# Utah Department of Environmental Quality Division of Drinking Water

## Public Water System Master Report

Run Date: 1/12/2009

PWS ID: UTAH25119 Name: WHITE HILLS SUBDIVISION

Legal Contact WHITE HILLS SUBDIVISION Rating: Approved

KERRY JACKSON Rating Date: 3/13/85

Address: 9061 N CLUBHOUSE LN

EAGLE MTN, UT 84005

Phone Number: 801-601-8895

City Served (Area):

County: UTAH COUNTY

Gal/Day Gal/Min System Type: Community 0 Last Inv Update: 10/23/08 Avg Daily Prod: 0 Activity Status Cd: Active Last Sntv Srv Dt: 9/9/2005 Total Dsgn Cap: 0 0 Population: 419 0 Oper Period: 1/1 to 12/31 Total Emerg Cap: 0

**Contacts** 

Contact Phone Numbers

 Type
 Name
 Title
 Office
 Emergency
 Email Address

 AC
 JACKSON, KERRY
 801-601-8895
 WKJAXON232AOL.COM

Service Connections

ConnectionMeter TypeNumberStorageCodeMeter SizeConnectionsResidentialMetered0130

Total Storage: 1,750,000 GAL Number of Units: 3 Adequates Connections

No.	Name	Туре	Effective Volume	Constr Matrl	Coating Type	Overflow Elev	Tot Elev Head	Altı Valve	Press'd
ST003 LAR	GE TANK	Ground	1,000,000 GAL	Steel		0	0	Ν	N
ST001 SMA	LL TANK WEST SIDE	Ground	250,000 GAL	Steel		0	0	Ν	N
ST002 MED	IUM TANK FAST SIDE	Ground	500.000 GAL	Steel		0	0	N	N

**Distribution System** 

Pump Type
Total Dyn Head
ft H2O P.S.I.

0 0

Appd Dsgn Location Sources Source Well Cap/Meas Data On Water Source Name Status Dia. Flow\* File Type Availability Type No. WS001 WELL Active WL 0 1400 GPM Yes GW Permenant

<sup>\*</sup>Reports measured flow for wells, approved design capacity for all other sources.

## **Sampling and Monitoring Requirements**

## **Total Coliform Rule Monitoring**

Sample	Sample	Sample	Effective	Effective	Seasonal	Seasonal	Analyte	Analyte
Count	Type	Frequency	Begin Date	End Date	Start	End	Code	Name
1	Routine	Monthly	7/1/2008		1/1	12/31	3100	

## **Non-TCR Individual Analyte Requirements**

Facility ID	Facility Name	Analyte Code	e Analyte Name	Sample Count	Sample Type	Sample Frequency	Last Sample	Next Sample Between
DS001	DISTRIBUTION SYSTEM							
			Lead & Copper	5	Routine	3 years	12/31/2006	1/1/2007 - 12/31/2009
WS001	WELL							
*******		4030	RADIUM-228	2	Routine	Year	6/28/1993	Calc from last sample & freq
		1040	NITRATE (AS N)		Routine	Year	12/28/2006	Calc from last sample & freq
		1010	Inorg & Metals		Routine	9 Years	12/19/2001	1/1/2010 - 12/31/2018
			Pesticides	1	Routine	3 years	12/19/2003	1/1/2006 - 12/31/2008
			Volatile Organics	1	Routine	3 years	12/28/2006	1/1/2008 - 12/31/2010
			Sulfate	1	Routine	9 Years	12/19/2001	1/1/2010 - 12/31/2018
			Radionuclides	1	Routine	6 Years	12/19/2001	1/1/2007 - 12/31/2012

#### **Improvement Priority System**

Total IPS Points: 85 Rating Date: 3/13/1985 Rating: Approved

Violation Pts\*: 75
Admin & Physical Facilities: 20
Operator Certification Pts: -10

\* Total violation points may not agree with the detail section. The detail sections show all 'open' violations; the violation points total adjusts for duplicate violations

#### Physical Facility, Administrative, & Source Protection Deficiencies from Site Visits

Code Description

M001 CURRENT EMERGENCY RESPONSE PROGRAM

Date PWS Notified

Facility Determined Max Pts -10

5/1/1998 5/1/1998

CURRENT EMERGENCY RESPONSE PLAN IN PLACE

S003 ELEVATION OF WELL CASING INADEQUATE

Date PWS Notified

Facility Determined Max Pts 20

WS001 WELL 9/9/2005 9/9/2005

(10 POINTS) WELL CASING MUST EXTEND AT LEAST 12" ABOVE THE CONCRETEFLOOR

S006 WELL CASING VENT NOT PROPERLY SCREENED

Date PWS Notified

Facility Determined Max Pts 2

WS001 WELL 9/9/2005 9/9/2005

(5 POINTS) WELL CASING VENT NEEDS #14 MESH SCREEN

S023 NO SMOOTH NOSED SAMPLING TAP ON DISCHARGE PIPING

Date PWS Notified

Facility Determined Max Pts 1

5/1/1998 5/1/1998

WELL NEEDS SMOOTHED NOSED SAMPLING TAP

V004 STORAGE FACILITY INADEQUATE LADDERS OR RAILINGS

Date PWS Notified
Facility Determined Max Pts 2

5/1/1998 5/1/1998

RESERVOIRS NEED PROTECTIVE RAILINGS ON ACCESS LADDER

V015 STORAGE FACILITY DRAIN LINE LACKS PROPER SCREEN

Date PWS Notified
Facility Determined Max Pts 5

5/1/1998 5/1/1998

RESERVOIR DRAINS NEEDS 12" FREEFALL

Total Deficiency Pts 20

TCR Rule Violations Date Range Starts: 1/1/2008 **IPS Points Determin** Date Assessed **Complaince Period** Code Violation Type 9/11/2008 6/1/08 -6/30/08 24 MONITORING (TCR), ROUTINE MINOR 10 9/11/2008 5/1/08 -5/31/08 26 MONITORING (TCR), REPEAT MINOR 10 MONITORING (TCR), ROUTINE MAJOR 9/25/2008 8/1/08 -8/31/08 23 35 Total TCR Violation Pts: 55

## Chemical Monitoring and Quality Violations Violation Type

Violation No.	Period	Code Analyte/ Group	IPS Points
2008-90009	01/01/07-12/31/07	03 MONITORING, ROUTINE MAJOR	20
90009	2/4/2008	Others, not grouped	
		NITRATE (AS N)	
			Total Chemical Violation Points 20

## **Operator Certification Points**

	Distribution	Treatment			
Level Required	SS				
Highest Certificate on Record	D4				
Points	-10	0	Total Points	-10	

## **Certified Operators**

License Number	Operator Name	Address	CEU's	Cert Grade	Expiration
22501	ALLINSON, MATT	18513 W WILSON AVE; CEDAR VALLEY, UT 84013			
			6.4	D4	12/31/2008

## **Total Coliform Sample History**

For the twelve months beginning 1/1/2008

	Routine Samples		Repeat Samples			Invest	Investigative Samples			
	No Samp	TC Pos.	Fec Pos.	No Samp	TC Pos.	Fec Pos.	No Samp	TC Pos.	Fec Pos.	
Jan	1	0	0	0	0	0	0	0	0	
Feb	1	0	0	0	0	0	0	0	0	
Mar	1	0	0	0	0	0	0	0	0	
Apr	1	0	0	0	0	0	0	0	0	
May	1	1	0	1	0	0	2	0	0	
Jun	1	0	0	0	0	0	0	0	0	
Jul	1	0	0	0	0	0	0	0	0	
Aug	0	0	0	0	0	0	0	0	0	
Sep	1	0	0	0	0	0	0	0	0	
Oct	1	0	0	0	0	0	0	0	0	
Nov	1	0	0	0	0	0	0	0	0	
Dec	0	0	0	0	0	0	0	0	0	