 5)/Average: 21.8

Indicate satellite strength (from Garmin display) and draw constellation below:

Signal Strength ↑												
Satellite Number →	03	05	09	11	14	17	18	21	25	31		



GPS DATA

PWS Name: City of Wayne Account # NE 31- 18104

WSF ID # : NE3118104901 Waypoint: 18104G

Reading Location: Southeast Door of Well House

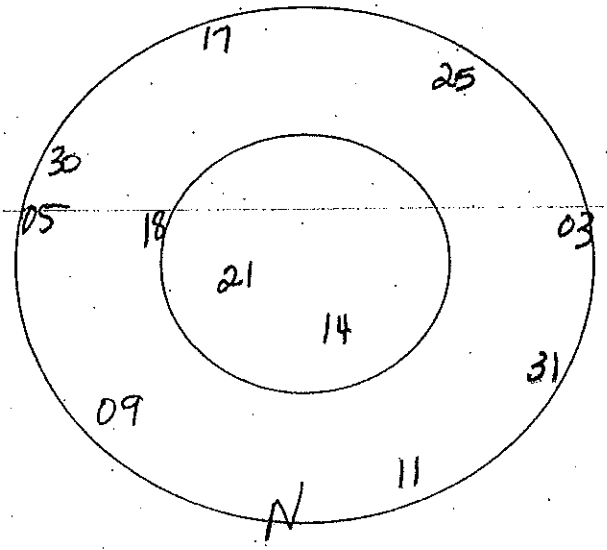
GPS Reading: N 42° 19'18.1" W. 097° 02'17.0"

Collection Date: August 14, 2002 Altitude (Feet): 1610

Collection Time: 1:10 P.M. PDOP (Must be less than 5)/Average: 21.9

Indicate satellite strength (from Garmin display) and draw constellation below:

Signal Strength ↑												
Satellite Number →	03	05	09	11	14	17	18	21	25	30	31	



GPS DATA

PWS Name: City of Wayne

Account # NE 31- 18104

WSF ID # : NE3118104881

Waypoint: 18104H

Reading Location: Southeast Door of Well House

GPS Reading: N 42° 18'58.8" W 097° 02'21.1"

Collection Date: August 14, 2002

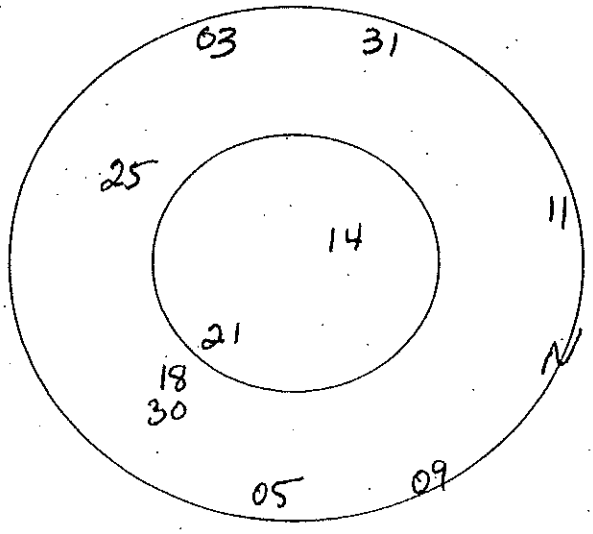
Altitude (Feet): 1600

Collection Time: 1:24 P.M.

PDOP (Must be less than 5)/Average: 18.8

Indicate satellite strength (from Garmin display) and draw constellation below:

Signal Strength ↑												
Satellite Number →	03	05	09	11	14	18	21	25	30	31		



GPS DATA

PWS Name: City of Wayne

Account # NE 31-18104

WSF ID #: NE3118104950

Waypoint: 18104I

Reading Location: Intersection of 7th Street & Main Street

GPS Reading: N 42° 14' 08.6"

W 97° 01' 04.9"

Collection Date: October 6, 2005

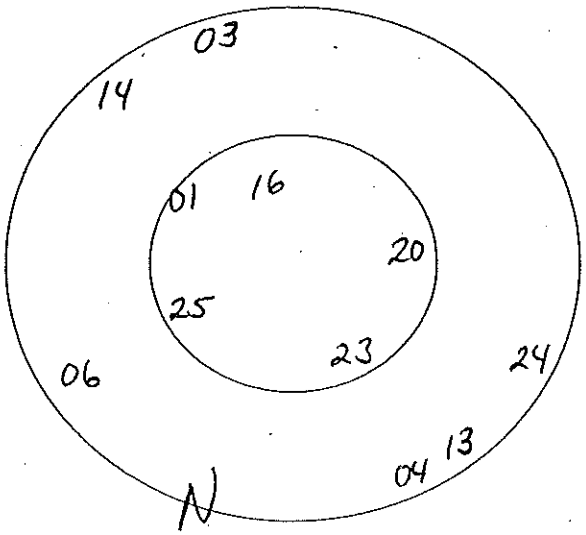
Altitude (Feet): 1502

Collection Time: 10:58 A.M.

PDOP (Must be less than 5)/Average: 19.1

Indicate satellite strength (from Garmin display) and draw constellation below:

Signal Strength ↑												
Satellite Number →	01	03	04	06	13	14	16	20	23	24	25	



GPS DATA

PWS Name: City of Wayne

Account # NE 31-18104

WSF ID #: NE3118104POE1

Waypoint: 18104J

Reading Location: Common POE for Wells

GPS Reading: N 42° 14' 59.9"

W 97° 01' 03.1"

Collection Date: October 6, 2005

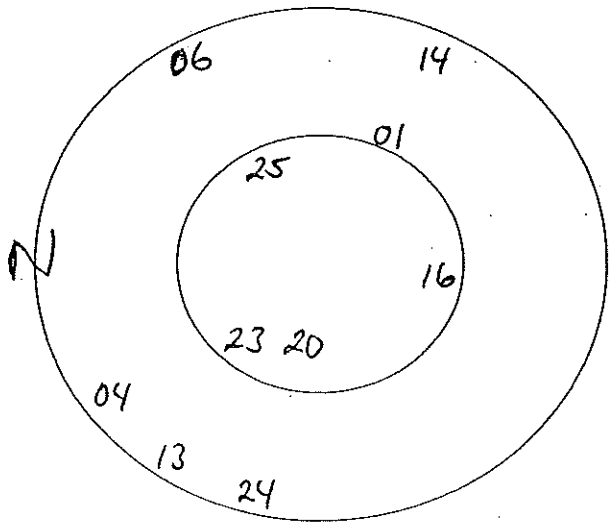
Altitude (Feet): 1530

Collection Time: 10:53 A.M.

PDOP (Must be less than 5)/Average: 16.1

Indicate satellite strength (from Garmin display) and draw constellation below:

	—									—		
					—	—						
				—								
			—				—					
								—				
Signal Strength ↑		—		—					—			
Satellite Number →	01	04	06	13	14	16	20	23	24	25		



GPS DATA

PWS Name: Wayne, City of

Account # NE 31-18104

WSF ID #: NE3118104091

Waypoint: 18104Z

Reading Location: South side of well house

GPS Reading: N 42° 19' 21.5"

W 097° 01' 59.3"

Collection Date: Novvember 10, 2010

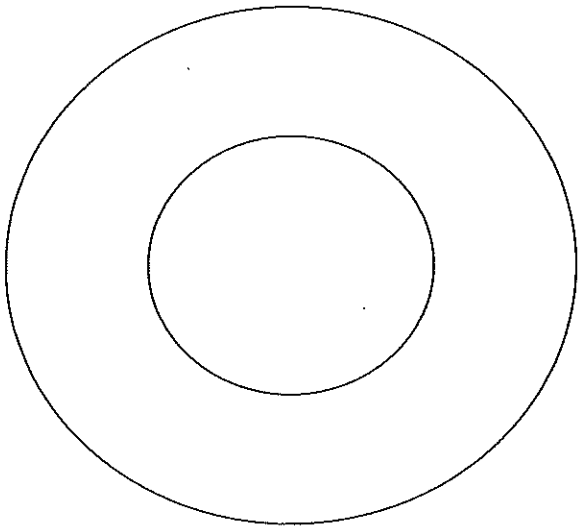
Altitude (Feet): 1574

Collection Time: 1:05 P.M.

PDOP (Must be less than 5)/Average: 42.2

Indicate satellite strength (from Garmin display) and draw constellation below:

Signal Strength ↑												
Satellite Number →	02	04	05	09	10	12	17	20	25	27	30	



PUBLIC WATER WELL

9/89

Well #4

VULNERABILITY ASSESSMENT

WATER SUPPLY SYSTEM Wayne, City of WELL I.D. 9010#541

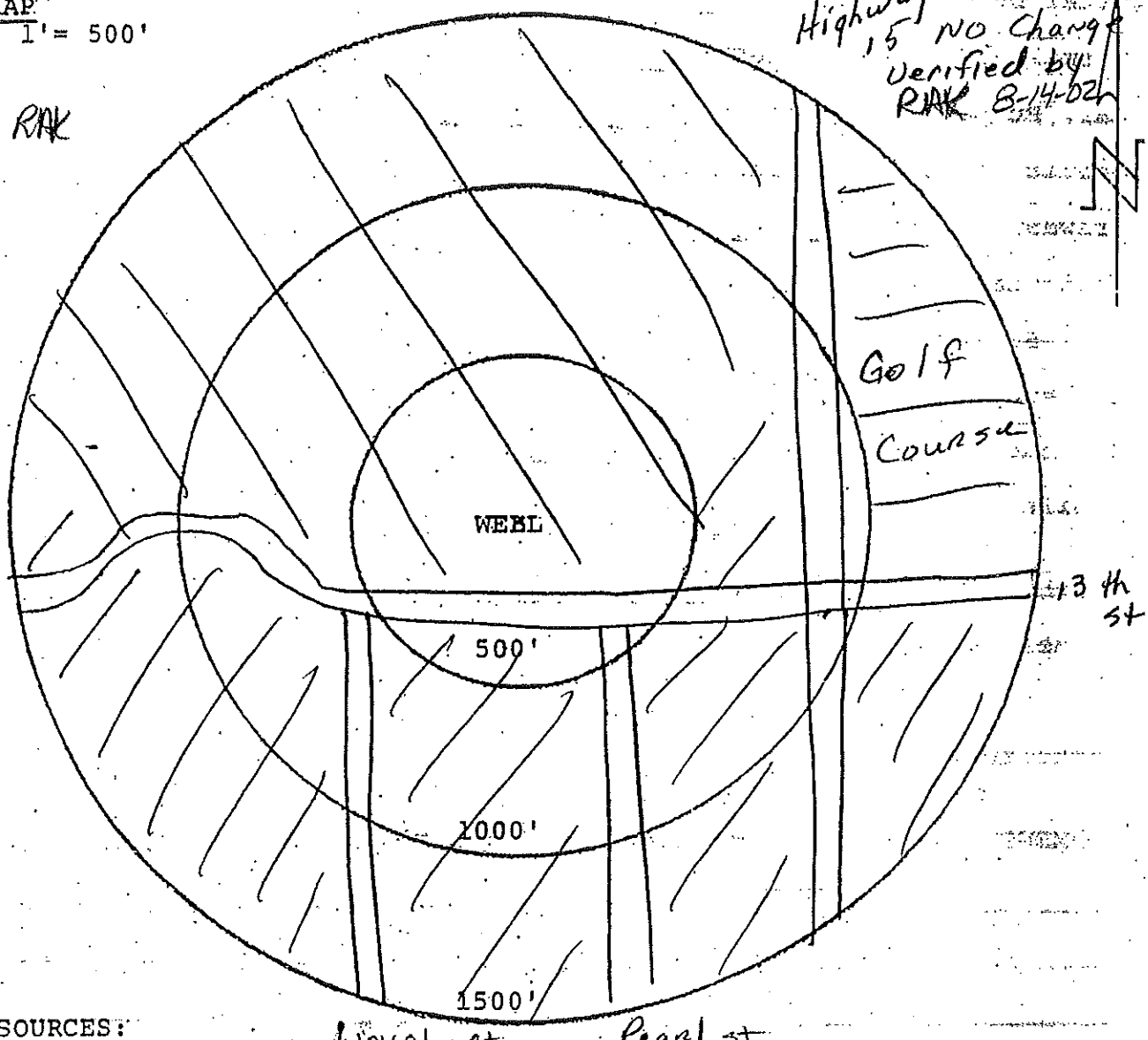
INITIAL RATING NV (V OR NV) BY Richard Koenig (STATE FIELD PERSON) DATE 5-2-91

No Change 3-5-97

AREA MAP
Scale: 1"= 500'

Highway 15 No Change Verified by: RAK 8-14-02

No Change Verified By RAK 10-6-05 11-11-08 12-12-11



POINT SOURCES:
(Numbers)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

NON-POINT SOURCES:
(Shaded)
Residential Crops Irrigated Crops Other Or

DRAINAGE:
(Arrows) Surface Sub-surface flow

9/89

Well #5

PUBLIC WATER WELL

VULNERABILITY ASSESSMENT

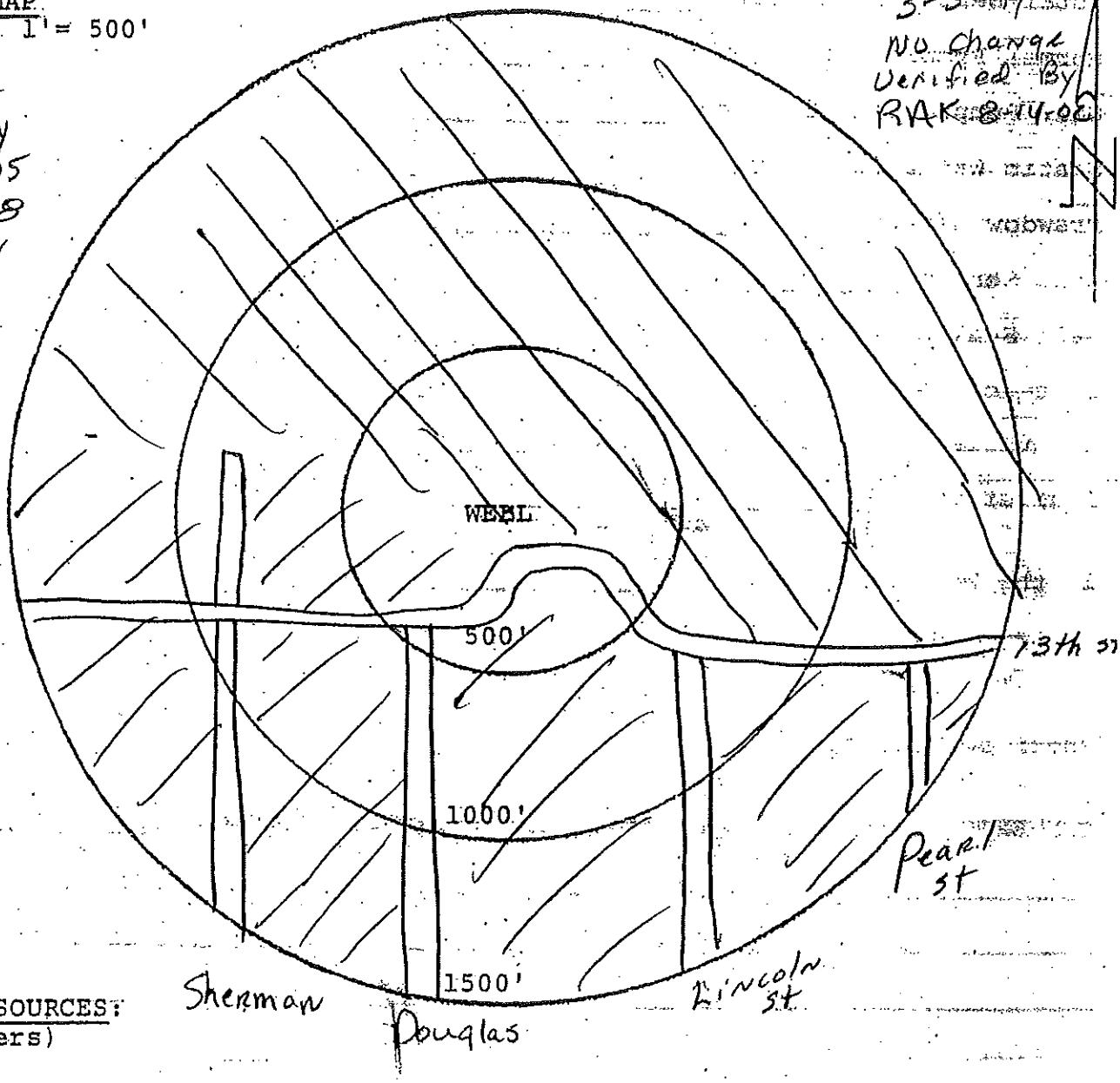
WATER SUPPLY SYSTEM Wayne City of WELL I.D. 90104651

INITIAL RATING NV (V OR NV) BY Richard Kerwig (STATE FIELD PERSON) DATE 5-2-91

NO Change
3-5-97
NO Change
Verified By
RAK 8-14-02

AREA MAP
Scale: 1" = 500'

NO Change
Verified By
RAK 10-6-05
11-11-08
12-12-11



POINT SOURCES:
(Numbers)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

NON-POINT SOURCES:
(Shaded)
Residential Crops Irrigated Crops Other

DRAINAGE:
(Arrows) Surface Sub-surface flow

PUBLIC WATER WELL

9/89

VULNERABILITY ASSESSMENT

Well #6

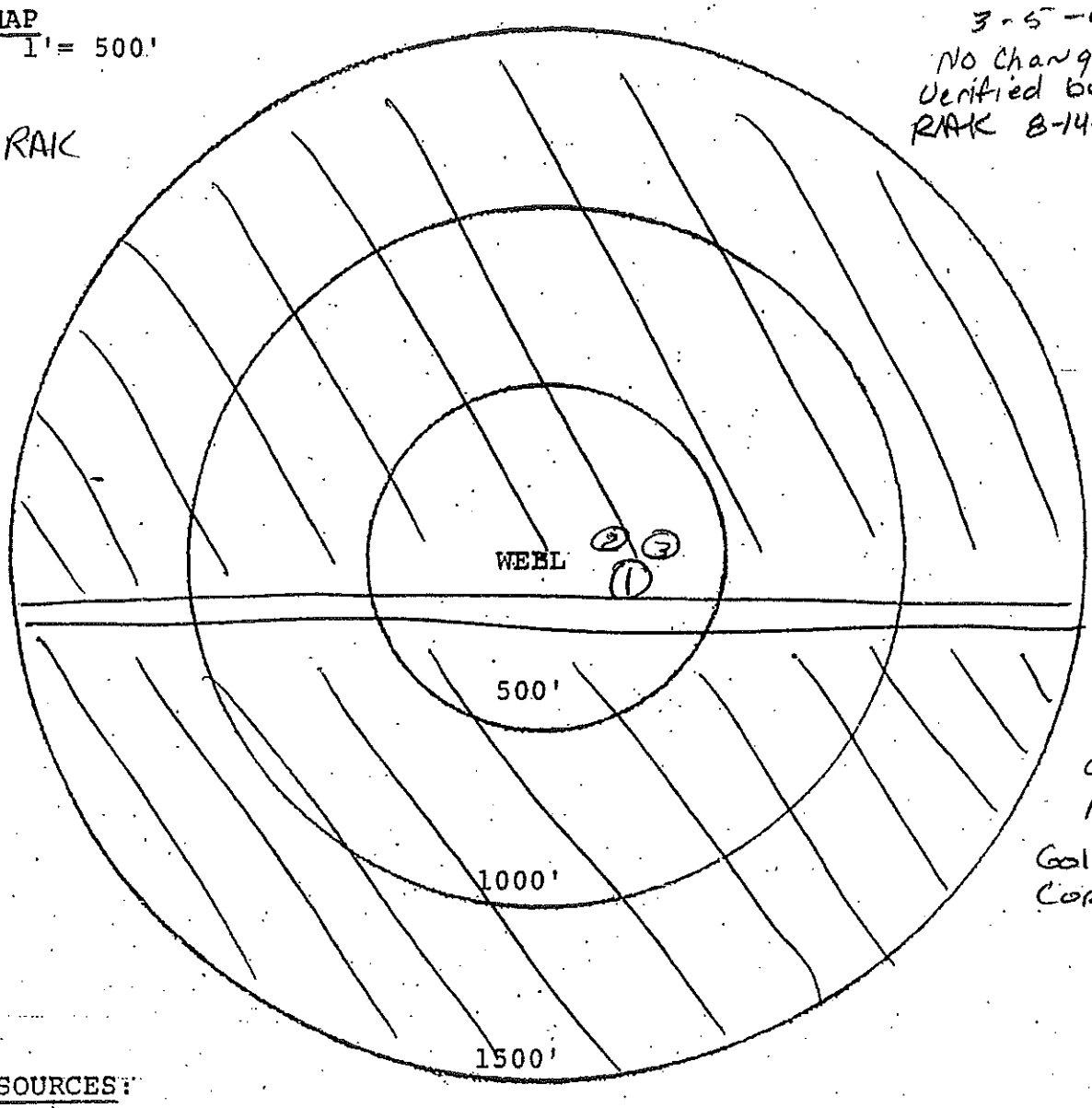
WATER SUPPLY SYSTEM Wayne City of WELL I.D. 90104701

INITIAL RATING V (V OR NV) BY Richard Koranda (STATE FIELD PERSON) DATE 5-2-91

NO Change
3-5-97
No Change
Verified by
RAK 8-14-02

AREA MAP
Scale: 1"= 500'

No Change
Verified By RAK
10-6-05
11-11-08
12-12-11



Cour
Roa
Nor
of U
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15 at
Golf Co
Corner

POINT SOURCES:
(Numbers)

1. Fuel Storage
2. Septic Tanks
3. Septic Tanks
4.
5.
6.

NON-POINT SOURCES:
(Shaded)

Residential Crops Irrigated Crops Other Or

DRAINAGE:

9/89

PUBLIC WATER WELL

VULNERABILITY ASSESSMENT

Well # 7

WATER SUPPLY SYSTEM Wayne, City of WELL I.D. 90104702

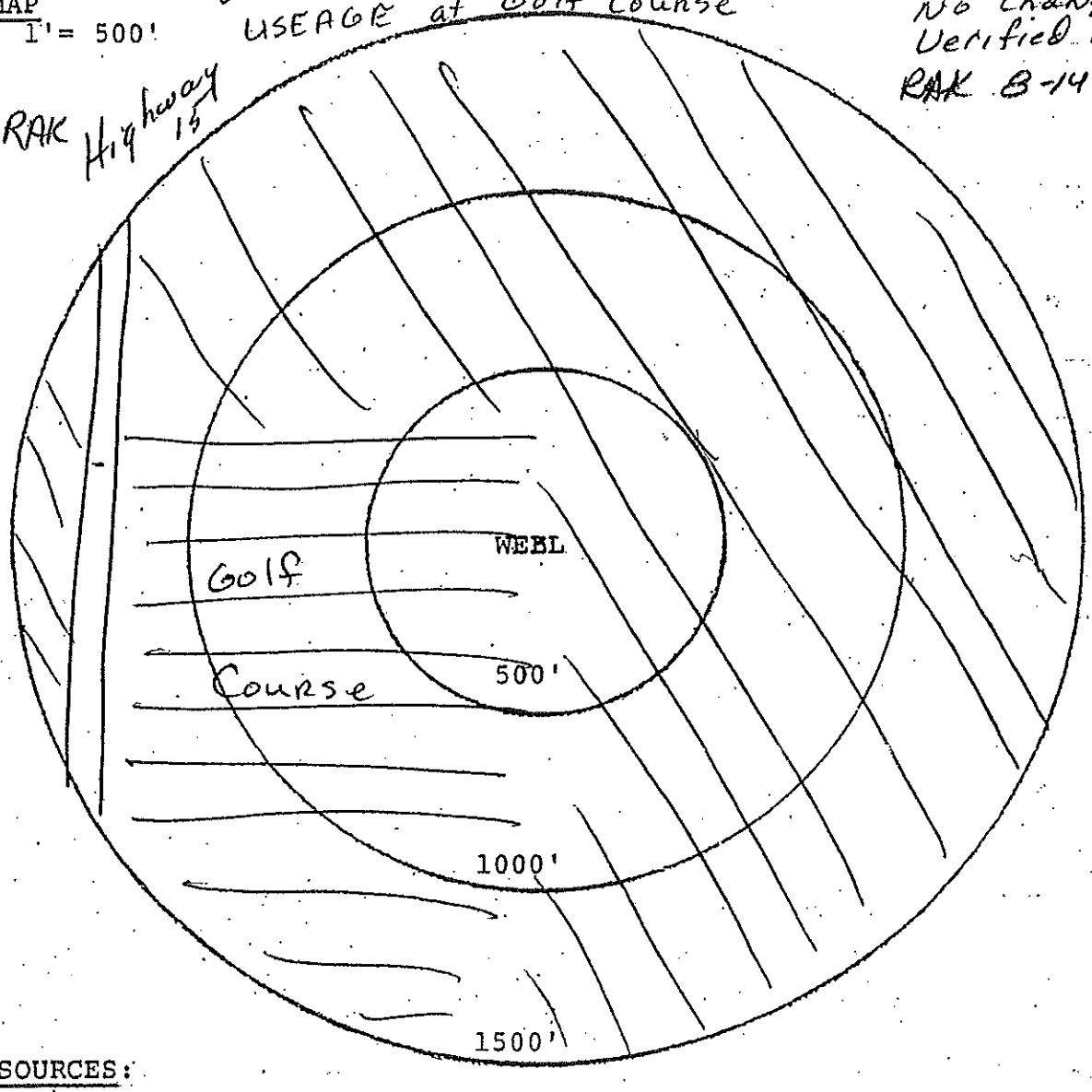
INITIAL RATING NV BY Richard Koenig DATE 5-2-91
(V OR NV) (STATE FIELD PERSON)

V - For SOC Due to Chemical USEAGE at Golf Course

3-5-97
No Change
Verified by
RAK 8-14-02

AREA MAP
Scale: 1"= 500'

NO Change
Verified By RAK
10-6-05
11-11-08
12-12-11



POINT SOURCES:
(Numbers)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

NON-POINT SOURCES:
(Shaded)
Residential /// Crops \\\ Irrigated Crops XXX Other ||| Or -

DRAINAGE:
(Arrows) Surface ↗ → ↖ Sub-surface flow ⇧ ⇦ ⇗

PUBLIC WATER WELL

No change 3-5-97 9/89

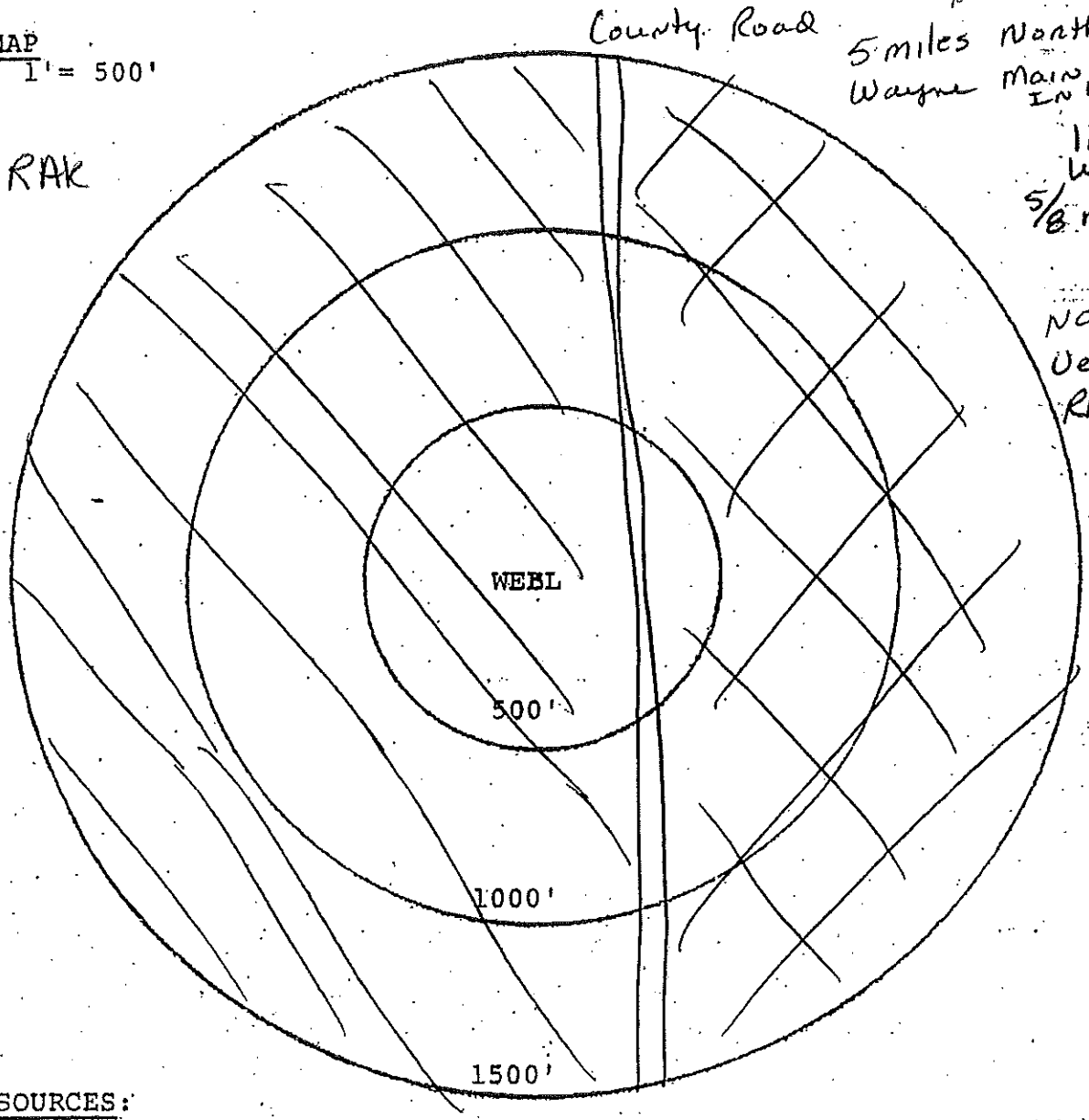
VULNERABILITY ASSESSMENT

Well #4

WATER SUPPLY SYSTEM Wayne, City of WELL I.D. 90104881

INITIAL RATING NV (V OR NV) BY Richard Koenig (STATE FIELD PERSON) DATE 5-2-91

AREA MAP
Scale: 1" = 500'



No Change
Verified By RAK
10-6-05
11-11-08
12-12-11

No Char
Verifie
RAK 8

POINT SOURCES:
(Numbers)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

NON-POINT SOURCES:
(Shaded)
Residential Crops Irrigated Crops Other Or

DRAINAGE:
(Arrows) Surface Sub-surface flow

198-1492

PUBLIC WATER WELL 9/89

VULNERABILITY ASSESSMENT Well #10

WATER SUPPLY SYSTEM Wayne, City of WELL I.D. 90104901

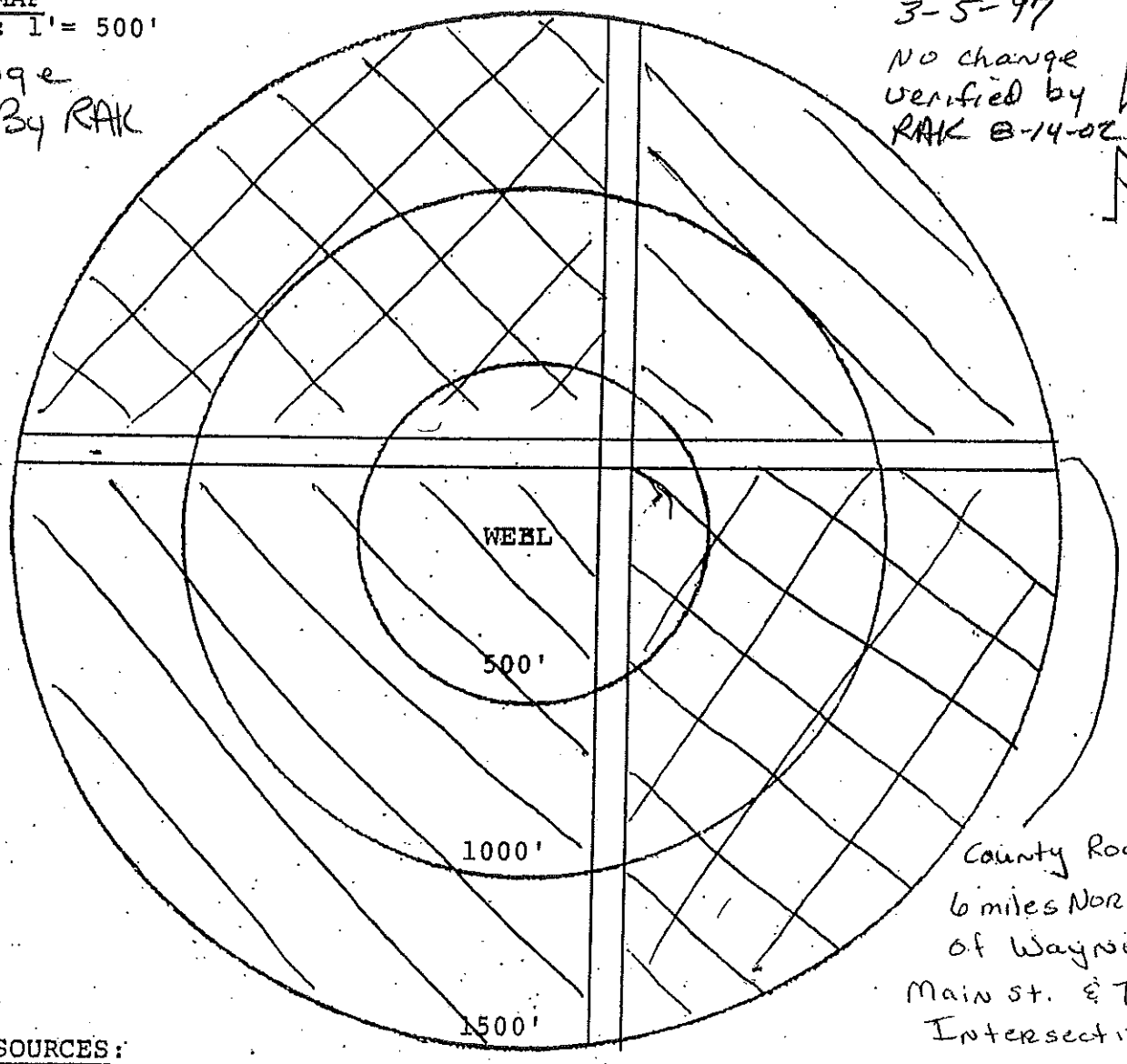
INITIAL RATING NV (V OR NV) BY Richard Koenig (STATE FIELD PERSON) DATE 2-3-92

NO Change 3-5-97

No change verified by RAK 8-14-02

AREA MAP
Scale: 1"= 500'

NO Change Verified By RAK
10-6-05
11-11-08
12-12-11



County Road 6 miles North of Wayne Main St. & 7th Intersection 1 mile West of Inter

POINT SOURCES:
(Numbers)

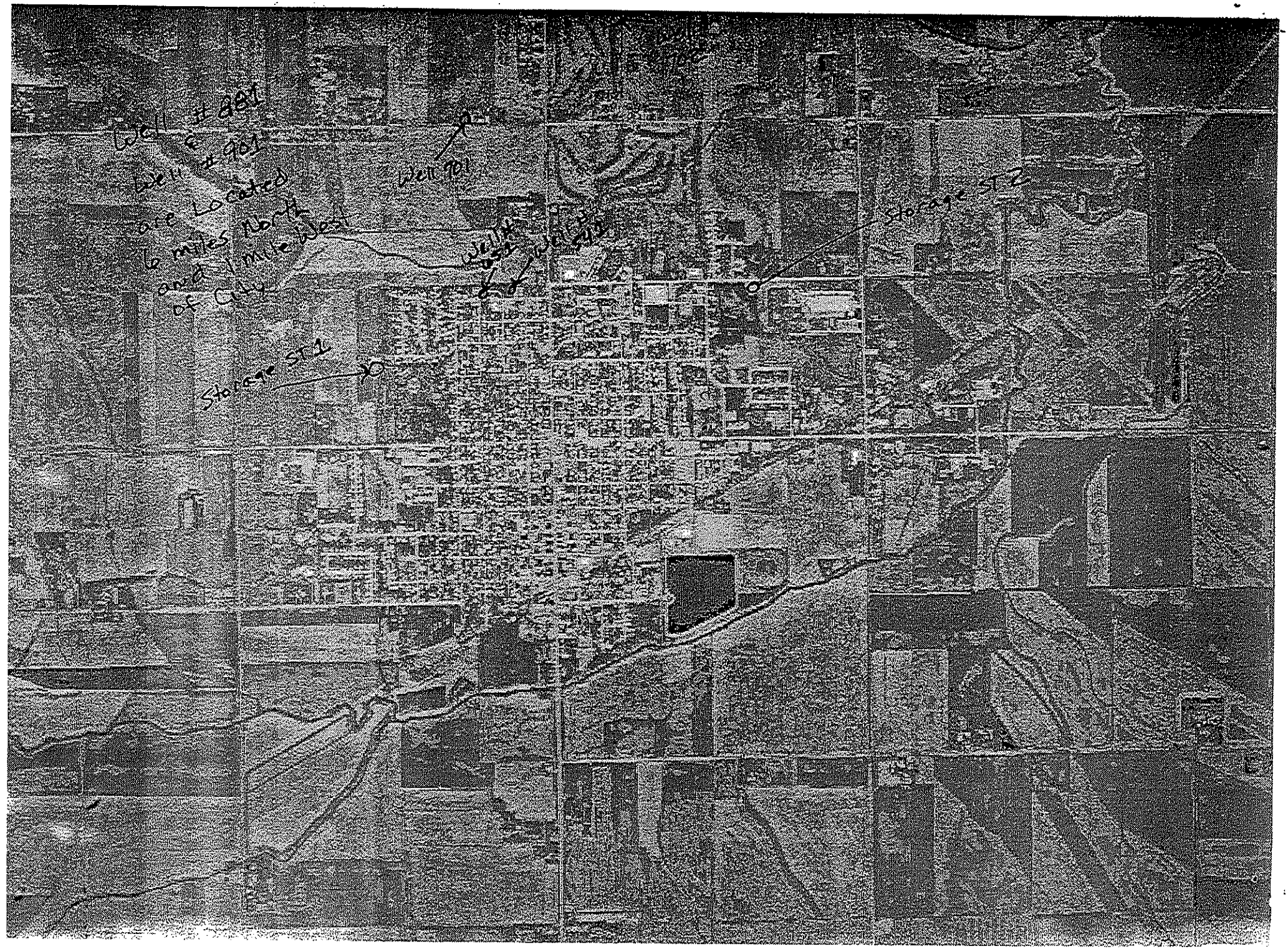
1. _____ 2. _____

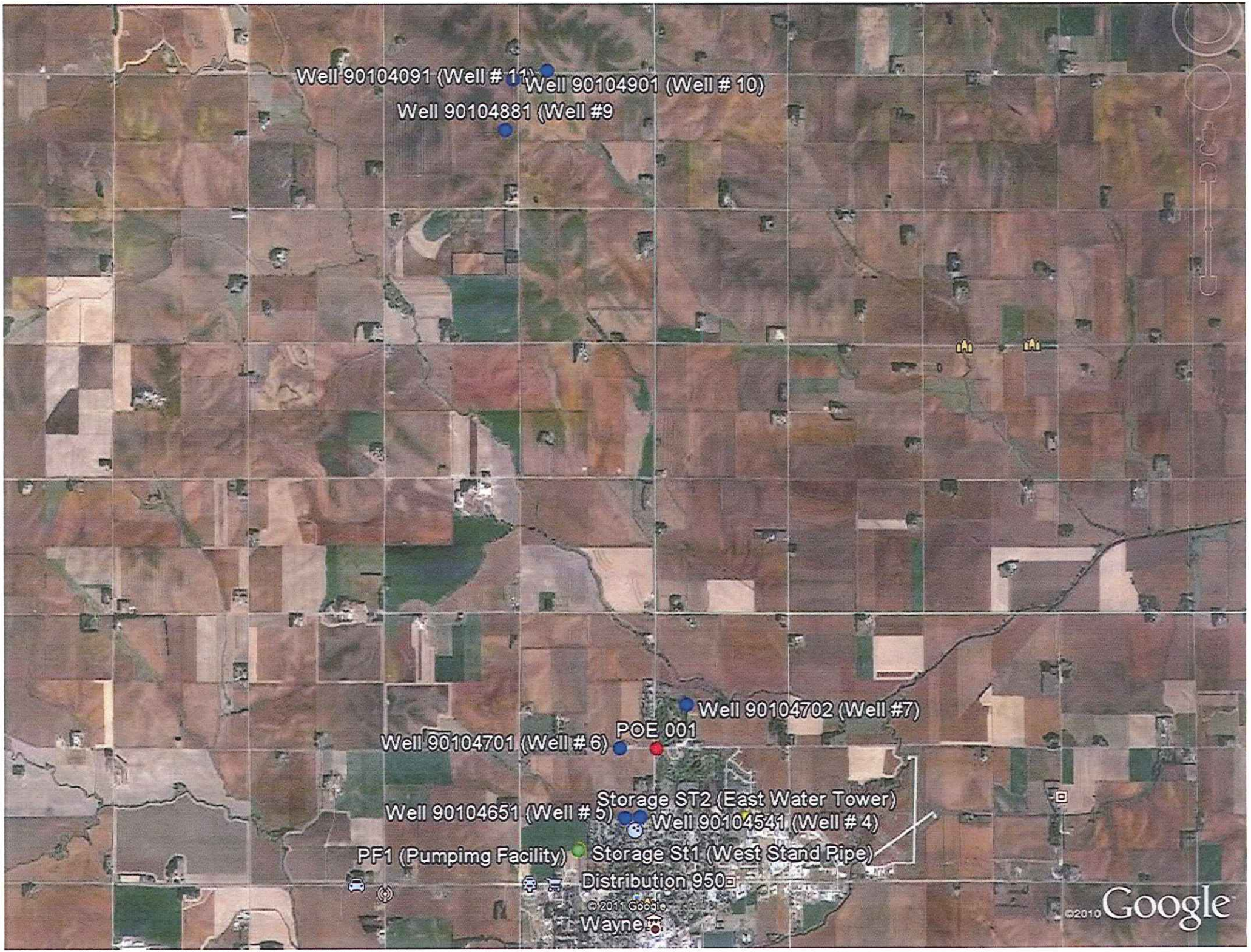
3. _____ 4. _____

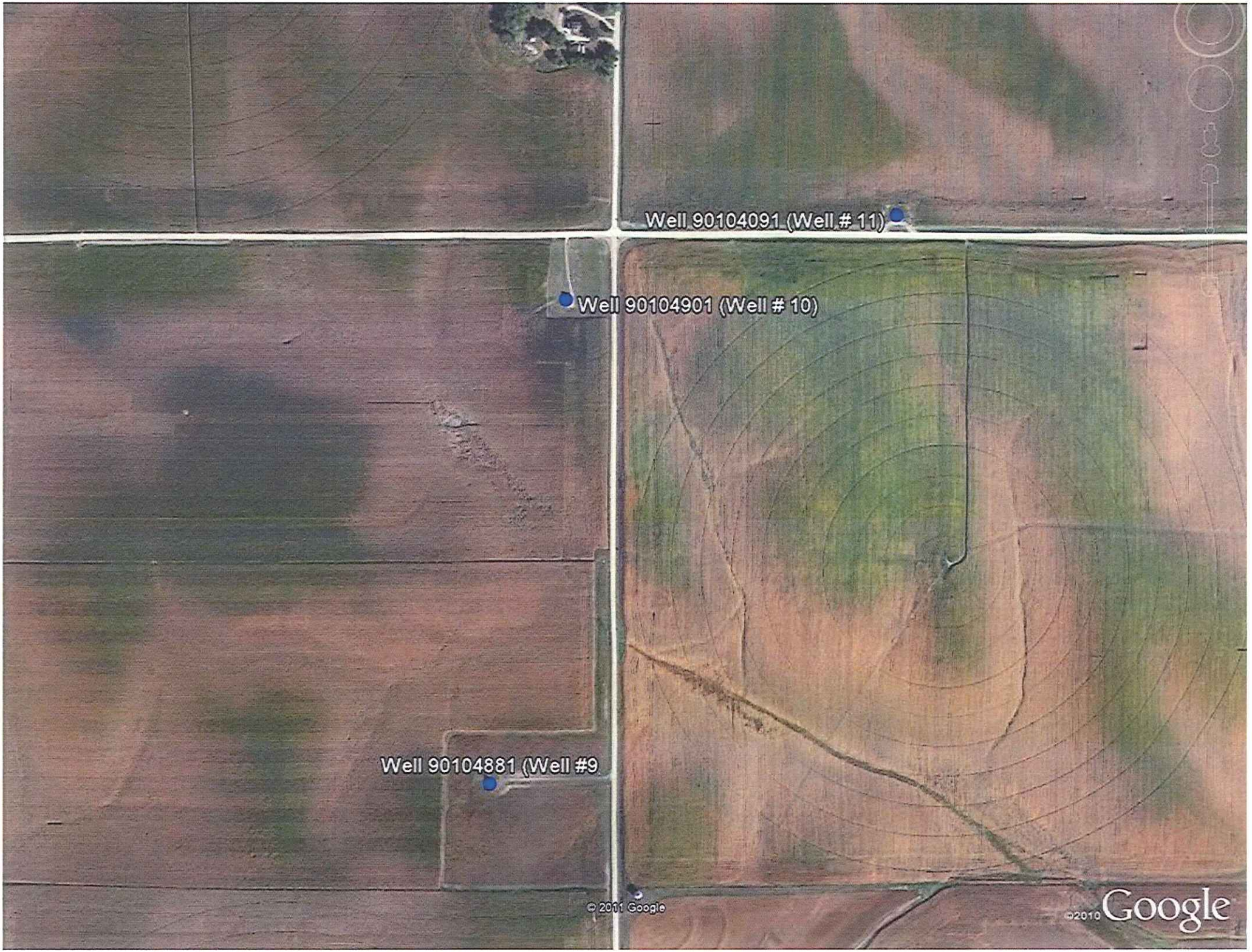
5. _____ 6. _____

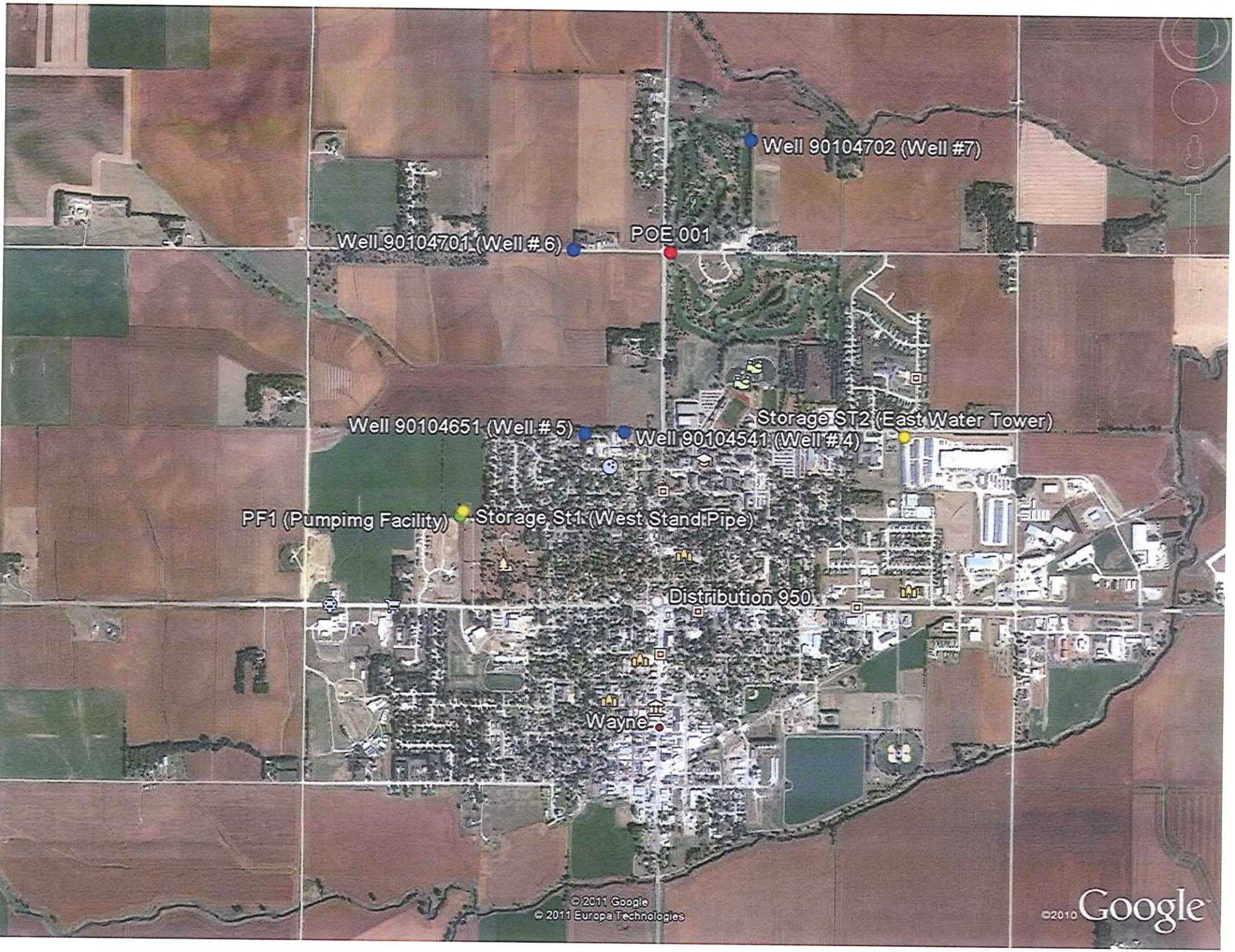
NON-POINT SOURCES:
(Shaded)
Residential Crops Irrigated Crops Other Or

DRAINAGE:
(Arrows) Surface Sub-surface flow


Well #401
Well #401
are located
10 miles North
and 1 mile West
of City
Storage st 1
Storage st 2


Well 90104091 (Well # 11)
Well 90104901 (Well # 10)
Well 90104881 (Well #9
Well 90104702 (Well #7)
POE 001
Well 90104701 (Well # 6)
Storage ST2 (East Water Tower)
Well 90104651 (Well # 5)
Well 90104541 (Well # 4)
PF1 (Pumpimg Facility)
Storage St1 (West Stand Pipe)
Distribution 950
© 2011 Google
Wayne
©2010 Google


Well 90104091 (Well # 11)
Well 90104901 (Well # 10)
Well 90104881 (Well #9
© 2011 Google
©2010 Google


Well 90104702 (Well #7)
Well 90104701 (Well # 6)
POE 001
Well 90104651 (Well # 5)
Storage ST2 (East Water Tower)
Well 90104541 (Well # 4)
PF1 (Pumpimg Facility)
Storage St1 (West Stand Pipe)
Distribution 950
Wayne
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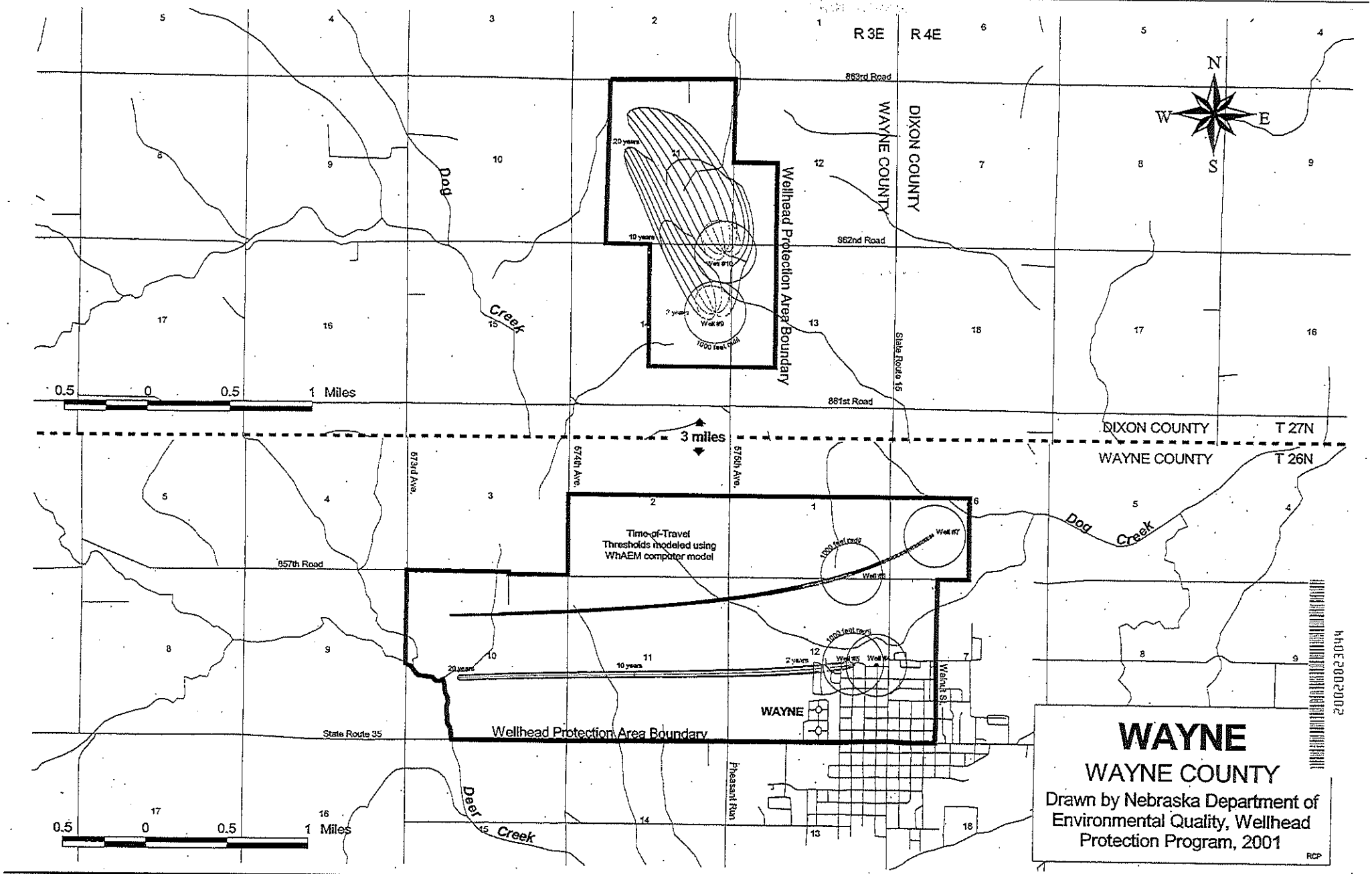
© 2011 Europa Technologies
©2010 Google


R 3E
R 4E
863rd Road
862nd Road
861st Road
WAYNE COUNTY
DIXON COUNTY
DIXON COUNTY T 27N
WAYNE COUNTY T 26N
Dog Creek
Wellhead Protection Area Boundary
State Route 15
3 miles
673rd Ave.
674th Ave.
675th Ave.
857th Road
Time-of-Travel Thresholds modeled using WhAEM computer model
20 years
10 years
2 years
1000 feet radii
Well #7
Well #8
Well #9
Well #10
Well #5
Well #6
Walnut St.
WAYNE
State Route 35
Wellhead Protection Area Boundary
Deer Creek
Pleasant Run
0.5 0 0.5 1 Miles
N
W
E
S
WAYNE
WAYNE COUNTY
Drawn by Nebraska Department of Environmental Quality, Wellhead Protection Program, 2001
RCP

POTENTIAL CONTAMINANT SOURCE INVENTORY DATABASE SEARCH

FACILITY ID	FACILITY NAME	STREET	CITY	COUNTY	DATABASE NAME	ZIP	NRD	COMMENTS
68761	Darrell Moore Residence	Highway 15 N	Wayne	Wayne	Onsite Wastewater Treatment	68787	16	
66054	Fuoss Farms Inc East		Wayne	Wayne	Agricultural Chemicals	68787	16	
66054	Fuoss Farms Inc East		Wayne	Wayne	Legal Services	68787	16	
66053	Fuoss Farms Inc West		Wayne	Wayne	Agricultural Chemicals	68787	16	
66053	Fuoss Farms Inc West		Wayne	Wayne	Legal Services	68787	16	
72099	Highway 15 Public Water Supply	Highway 15 S	Wayne	Wayne	Superfund	68787	16	
68759	John Stoll Residence	Highway 15 N	Wayne	Wayne	Onsite Wastewater Treatment	68787	16	
70816	Milligans Mobile Home Park		Wayne	Wayne	Onsite Wastewater Treatment	68787	16	
71048	Ralph Etter Residence	857th Rd	Wayne	Wayne	Onsite Wastewater Treatment	68787	16	
82941	Randy Surber Residence	Highway 15 N	Wayne	Wayne	Onsite Wastewater Treatment	68787	16	
58231	Red Carr Implement Inc	Highway 15 N	Wayne	Wayne	Operator Certification	68787	16	
58231	Red Carr Implement Inc	Highway 15 N	Wayne	Wayne	NPDES Permits and Compliance	68787	16	
47257	Wayne Country Club	Highway 15 N	Wayne	Wayne	Onsite Wastewater Treatment	68787	16	
85172	Wayne Public Water Supply		Wayne	Wayne	Wellhead Protection	68787	16	