



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 8

1595 Wynkoop Street  
Denver, CO 80202-1129  
Phone 800-227-8917  
[www.epa.gov/region8-waterops](http://www.epa.gov/region8-waterops)

NOV 05 2019

Ref: 8WD-SDA

Mr. Joseph Lovett, Project Engineer/Chief Operator  
Bar-B-Bar Meadows  
Jorgensen Associates  
1315 Hwy 89 S, Suite 201  
Jackson, Wyoming 83002

Re: **2018 Sanitary Survey Report**  
PWS ID#: **WY5601439 C**

Dear Mr. Lovett:

Enclosed is a report prepared for the U. S. Environmental Protection Agency (EPA) following a sanitary survey of the Bar-B-Bar Meadows water system on September 20, 2018.

Please contact us if your system has a change in the treatment process; you add or remove a water source; there is a change in the number of people served or the number of water connections; or different contact information becomes available for your water system. This allows us to keep you up to date on monitoring requirements and keeps our inventory current. To access the EPA's change form, use the following link and send us the completed form or give us a call:

<https://www.epa.gov/region8-waterops/wyoming-public-water-system-change-form>

Thank you for your cooperation during the sanitary survey. If you have any questions regarding the sanitary survey, please call Jim Gindelberger at 1-800-227-8917, ext. 312-6984. If you have questions on specific regulations, please refer to the brochure enclosed with this letter, which contains the names and phone numbers for the EPA drinking water staff.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lisa Kahn", is written over the "Sincerely," text.

Lisa Kahn, Section Chief  
Drinking Water Section A  
Water Division

Enclosures

cc: Mr. Paul H. Divjak, Water System Coordinator  
Bar-B-Bar Meadows (via mail)

## 2018 EPA Region 8 WY SANITARY SURVEY FORM INVENTORY

<b>DATE OF SURVEY:</b> <u>09/20/2018</u>		<b>COUNTY:</b> <u>Teton</u>		<b>SURVEYOR NAME:</b> <u>J Kahlert</u>	
<b>PWS ID:</b> <u>WY5601439</u>		<b>SYSTEM NAME:</b> <u>Bar-B-Bar Meadows</u>			
System representatives (including titles) present at survey: <u>Mr. Joseph Lovett, Jorgensen Engineering, Project Engineer/Chief Operator; Mr. Paul Divjak, Water System Coordinator, Bar-B-Bar Meadows HOA</u>  Others present: <u>Mr. Bob Skaggs, Board Member, Bar-B-Bar Meadows HOA</u>  Comments: _____			<b>EMERGENCY CONTACT</b>  Emergency Contact Name: <u>Mr. Joseph Lovett</u> Emergency cell phone: <u>(307) 690-1690</u> Emergency email address: <u>jlovett@jorgensenassociates.com</u> Title: <u>Project Engineer/Chief Operator</u> Street: <u>1315 Hwy 89 S, Suite 201</u> City: <u>Jackson</u> State: <u>WY</u> County: <u>Teton</u> Zip: <u>83002</u>		
<b>SYSTEM OWNER OR MUNICIPAL LEGAL REPRESENTATIVE</b>  Addressee Name: <u>Mr. Paul Divjak</u> Title: <u>Water System Coordinator</u> Company (if Corporation, name of Corporation): <u>Bar-B-Bar Meadows Homeowners Association</u> Street: <u>P.O. Box 7365</u> City: <u>Jackson</u> State: <u>WY</u> Zip: <u>83002</u> Owner Phone: <u>(307) 733-7447</u> Fax: <u>(NA)</u> Email Address: <u>phdivjak@aol.com</u>			<b>PRIMARY ADMINISTRATIVE CONTACT (to receive ALL correspondence from EPA)</b>  Addressee: <u>Mr. Joseph Lovett</u> Title: <u>Project Engineer/Chief Operator</u> Street: <u>1315 Hwy 89 S, Suite 201</u> City: <u>Jackson</u> State: <u>WY</u> County: <u>Teton</u> Zip: <u>83002</u> Administrative Contact Phone: <u>(307) 733-5150</u> Fax: <u>(NA)</u> Email Address: <u>jlovett@jorgensenassociates.com</u>		
<b>ADDITIONAL CONTACT (if any)</b>  Addressee: <u>Mr. Mike Henderson</u> Title: <u>President, Bar-B-Bar Meadows HOA</u> Street: <u>655 Oatgrass Road</u> City: <u>Jackson</u> State: <u>WY</u> County: <u>Teton</u> Zip: <u>83002</u> Contact Phone: <u>(307) 203-2073</u> Fax: <u>(NA)</u> Email Address: <u>NA</u> Comments: _____			<b>PUBLIC WORKS DIRECTOR, CITY ENGINEER and/or WATER PLANT SUPERINTENDENT</b>  Addressee: <u>NA</u> Title: _____ Street: _____ City: _____ State: _____ County: _____ Zip: _____ Contact Phone: <u>( )</u> Fax: <u>( )</u> Email Address: _____		
<b>DESIGNATED OPERATOR OF SYSTEM</b> Name: <u>Mr. Joseph Lovett</u> Certified Operator? @ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TNC System (not required) Treatment Cert. Level: <u>1</u> Distribution Cert. Level: _____ Treatment Cert. Exp. Date: <u>12/31/2019</u> Distribution Cert. Exp. Date: _____ Cert. Authority: <u>WDEQ</u> Cert. Authority: _____ Phone: <u>(307) 733-5150</u> Email Address: <u>jlovett@jorgensenassociates.com</u> Contract Operator*? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date contract ends: Indefinite Comments: _____ Go to: <a href="http://deq.wyoming.gov/wqd/operator-certification/">http://deq.wyoming.gov/wqd/operator-certification/</a> Click on: Check Facility Records then Click on: Check Operator Records			<b>ALTERNATE OPERATOR</b> Name: <u>Mr. Thomas Kirsten</u> Certified Operator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not required Treatment Cert. Level: <u>1</u> Distribution Cert. Level: _____ Treatment Cert. Exp. Date: <u>Expired</u> Distribution Cert. Exp. Date: _____ Cert. Authority: <u>WDEQ</u> Cert. Authority: _____ Phone: <u>(307) 733-5150</u> Email Address: <u>tkirsten@jorgensenassociates.com</u> Comments: _____ Go to: <a href="http://deq.wyoming.gov/wqd/operator-certification/">http://deq.wyoming.gov/wqd/operator-certification/</a> Click on: Check Facility Records then Click on: Check Operator Records		
<b>WATER SYSTEM CLASSIFICATION for operator certification</b>  System Treatment Classification Level: <u>1</u> System Distribution Classification Level: _____ Comments: _____ Go to: <a href="http://deq.wyoming.gov/wqd/operator-certification/">http://deq.wyoming.gov/wqd/operator-certification/</a> Click on: Check Facility Records			<b>WATER SYSTEM CLASSIFICATION from PWS Inventory</b>  <input checked="" type="checkbox"/> C = Community <input type="checkbox"/> NTNC = Non-Transient Non-Community <input type="checkbox"/> NC = Transient Non-Community Comments: _____		
<b>SYSTEM PHYSICAL ADDRESS</b>  Street: <u>6505 Ryegrass Road</u> City: <u>Jackson</u> State: <u>WY</u> Zip: <u>83001</u>			<b>PHYSICAL LOCATION</b>  Physical Location and Directions: <u>From downtown Jackson, Wyoming, proceed north on US-26/89/191 for 6.8 miles to Golf Course Road and take the 3<sup>rd</sup> roundabout exit (west). Continue on Golf Course Rd for 0.6 miles to North Spring Gulch Rd and turn right. Make an immediate left onto Ryegrass Rd and the facility is immediately on the left.</u>		

<p style="text-align: center;"><b>DEQ DISTRICT ENGINEER</b></p> <p><u>Mr. James Brough, District Engineer</u></p> <p><b>Phone:</b> <u>(307) 335-6961</u></p> <p><b>Email:</b> <u>james.brough@wyo.gov</u></p>	<p style="text-align: center;"><b>COUNTY AND/OR CHS SANITARIAN</b></p> <p><u>Mr. Dru Haderlie, CHS Specialist</u></p> <p><b>Phone:</b> <u>(307) 279-3276</u></p> <p><b>Email:</b> <u>dru.haderlie@wyo.gov</u></p>																																
<p style="text-align: center;"><b>PERIOD OF OPERATION</b></p> <p><input checked="" type="checkbox"/> Year-round</p> <p><input type="checkbox"/> Part of the year: From _____ to _____</p> <p>If only open part of the year, does the entire distribution system remain pressurized during the entire off period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments: _____</p>	<p style="text-align: center;"><b>SERVICE CONNECTIONS</b></p> <p>Total Service Connections (Active and Inactive): <u>32/11</u></p> <p>Service Connections Metered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p> <p>Number of metered service connections: <u>Zero</u></p> <p>Comments: _____</p>																																
<p style="text-align: center;"><b>OWNER TYPE</b></p> <p><input type="checkbox"/> 1 Federal Government</p> <p><input checked="" type="checkbox"/> 2 Private: Subdivision, Investor, Trust, Cooperative, Water Association, etc.</p> <p>Is this PWS operating with a lease on Federal land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, enter name of the Federal land here: _____</p> <p><input type="checkbox"/> 3 State Government</p> <p><input type="checkbox"/> 4 Local Government Authority: Commission, District, Municipality, City, etc.</p> <p><input type="checkbox"/> 5 Mixed Public/Private</p> <p><input type="checkbox"/> 6 Native American Indian Tribes &amp; Reservations _____</p> <p><input type="checkbox"/> 7 Other _____</p> <p>Comments: _____</p>	<p style="text-align: center;"><b>POPULATION DIRECTLY SERVED</b> (do not include populations of consecutive PWSs) (do not double count populations)</p> <p>Residential Population (year-round residents): <u>70</u> (people)</p> <p>Non-Residential Non-Transient Population: <u>NA</u> (people) (6-12 months/year, e.g. students, employees)</p> <p>Transient Population (less than 6 months/year): <u>NA</u> (people per day) (Average daily number during peak 60 days of operation) (e.g. customers, visitors)</p> <p>Does the water system serve at least 25 individuals daily at least 60 days of the year (does not need to be consecutive days)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments (source(s) of population info): <u>Previous report</u></p>																																
<p style="text-align: center;"><b>SERVICE CATEGORY (check all that apply)</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> AP Airport</td> <td><input type="checkbox"/> PC Picnic Area</td> </tr> <tr> <td><input type="checkbox"/> BA Bathing/Swimming</td> <td><input type="checkbox"/> RA Rest Area</td> </tr> <tr> <td><input type="checkbox"/> BR Bar</td> <td><input type="checkbox"/> RC Recreation</td> </tr> <tr> <td><input type="checkbox"/> CG Campground</td> <td><input checked="" type="checkbox"/> RS Residential</td> </tr> <tr> <td><input type="checkbox"/> CH Church</td> <td><input type="checkbox"/> RT Restaurant</td> </tr> <tr> <td><input type="checkbox"/> DC Daycare Center</td> <td><input type="checkbox"/> RV RV Park</td> </tr> <tr> <td><input type="checkbox"/> DR Dude Ranch</td> <td><input type="checkbox"/> SC School</td> </tr> <tr> <td><input type="checkbox"/> HS Hospital</td> <td><input checked="" type="checkbox"/> SD Subdivision</td> </tr> <tr> <td><input type="checkbox"/> IB Interstate Bottler</td> <td><input type="checkbox"/> SK Ski Area</td> </tr> <tr> <td><input type="checkbox"/> IF Industrial/Agricultural</td> <td><input type="checkbox"/> SS Service Station</td> </tr> <tr> <td><input type="checkbox"/> IN Institution</td> <td><input type="checkbox"/> US Water User's Association</td> </tr> <tr> <td><input type="checkbox"/> LB Local Bottler</td> <td><input type="checkbox"/> VC Visitor Center</td> </tr> <tr> <td><input type="checkbox"/> LO Lodge</td> <td><input type="checkbox"/> VM Vending Machine</td> </tr> <tr> <td><input type="checkbox"/> MA Marina</td> <td><input type="checkbox"/> WH Water Hauler</td> </tr> <tr> <td><input type="checkbox"/> MH Mobile Home Park</td> <td><input type="checkbox"/> XX Other _____</td> </tr> <tr> <td><input type="checkbox"/> MO Motel/Hotel</td> <td></td> </tr> </table> <p>Primary Service Category Description: <u>Residential</u></p> <p>Comments: _____</p>	<input type="checkbox"/> AP Airport	<input type="checkbox"/> PC Picnic Area	<input type="checkbox"/> BA Bathing/Swimming	<input type="checkbox"/> RA Rest Area	<input type="checkbox"/> BR Bar	<input type="checkbox"/> RC Recreation	<input type="checkbox"/> CG Campground	<input checked="" type="checkbox"/> RS Residential	<input type="checkbox"/> CH Church	<input type="checkbox"/> RT Restaurant	<input type="checkbox"/> DC Daycare Center	<input type="checkbox"/> RV RV Park	<input type="checkbox"/> DR Dude Ranch	<input type="checkbox"/> SC School	<input type="checkbox"/> HS Hospital	<input checked="" type="checkbox"/> SD Subdivision	<input type="checkbox"/> IB Interstate Bottler	<input type="checkbox"/> SK Ski Area	<input type="checkbox"/> IF Industrial/Agricultural	<input type="checkbox"/> SS Service Station	<input type="checkbox"/> IN Institution	<input type="checkbox"/> US Water User's Association	<input type="checkbox"/> LB Local Bottler	<input type="checkbox"/> VC Visitor Center	<input type="checkbox"/> LO Lodge	<input type="checkbox"/> VM Vending Machine	<input type="checkbox"/> MA Marina	<input type="checkbox"/> WH Water Hauler	<input type="checkbox"/> MH Mobile Home Park	<input type="checkbox"/> XX Other _____	<input type="checkbox"/> MO Motel/Hotel		<p style="text-align: center;"><b>SOURCES (check all that apply)</b></p> <p><input type="checkbox"/> SW = Surface Water <input type="checkbox"/> SWP = Surface Water Purchased</p> <p><input checked="" type="checkbox"/> GW = Groundwater <input type="checkbox"/> GWP = Groundwater Purchased</p> <p><input type="checkbox"/> GWUDI = Ground Water Under the Direct Influence of Surface Water</p> <p>If mixed, does GW receive full SW Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the current water source adequate in quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p> <p>Have there been any interruptions in service since the last survey? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe: _____</p> <p>Have there been reports of a water borne disease (2 or more people)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe: _____</p> <p>Have there been any changes to the water system since the last survey? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe: _____</p> <p>Are there any changes that are planned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe: _____</p> <p>Comments: _____</p>
<input type="checkbox"/> AP Airport	<input type="checkbox"/> PC Picnic Area																																
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<p style="text-align: center;"><b>SUMMARY (Describe the water system in a paragraph or two)</b></p> <p><u>A small subdivision system that uses two supply wells equipped with submersible pumps, and a partially buried 10,000-gallon concrete storage tank. Water pressure is maintained in the residential subdivision distribution system by a 3-pump booster station located adjacent to the storage tank. No treatment is provided; a partial gas chlorination system is present, but dismantled. Distribution is through 8-inch PVC piping, with 1.5-inch PVC service connections.</u></p>																																	
<p>The following abbreviations will be used throughout this document: NI = no information, NA = not applicable, NR = not requested,  @ = potential significant deficiency.</p>																																	

## **SIGNIFICANT DEFICIENCIES**

Significant deficiencies include, but are not limited to, defects in the design, operation, or maintenance, or a failure or malfunction of the sources, treatment, storage, or distribution system, that the EPA determines to be causing, or have the potential for causing, the introduction of contamination into the water delivered to consumers. Please note the instructions for responding to significant deficiencies in the attached cover letter. Failure to provide a response to the EPA could result in a violation.

**No significant deficiencies noted at this time.**

## **UNCORRECTED SIGNIFICANT DEFICIENCIES FROM PRIOR SANITARY SURVEY**

No uncorrected significant deficiencies from prior sanitary survey noted.

## **RECOMMENDATIONS**

**No recommendations noted at this time.**

**SOURCE DATA****ACTIVE (PHYSICALLY CONNECTED) WELLS AND WELL PUMPS**

(if well is GWUDI and fully treated as SW, these will be recommendations)

☐ NA

Well Name:	Well #1	Well #2	
Well owner (if different than system owner):			
Facility ID (from PWS inventory, e.g., WL01):	WL01	WL02	
Well Location: (well house, well pit/pitless adapter, driveway/parking lot, combination, etc.)	Pitless adapter	Pitless adapter	
Does system want this well to be considered inactive? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adequately protected from vehicle damage? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If well is located in a pit or vault, is the pit or vault completely watertight?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If no, is the pit or vault completed with drainage or a sump pump for permanent or portable use? @ If applicable, indicate type (permanent pump, portable pump, or drainage)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Type: _____
Is the pit located in a building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
WY DEQ and/or WY SEO permit #:	UW93442 (Bar-B-Bar #1)	UW93443 (Bar-B-Bar #2)	
Are there any approved WY DEQ Chapter 12 variances for this well? If yes, describe what type of variance was approved.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Well Depth (ft):	128	125	
Depth range of shallowest casing perforations (ft):	94 to 100	94 to 120	_____ to _____
Actual yield (gpm):	500 Adj. Amt.	500 Adj. Amt.	
Well log or Statement of Completion on site? (If yes, please copy or photograph and submit with report)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Well Construction</b>			
Does SW runoff drain away from the wellhead (including wells in pits or vaults)? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does well casing terminate at least 12" above the concrete floor? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the well casing terminate at least 18" above the natural ground surface? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
What is the actual casing height (inches)?	16 Casing height OK	13 Casing height OK	
Any holes or openings observed in the well or its appurtenances? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If yes, describe.	Open electrical junction box mounting holes. Holes sealed by Operator post survey.	Open electrical junction box mounting holes. Holes sealed by Operator post survey.	
Does the well have a sanitary seal with tightly bolted cap? @ (May need operator to open well cap to verify; explain why if unable to verify)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is a gasket visible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the well cap move?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Explain	Loose bolts. Bolts tightened by Operator post survey.	Loose bolts. Bolts tightened by Operator post survey.	
Is well vented (vent not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
What is the height from the ground level to the screen of the vent (inches)?	29	24.5	
Does the vent terminate at or above the top of the casing or pitless unit? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is vent facing downward? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Vent screened with #24 mesh? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Well Name:	Well #1	Well #2	_____
Is there a source water sample tap for GWR compliance?  Where is the source water tap located?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA  <u>A common tap is available on the chlorination injection loop between the booster pumps and distribution.</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA  <u>A common tap is available on the chlorination injection loop between the booster pumps and distribution.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA  _____
Is there an air release/vacuum relief valve (not required)?  <b>Discharge Piping Termination</b> - In a downward position? @ - At least 8" above the floor? @ - Screened with #24 mesh? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA  <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA  <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments:	<u>Operator provided photos of tightening bolts and sealed mounting holes.</u>	<u>Operator provided photos of tightening bolts and sealed mounting holes.</u>	_____
<b>Well Pumps</b>	<input type="checkbox"/> NA		
Submersible Pump?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Other type of pump? (if other, describe and indicate location in the comment field below)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
NSF-60 lubricant used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Operable and in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Maintenance program in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Is the external pump subject to flooding? @</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Spare parts available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Emergency power available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments	_____	_____	_____
<p><b>Are there any sources of pollution near the wells which could possibly impact water quality? @</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Examples: Septic systems, chemical storage/mixing facilities, agriculture activities, industrial activities, animal enclosures, cleaning supplies, oil/fuel, etc)</p> <p>If yes, indicate impacted well(s) and provide general location and comments (please locate on aerial map and provide photos): <u>NA</u></p> <p>How far from the well is the source of pollution located? <u>NA</u></p> <p><b>Mice or other animals and their droppings in immediate area (well house, vault, pit, etc.) @</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p> <p>Are there seasonal variations in the quantity of the water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p> <p>Are there seasonal variations in the quality of the water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p> <p>How does the system handle sewage?  <input checked="" type="checkbox"/> Centralized Sewage Treatment  <input type="checkbox"/> Septic Systems with Pumped Vaults  <input type="checkbox"/> Septic Systems with Leach Fields (mark location on aerial if near well)</p> <p>Comments: <u>Nearest septic system leach field is more than 1,000 feet distant from the wells.</u></p>			

## SOURCE DATA EMERGENCY BACKUP SOURCE WATER

Describe any backup <u>source</u> water possibly available during an emergency to the PWS, or indicate none: <u>Hauled water</u>  Is the backup water source physically disconnected from the water system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ (if this is a raw water source and is still physically connected to the system, then stop filling out this section and complete the applicable source data section)
--

## DISTRIBUTION BOOSTER PUMP STATIONS

☐ NA

Total number of booster stations in the distribution system: <u>1</u>	Yes	No	NA	
Are there any new booster stations since the previous survey?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>      </u>
Are there any booster stations the system has had problems with since the previous survey?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>      </u>
Are there any booster stations where chlorine is added?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>      </u>
<p>Note to surveyor: If there are new or problem booster stations, or if there are booster stations where chlorine is added, inspect each of them, complete the necessary sections below, and take photos of each station inspected. For booster stations where chlorine is added, add the booster station as a treatment process under the "Water Treatment Data" section, in addition to filling out the booster pump station section below.</p> <p><b>If there are no new or problem booster stations, inspect one booster station as a representative of the entire system, complete one section below, and take photos of the one station inspected.</b></p>				
Name/location of the pump station: <u>Booster Pump (PF01)</u> How many pumps at the facility? <u>3</u> Type of pumps: <u>25 HP Peerless Centrifugal</u>				
	Yes	No	NA	
Are the correct types of lubricants (NSF-60) used?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>      </u>
Is the pump station subject to flooding? @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Building partially below ground. Sump pump in use.</u>
Are pumps operable and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>
Is there a maintenance program in operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>      </u>
Are spare parts available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>      </u>
Is emergency power available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>      </u>



## GRAVITY TANKS

Complete for all tanks at ground water systems and consecutive systems. Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)			
Tank Name:	<u>10K Gal Storage Tank</u>	_____	_____
Tank ID (from PWS inventory, e.g., ST01):	<u>ST01</u>	_____	_____
Tank owner (if different than system owner):	_____	_____	_____
Location (indoor or outdoor):	<u>Indoor</u>	_____	_____
Date put into service	<u>1994</u>	_____	_____
Tank Type	Below ground (buried or partially buried) <input checked="" type="checkbox"/> Ground level <input type="checkbox"/> Elevated (pedestal or standpipe) <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tank is constructed of:	Concrete <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
What type of water is stored (GW systems only)?	<input type="checkbox"/> Treated <input checked="" type="checkbox"/> Raw	<input type="checkbox"/> Treated <input type="checkbox"/> Raw	<input type="checkbox"/> Treated <input type="checkbox"/> Raw
Storage volume (gallons)?	<u>10,000</u>	_____	_____
Are there any approved WY DEQ Chapter 12 variances for this tank? If yes, describe what type of variance was approved.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Overflow outfall height.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the site subject to flooding? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the tank be isolated from the system?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the water level indicator accurate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the tank appear structurally sound? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the foundation appear structurally sound? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any unprotected openings in the tank (breaches, leaks, etc)? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Inspection and cleaning history</b>			
If the tank is more than 10 years old, was it cleaned and inspected within the last 10 years? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
When and how was the tank last cleaned and inspected?	<u>2014; commercial diver</u>	_____	_____
Who performed the cleaning and inspection?	<u>Liquid Engineering Corp</u>	_____	_____
How was the tank disinfected after cleaning? (NA if diver used)	<u>NA</u>	_____	_____
Surveyor able to view report and confirm date? If yes, note major concerns and/or recommendations: If Carcasses or other debris found in the tank:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>None</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was EPA notified immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the entry point for the carcass or debris eliminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:	_____	_____	_____
<b>Overflow</b>			
Does the tank have an overflow separate from the vent? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the overflow accessible for inspection? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Overflow has a #24 mesh screen OR a duckbill valve OR a properly sealed flapper valve with screen inside (EPA recommends non-corrodible #24 mesh screen)? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the overflow line terminate no less than 12 inches but no more than 24 inches above the ground surface? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the overflow discharge over an inlet structure, splash plate, or engineered rip-rap? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the discharge visible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the overflow have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about overflow:	<u>Overflow outfall variance reported.</u>	_____	_____



Complete for all tanks at ground water systems and consecutive systems. Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)			
Tank Name:	10K Gal Storage Tank	_____	_____
<b>Drain Line</b>			
Combined overflow and drain pipe? (If yes, skip drain questions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the drain accessible for inspection? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is there #24 mesh screen on the drain pipe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does water accumulate in the drain discharge area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the drain pipe have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewer? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the drain pipe terminate between 12 and 24 inches above a drainage area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the drain pipe terminate above an inlet structure, splash plate, or engineered rip-rap?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about drain:	<u>Drains through booster station.</u>	_____	_____
<b>Air Vent</b>			
Does the tank have a vent separate from the overflow? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the vent accessible for inspection? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For above ground tanks (ground level or elevated/standpipe):			
Is there #24 mesh screen? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If not #24 mesh screen, what size mesh is the screen?	_____	_____	_____
Does the tank have a vacuum/pressure relief valve or other mechanism to prevent tank damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the screen on the inside of the vent pipe to discourage vandalism?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Downturned vent: Is the vent at least 24" above the roof? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For non-downturned vents: Is there a solid cover down to the bottom of the vent screen? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For non-downturned vents: Is the screen at least 8" above the roof surface? @	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Below Ground Tanks (buried or partially buried)			
Is air vent covered with #24 mesh screen? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the screen on the inside of the vent pipe to discourage vandalism?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the air vent terminate downward? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the air vent at least 24" above the roof or ground surface (whichever is higher)? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about air vent:	<u>The air vent terminates in the space between the top of the tank and the building roof.</u>	_____	_____
<b>Access Hatch</b>			
Is the hatch accessible for inspection? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the hatch raised at least 24" above the roof or ground (whichever is higher) on below ground tanks (buried or partially buried) or 4" above the roof for above ground tanks (ground level or elevated)? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
What is the height of the access hatch above the roof or ground surface?	<u>6 in</u> Hatch height OK	_____ in	_____ in
Does the hatch have a shoe box cover? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the hatch cover tight and sealed with a rubber gasket? @	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Complete for all tanks at ground water systems and consecutive systems. Also complete for finished water tanks at surface water / GWUDI systems. (Includes indoor clearwells and contact tanks or other finished water tanks.)**

Tank Name:	<u>10K Gal Storage Tank</u>	_____	_____
Is the hatch cover locked? @	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Comments about access hatch:	<u>The exterior building locked and gasketed hatch is 12 inches above the building roof. The tank hatch lid located below the roof fits snug six inches above the top of the tank but does not have a rubber gasket.</u>	_____	_____
Comments:	_____	_____	_____

## WATER TREATMENT DATA (FOR ALL SYSTEMS)

### CORROSION CONTROL

Does this PWS add chemicals for corrosion control? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Comments: _____			
Chemical added:	NSF 60 Certified?	Dosage at Treatment Plant	Added Continuously or Seasonally
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Continuously <input type="checkbox"/> Seasonally
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Continuously <input type="checkbox"/> Seasonally
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Continuously <input type="checkbox"/> Seasonally
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Continuously <input type="checkbox"/> Seasonally
Do you monitor corrosion control treatment chemical concentrations, pH or any other water quality parameters at the entry point to the distribution system or at customer taps to evaluate the process? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments: _____			

## DISTRIBUTION DATA

Please provide a brief description of the distribution system, including source to use piping: <u>Approximately 5,900 feet of 8-inch PVC main lines and 1,000 feet of 1-inch copper service lines.</u>		
Is there asbestos pipe in the distribution system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what are the location and estimated linear feet of the asbestos pipe in the distribution system? _____		
Have lines broken due to freezing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ Have lines broken due to traffic load? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____		
Are lines properly disinfected after repairs are made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____		
Is there at least 35 psi pressure in the distribution system at peak normal flow? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____		
Is there at least 20 psi at all points in the system at all times? @ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____		
For systems that provide water storage: Total number of days of storage (Summer)? <u>&lt;1</u> Total number of days of storage (Winter)? <u>&lt;1</u> <div style="text-align: center; margin-top: 10px;"> <b>Yes   No   NA</b> </div> Is the storage capacity adequate to meet current needs? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the storage capacity adequate to meet future needs? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Comments: <u>Estimated summer demand: 100,000 gallons per day. Estimated winter demand: 35,000 gallons per day.</u>		
Are there any bulk water supply/fill stations attached to this system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ (note to surveyor: if yes, check each facility, note its condition and provide photos)		
<b>Station name (if applicable)</b>	<b>Location</b>	<b>Appropriate Air Gap or RPZ?</b>
<u>NA</u>	_____	<input type="checkbox"/> Air Gap <input type="checkbox"/> RPZ <input type="checkbox"/> Neither @
_____	_____	<input type="checkbox"/> Air Gap <input type="checkbox"/> RPZ <input type="checkbox"/> Neither @
_____	_____	<input type="checkbox"/> Air Gap <input type="checkbox"/> RPZ <input type="checkbox"/> Neither @
Comments: _____		
Are there any air relief valves in vaults/pits located in the distribution system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ Note to surveyor: If yes, inspect one representative ARV, note its condition and provide photos Are they regularly inspected and maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>NA</u> Do any have leaks and/or standing water that covers the discharge point? @ <input type="checkbox"/> Yes <input type="checkbox"/> No <u>NA</u>		
Location, length, number, and flushing frequency for dead ends in the system: <u>Four dead ends are flushed annually.</u>		
Are distribution system ("as-built") drawings maintained (e.g., revised to show replacement or repair?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____		
For systems that add a chemical disinfectant or receive disinfected water from a wholesaler: <b>NA</b> <input checked="" type="checkbox"/>		
<b>Yes   No</b> <input type="checkbox"/> <input type="checkbox"/> Is test equipment available for measuring the chlorine residual in the distribution system? Describe equipment: _____ <input type="checkbox"/> <input type="checkbox"/> Are reagents up to date? _____ <input type="checkbox"/> <input type="checkbox"/> Does the operator know how to properly measure chlorine residual? _____ Measured chlorine residual distribution system location: _____ Time of analysis: <span style="background-color: #ADD8E6; padding: 2px 10px;"> </span> Indicate residual value measured at this distribution system location: By Surveyor: _____ (mg/L) By PWS: _____ (mg/L) Indicate if free or total chlorine was measured: _____ It is recommended that a minimum residual of 0.5 mg/L total chlorine or 0.2 mg/L free chlorine be maintained.		

## CROSS CONNECTION CONTROL

Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Does each severe hazard connection</b> have the appropriate reduced pressure backflow assembly installed at the meter/service connection and approved air gap (twice the size of the supply pipe diameter but always greater than one inch)? Describe each severe hazard connection and its location. @ _____</p> <p>Note: Severe hazard connections include radioactive materials processors, nuclear reactors, and sewage treatment plants/pump stations.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Does each high hazard connection</b> in the <u>treatment plant</u> or <u>distribution system</u> have the appropriate air gap or reduced pressure backflow assembly installed? Describe each high hazard connection and its location. @ _____</p> <p>Note: High hazard connections include hospitals, medical/dental facilities, laboratories, mortuaries, large taxidermies, chemical suppliers/processing facilities, petroleum plants, food processing facilities, wastewater treatment plants, and docks, car washes, dry cleaners, direct connections to raw or non-potable water, and any service connection with an unapproved auxiliary supply.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do <b>trailers or mobile homes connected directly to the PWS</b> via a yard hydrant have a residential dual check valve at each connection? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are any <b>frost-free hydrants</b> that drain into the soil directly connected to this PWS? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Are there any <b>leaking system components in the water system</b> observed by the surveyor that are not previously noted? @ _____</p> <p>Explain where and what was leaking: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>At Community PWS</b>, do all low hazard connections have the appropriate dual check valve assemblies installed at the meter or service connection? _____</p> <p>Note: Low hazard connections include mobile home parks, farms/dairies, ranches, and shopping centers.</p>
<p><b>For Non-community Systems</b>, do the following connections have the indicated type of backflow prevention assemblies?</p>			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	- <b>Stock tanks – approved air gap or atmospheric vacuum breaker at the tank?</b> @ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	- Threaded yard hydrants – pressure vacuum breaker, atmospheric vacuum breaker or double check valve assembly? _____
<p>Does the water supplier have a record keeping program and management procedures to ensure:</p>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- The installation and certification by test or inspection (as applicable) of all backflow preventers (BFPs) at new service connections _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	- The annual certification by a certified tester of all high-hazard BFPs at service connections. _____

## SAFETY

<b>Personnel Safety</b>			
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all personnel trained in proper handling of all utilized chemicals and materials? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are adequate masks, protective clothing, and safety equipment provided? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the operator understand relevant Occupational Safety and Health Administration (OSHA) regulations (e.g., confined space, hazard communication, trenching/shoring, lock out/tag out)? _____

## MANAGEMENT DATA

Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there rules governing new hookups to protect the integrity of this water system? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are DEQ construction standards followed? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the treatment plant being properly operated to prevent inadequately treated water from being sent to the distribution system? @ <u>no treatment</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the system have arrangements in place to assure prompt supply and repair service? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the system have a current operations and maintenance manual which describes all procedures, equipment, sampling schedules and inspection data? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a schedule for routine preventative maintenance for all facilities and equipment? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the system (treatment plant, finished water storage) have security measures in place (fencing, locks, lighting, alarms, etc.)? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Does the system have an emergency response plan (ERP) – system does not need to show the surveyor the ERP --that includes: @ _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>		- Emergency contact phone numbers? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>		- Procedures to respond to a pressure loss/water outage? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>		- Procedures to respond to a water contamination incident? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>		- Is the ERP accessible to the operator on-site? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Is the system part of the state's WARN network? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Have you evaluated possible impacts to your system from extreme weather events? If yes, what was the outcome? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Are you interested in training on extreme weather events? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Have you evaluated your facilities to see if they are in the 100 and 500 year flood plains? _____ If yes, what was the outcome? <u>Not in flood plain.</u>
What percentage of the utility's power comes from your own renewable energy sources? <u>Zero.</u>			
% wind: _____ % solar: _____ % hydro: _____			

## MONITORING AND RECORDS

<b>Revised Total Coliform Rule (RTCR) monitoring (all systems)</b>			
Yes	No		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the operator know how to collect samples for total coliform analysis? (Review operator sampling procedure at time of survey to confirm) _____	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the operator know what to do in the event of a total coliform "unsafe" result? _____  They will need to take 3 repeat samples under the RTCR utilizing the regular lab form: For an explanation go to the EPA Region 8 Drinking Water Online website ( <a href="http://www.epa.gov/region8-waterops">http://www.epa.gov/region8-waterops</a> ) - "click" on <b>Revised Total Coliform Rule (RTCR)</b> (under Regulations and Compliance) - "click" on <b>Tech Tip: TC+ Follow Up</b> (in green box) - Follow the 5 steps described in the Tech Tip for follow up sampling after a TC+ sample	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are extra bottles available in case of need for repeat coliform sampling? _____	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the system have an RTCR sampling plan on file and available for the surveyor's review? _____	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ask the operator - Is the system following their RTCR sampling plan? If No, explain any difficulties _____	
<b>If subject to the Ground Water Rule (GWR), does the operator know:</b>		NA <input type="checkbox"/>	
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Within 24 hours of being notified of a <i>routine coliform</i> positive sample result, they must collect one triggered source water sample for every routine coliform positive sample at each active ground water source (e.g., three routine coliform positive samples requires the operator to collect three source water samples from <i>each</i> ground water source)? _____  They will need to submit: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Source water sample results utilizing the triggered Ground Water Source Sampling Form located on the Drinking Water Online site ( <a href="http://www.epa.gov/region8-waterops">http://www.epa.gov/region8-waterops</a> )? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where to sample if they are required to sample all of their active ground water sources? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are extra bottles available in case of the need for GWR source sampling? _____
<b>For Community and NTNC systems (including consecutives):</b>		NA <input type="checkbox"/>	
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is there a Disinfection Byproducts Rule Monitoring Plan on-site available for the surveyor's review? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	- Is it up-to-date reflecting the current distribution system? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	- In the last 5 years, have water mains been extended to new service areas? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	- If Yes, did the total amount of new water mains exceed 2500 feet? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the system have a Lead & Copper Tap Sample Site Plan on site and available for the surveyor's review? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Is it up to date? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Ask the operator - Is the system following their LCR Tap Sample Site Plan? If No, explain any difficulties _____
<b>For All Systems:</b>			
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the operator know the location of each sample tap that represents the entry point(s) to the distribution system? (sample location for Nitrates, RADs, IOCs, SOCs and VOCs) _____  Include, in your photo document, a photo of each sample tap used by the operator to collect samples at the entry point(s) to the distribution system. Show in the photo or in the photo comments where the sample tap is located relative to other water system facilities that are identified on the system schematic.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the operator know how to properly label samples taken from the entry point(s)? _____ Document the sample point code and sample point description for each entry point. The sample point code(s) and sample point description(s) are indicated on the system schematic with a star. This information is how compliance samples should be labeled and the lab's chain of custody completed. (e.g., Sample Point Code and Sample Point Description, such as SP01/Treatment Plant Sampling Point). _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the PWS completed the monitoring that is specified in the EPA-provided monitoring schedule so far for this calendar year? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are copies of all monitoring results filed and readily accessible? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the operator familiar with the Drinking Water Online ( <a href="http://www.epa.gov/region8-waterops">http://www.epa.gov/region8-waterops</a> ) and Drinking Water Watch ( <a href="https://sdwrs8.epa.gov/Region8DWW/JSP/loginForm.jsp">https://sdwrs8.epa.gov/Region8DWW/JSP/loginForm.jsp</a> ) websites created for their benefit? _____



## **EPA Official Photographs**

**PWS #:** WY5601439

**System Name:** Bar-B-Bar Meadows

**County:** Teton

**Date:** 09/20/2018

**Photographer:** J Kahlert

**Photo #:** 1

**Subject:** Well #1 (WL01)

**Comments:** North view. The well casing is 16 inches above grade and the vent is 29 inches above grade.



**Photo #:** 2

**Subject:** Well #1 (WL01)

**Comments:** West view. The Booster Pump (PF01) and 10K Gal Storage Tank (ST01) building is visible in the background at approximately 80 feet distant.





**EPA Official Photographs**

**PWS #:** WY5601439

**System Name:** Bar-B-Bar Meadows

**County:** Teton

**Date:** 09/20/2018

**Photographer:** J Kahlert

**Photo #:** 3

**Subject:** Well #1 (WL01)

**Comments:** Open electrical junction box mounting holes.



**Photo #:** 4

**Subject:** Well #1 (WL01)

**Comments:** Photo provided by operator. The electrical junction box mounting holes have been sealed.



### EPA Official Photographs

**PWS #:** WY5601439

**System Name:** Bar-B-Bar Meadows

**County:** Teton

**Date:** 09/20/2018

**Photographer:** J Kahlert

**Photo #:** 5

**Subject:** Well #1 (WL01)

**Comments:** Photo provided by operator showing the tightening of the loose well cap bolts.



**Photo #:** 6

**Subject:** Well #2 (WL02)

**Comments:** The well casing is 10 inches above grade. Northwest view.





## EPA Official Photographs

**PWS #:** WY5601439

**System Name:** Bar-B-Bar Meadows

**County:** Teton

**Date:** 09/20/2018

**Photographer:** J Kahlert

**Photo #:** 7

**Subject:** Well #2 (WL02)

**Comments:** North view. The vent is 24.5 inches above grade.



**Photo #:** 8

**Subject:** Well #2 (WL02)

**Comments:** Northeast view. The Booster Pump (PF01) and 10K Gal Storage Tank (ST01) building is visible in the background on the right at approximately 110 feet distant.



### EPA Official Photographs

**PWS #:** WY5601439

**System Name:** Bar-B-Bar Meadows

**County:** Teton

**Date:** 09/20/2018

**Photographer:** J Kahlert

**Photo #:** 9

**Subject:** Well #2 (WL02)

**Comments:** Open electrical junction box mounting holes.



**Photo #:** 10

**Subject:** Well #2 (WL02)

**Comments:** Photo provided by operator. The electrical junction box mounting holes have been sealed.





### EPA Official Photographs

**PWS #:** WY5601439

**System Name:** Bar-B-Bar Meadows

**County:** Teton

**Date:** 09/20/2018

**Photographer:** J Kahlert

**Photo #:** 11

**Subject:** Well #2 (WL02)

**Comments:** Photo provided by operator showing the tightening of the loose well cap bolts.



**Photo #:** 12

**Subject:** Booster Pump (PF01)

**Comments:** The three centrifugal booster pumps are fed from the 10K Storage Tank (ST01) which is located at the back wall of the building.



**EPA Official Photographs**

**PWS #:** WY5601439

**System Name:** Bar-B-Bar Meadows

**County:** Teton

**Date:** 09/20/2018

**Photographer:** J Kahlert

**Photo #:** 13

**Subject:** Booster Pump (PF01)

**Comments:** The 10K Storage Tank wall is visible on the left.



**Photo #:** 14

**Subject:** Booster Pump (PF01)

**Comments:** Building access.





**EPA Official Photographs**

**PWS #:** WY5601439

**System Name:** Bar-B-Bar Meadows

**County:** Teton

**Date:** 09/20/2018

**Photographer:** J Kahlert

**Photo #:** 15

**Subject:** Booster Pump (PF01)

**Comments:** Building sump pump.



**Photo #:** 16

**Subject:** 10K Storage Tank  
(ST01)

**Comments:** Storage tank located  
inside building at this end. Tank hatch  
is visible on the roof.





## **EPA Official Photographs**

**PWS #:** WY5601439

**System Name:** Bar-B-Bar Meadows

**County:** Teton

**Date:** 09/20/2018

**Photographer:** J Kahlert

**Photo #:** 17

**Subject:** 10K Storage Tank  
(ST01) Overflow

**Comments:** The overflow outfall is  
6 inches above grade (reported  
variance) with a flapper valve.



**Photo #:** 18

**Subject:** 10K Storage Tank  
(ST01) Overflow

**Comments:** #24-mesh corrosion-  
resistant screen behind flapper valve.



**EPA Official Photographs**

**PWS #:** WY5601439

**System Name:** Bar-B-Bar Meadows

**County:** Teton

**Date:** 09/20/2018

**Photographer:** J Kahlert

**Photo #:** 19

**Subject:** 10K Storage Tank  
(ST01) Access Hatch

**Comments:** Tank roof and interior hatch lid (green) are visible inside the open exterior access hatch.



**Photo #:** 20

**Subject:** 10K Storage Tank  
(ST01) Access Hatch

**Comments:** Open interior hatch.



### EPA Official Photographs

**PWS #:** WY5601439  
**System Name:** Bar-B-Bar Meadows  
**County:** Teton  
**Date:** 09/20/2018  
**Photographer:** J Kahlert

**Photo #:** 21  
**Subject:** Former Treatment  
**Comments:** Located inside Booster Pump (PF01) building.



**Photo #:** 22  
**Subject:** Former Treatment  
**Comments:** Located inside Booster Pump (PF01) building. A common tap is visible here on the chlorination injection loop, located between the booster pumps and distribution.





### EPA Official Photographs

**PWS #:** WY5601439

**System Name:** Bar-B-Bar Meadows

**County:** Teton

**Date:** 09/20/2018

**Photographer:** J Kahlert

**Photo #:** 23

**Subject:** Former Treatment

**Comments:** Located inside Booster Pump (PF01) building.



**Photo #:** 24

**Subject:** Booster Pump (PF01)

**Comments:** An air release valve is visible at the top of the photo.



### EPA Official Photographs

**PWS #:** WY5601439

**System Name:** Bar-B-Bar Meadows

**County:** Teton

**Date:** 09/20/2018

**Photographer:** J Kahlert

**Photo #:** 25

**Subject:** Booster Pump (PF01)

**Comments:** Air release valve plumbed to the exterior of the building.



**Photo #:** 26

**Subject:** Booster Pump (PF01)

**Comments:** Properly screened air release valve piping discharge located on the exterior of the building.

