



Re: Water Use Survey Data Submittal Request

BM Brandon Mellor <bmellor@utah.gov>

To: 🕒 Dave Anderson



Tue 7/29/2025 5:52 PM

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Hi Dave,

Thank you for reaching out.

Regarding your question, Legacy Sweetwater is not missing any required reports at this time.

Best,



Brandon Mellor
Water Use Program Manager

M: (801) 927-7433**E:** bmellor@utah.gov

Utah Department of Natural Resources
Division of Water Rights

waterrights.utah.gov

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On Tue, Jul 29, 2025 at 1:23 PM Dave Anderson <dave@legacymountain.com> wrote:

Hi Brandon,

I hope you are doing well!

Looks like we will be submitting for the rate increase after all.

Our submission for the exemption have been stalled

Public Water System Bacterial Summary Report

Legacy Number

PWS ID: UTAH20070

Rating: Approved

08/21/2012

Status: Active

Contacts

Type: Administrative Contact
Name: LORNE BERRY
Office: 801-367-3701
Emergency:
Email:
lberry13@gmail.com

Site Information

Legal Contact: TRANONT
Address: 3301 N Thanksgiving Way, Floor 5 ,
LEHI, UT 84043
Phone: 800-973-3715
County: SANPETE COUNTY
System Type: Transient Non-Community
Certification Required:
Total Population: 157
Local Health District: Central Utah Public Health
Department

Site Updates

Last Inventory Update: 10/31/2023
Last Surveyor Update: 10/18/2023
Surveyor: JOHN L CHARTIER
Operating Period: 1/1 - 12/31
Last IPS Update: 08/01/2025 07:10:00

Political Districts

[Legislative District Map](#)

Water Usage Information per ERC

Total Ips Points: 5

ROUTINE BACTERIOLOGICAL SAMPLING REQUIREMENTS

Sample Required	Schedule Begin	Schedule End	Operation Begin	Operation End
1/Monthly/Routine	05-01-2016		1/1	12/31

TOTAL COLIFORM SAMPLE HISTORY

Month	Routine sampling			Repeat sampling			Triggered sampling			Continuous sampling		
	# Samples	DT	Total	# Samples	DT	Total	# Samples	DT	Total	# Samples	DT	Total
Jul-24	1	0	0	0	0	0	0	0	0	0	0	0
Aug-24	1	0	0	0	0	0	0	0	0	0	0	0
Sep-24	1	0	0	0	0	0	0	0	0	0	0	0
Oct-24	1	0	0	0	0	0	0	0	0	0	0	0
Nov-24	1	0	0	0	0	0	0	0	0	0	0	0
Dec-24	1	0	0	0	0	0	0	0	0	0	0	0
Jan-25	1	0	0	0	0	0	0	0	0	0	0	0
Feb-25	1	0	0	0	0	0	0	0	0	0	0	0
Mar-25	1	0	0	0	0	0	0	0	0	0	0	0
Apr-25	1	0	0	0	0	0	0	0	0	0	0	0
May-25	1	0	0	0	0	0	0	0	0	0	0	0
Jun-25	1	0	0	0	0	0	0	0	0	0	0	0
Jul-25	1	0	0	0	0	0	0	0	0	0	0	0
Aug-25	0	0	0	0	0	0	0	0	0	0	0	0

Last sample taken 07/22/2025 from CHEMTECH/FORD CHEMICAL LAB

LIST OF SOURCES

ID	Source Name	Status	Component	System Type	Reported Location
WS001	ARCHIE'S HOLLOW WELL	Inactive	Well	Groundwater	
WS002	LEGACY MOUNTAIN WELL #2	Active	Well	Groundwater	1/1 - 12/31
Total Sources: 2					

Public Water System Population and Connections Report

Lorne Berry

12/8/2025 11:51:20 AM

Rating: Approved

09/21/2022

System: 40034

Contacts

Type: Administrative Contact
Name: LORNE BERRY
Office: 801-367-3701
Emergency:
Email:
lberry13@gmail.com

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Political Districts

[Legislative District Map](#)

Water Usage Information per ERC

Total Ips Points: 5

POPULATION REPORT

Report Date:

12/31/2025

Population:

157

1/1

12/31

Transient

SERVICE CONNECTIONS

Type:

Metered/Unmetered

Metered/Unmetered

0 63

Residential

Metered/Unmetered

0

63

Total Service Connections: 63

Public Water System IPS Report

Legacy Mountain

UTAH20070

Rating: Approved

08/21/2012

Status: Active

Contacts

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Name: LORNE BERRY
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Political Districts

[Legislative District Map](#)

Water Usage Information per ERC

Total Ips Points: 5

IPS SUMMARY

Total IPS Points: 5

Admin & Physical Facilities	Quality & Monitoring	Significant Deficiency Violations
5	0	0

PHYSICAL FACILITY POINTS

Total Pts: 5

Facility	Facility Name	Status	Points Effective	Details
DS001	UTAH20070 DISTRIBUTION SYSTEM	A	0	View Details (1)
WS002	LEGACY MOUNTAIN WELL #2	A	5	View Details (1)

SIGNIFICANT DEFICIENCY VIOLATIONS

Total Pts: 0

ID	Violation	Code	Deficiency	Determined	Points Effective
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LEAD COPPER MONITORING AND QUALITY VIOLATIONS

Total Pts: 0

Violation No.	Period	Code	Description/Name	Points Effective
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CHEMICAL MONITORING RULE VIOLATIONS

Total Pts: 0

Facility	Violation No	Period	Code	Violation Type	Analyte Group	Determined	Seasonality	Points Effective
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TREATMENT VIOLATIONS

Total Pts: 0

Facility	Violation No	Period	Code	Violation Type	Analyte Group	Determined	Points Effective
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MICROBIAL RULE VIOLATIONS

Total Pts: 0

Date Range Start: 07/01/2024

Determine Date	Compliance Period	Code	Violation Type	Return To Compliance	Points Effective
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OPERATOR CERTIFICATION

Type	Level Required	Highest Certificate
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Distribution

Treatment

CONSUMER CONFIDENCE REPORT

Total Effective Points: 0

Violation No.	Period	Code	Description/Name	Points Effective
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PUBLIC NOTIFICATION VIOLATIONS

Total Pts: 0

Violation No.	Date	Code	Description/Name	Points Effective
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IPS COMPLIANCE SCHEDULES

Type	Required Activities	Severity	Created	Due
Physical deficiency schedule	DIST SYSTEM UNABLE TO PROVIDE 20 PSI MIN PRESSURE FOR WATER LINES CONSTRUCTED BEFORE JAN 1, 2007	SIG	06/03/2025	10/01/2025
Revised Total Coliform Rule	SEASONAL STARTUP PROCEDURES		01/01/2025	05/01/2025

DEQ | Drinking Water

Public Water System Water Monitoring Report

Legacy Monitoring

PWS ID: 111A124070

Report Approved

08/21/2012

Status: Active

Contacts

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Name: LORNE BERRY

Office: 801-367-3701

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lberry13@gmail.com

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BACTERIOLOGICAL MONITORING

Sample Count

1

Frequency

Sample Location

Sample Date

Analysis Name

1

Routine

Monthly

05/01/2016

COLIFORM (TCR)

DISINFECTION BYPRODUCT STAGE 2 MONITORING

Sample Count

1

Frequency

Sample Location

OTHER DISTRIBUTION MONITORING

Sample Count

1

Sample Location

Frequency

Frequency

Last Sample Date

Next Sample Date

CHLORINE RESIDUAL MONITORING

1

Frequency

Sample Count

Frequency

Frequency

Last Sample Date

Next Sample Date

MONITORING REQUIREMENTS BY FACILITY

11/

5:00 PM

10/01/2025

WS002

LEGACY MOUNTAIN WELL #2

Hide Details

Parameter	Sample Frequency	Event	Frequency	Last Sample	Next Sample Due
NITRATE	1	Routine	Yearly	12/19/2024	01/01/2025 - 12/31/2025
SULFATE	1	Routine	3 Years	11/27/2023	01/01/2026 - 12/31/2028

GROUPED SOURCE SAMPLING STATIONS

Sample Group 11

Sample Group

10/01/2025

OPEN COMPLIANCE SCHEDULES

Event	Required Action	OSMADA	Updated	Notes
Physical deficiency schedule	DIST SYSTEM UNABLE TO PROVIDE 20 PSI MIN PRESSURE FOR WATER LINES CONSTRUCTED BEFORE JAN 1, 2007	SIG	06/03/2025	10/01/2025
Revised Total Coliform Rule	SEASONAL STARTUP PROCEDURES		01/01/2025	05/01/2025

Certificate of Analysis

Legacy Sweetwater

Attn: Shane Berry

PO Box 703

Ephraim, UT 84627

Work Order: 25G1936

Phone: (800) 973-3715

Fax:

Email: shane@legacymountain.com

Lab #: 25G1936-01

Sample ID: Lot 99

Sampled: 7/22/25 10:00

System #: UTAH20070

Report to State: Yes

Sampled By: Shane Berry

Sample Source: DS001

Sample Type: Routine

Field Res. Chlorine: Not Provided

Sample Point: DS001

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	7/22/2025 15:45	7/23/2025 11:45	
E. Coli	Absent	Org/100 mL	EPA 9223B	7/22/2025 15:45	7/23/2025 11:45	



Melissa Connolly, Project Manager

CHAIN OF CUSTODY - SAMPLE SUBMITTAL FORM

DRINKING WATER & MICRO

CHEMTECH-FORD
LABORATORIES

Chemtech-Ford Laboratories
- Drop-Off Location -
1384 W 130 S
Orem, Ut. 84058
Phone: 801-229-2282

COMPANY: LEGACY MOUNTAIN
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE #: 801-362-2771
CONTACT: _____
EMAIL: shane@legacymountain.com
PROJECT: _____
PO Number: _____
INVOICE EMAIL ADDRESS: _____

State System #	*Rush Due Date
Send to State	
☒ Yes ☐ No	*Additional fees may apply

Sample Condition		Delivery Method	
☒ Custody Seals	☒ COC Complete	☐ UPS	☐ USPS
☒ Container Intact	☒ Sufficient Sample Volume	☐ FedEx	☐ Chemtech-Ford Courier
☒ COC/Labels Agree	☐ Headspace Present (VOC)	☒ Walk-in	☐ Client Courier
☒ Received on Ice	☐ Temperature Blank	Tracking #: _____	
☒ Correct Containers	☒ Received within Holding Time		

CLIENT SAMPLE INFORMATION					
Lab Use Only	LOCATION / IDENTIFICATION	DATE	TIME	FACILITY ID (Source Code)	POINT CODE (DBP)
-01	LOT 99	7/22/25	10:00 AM		

TESTS REQUESTED												BACTERIA				
Field: Residual Chlorine												Total Coliform + E coli (Present/Absent)	Total Coliform + E coli (Enumerated)	HPC (Misc Bacteria Plate Count)	R = Routine I = Investigative TR = Trigger Source RP = Repeat Repeat OR - Original UP - Upstream DN - Downstream	Failed Sample Lab ID #

Sampled by: [print] <u>SHANE BERRY</u>		☒ ON ICE ☐ NOT ON ICE Temp (C°): <u>6-1</u>	
Special Instructions:		Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected. <u>E1404</u>	
Relinquished by: [signature] <u>[Signature]</u>	Date/Time <u>7/22/25 01238</u>	Received by: [signature] <u>[Signature]</u>	Date/Time <u>7-22-25 01238</u>
Relinquished by: [signature] <u>[Signature]</u>	Date/Time <u>7-22-25 01400</u>	Received by: [signature] <u>[Signature]</u>	Date/Time <u>7-22-25 1530</u>
Relinquished by: [signature] <u>[Signature]</u>	Date/Time	Received by: [signature]	Date/Time

Payment Terms are net 30 days OAC. 1.5% interest charge per month (18% per annum). Client agrees to pay collection costs and attorney's fees.