

Anthony L. Martin
DHHS-Division of
200 South Silber
North Platte, NE 69101
25-46-00



First Class
9/29/15
1.86
Zip 69101
011D11650052

Lorna Puntillo
ACTSAFE, LLC
17042 Vineland Drive
Parker, CO
80134

Medicine Creek Lodge
c/o Doug Breinig
72848 Trail 1
Cambridge, NE 69022

COPY

RE: Routine Sanitary Survey, Medicine Creek Lodge, NE31-21026, Frontier County

Dear Mr. Breinig:

On September 23, 2015, a survey of the Medicine Creek Lodge PWS (the system) was conducted by me, Tony Martinez, accompanied by Dennis and Darlene Heger representing the system, to determine the systems compliance with Title 179 NAC *Regulations Governing Public Water Supply Systems*. Identified deficiencies are listed in the attached Compliance Plan:

- **Significant deficiencies must be corrected within 120 calendar days from the date of this letter**, unless 1) a shorter time period is specified in the plan, or 2) a written request from the system for a longer time period has been approved by the Department in writing.
- **Minor deficiencies** must be corrected within 12 months from the date of this letter
- **Recommendations** do not require correction, but the system is strongly encouraged to address them

DHHS DPH requires the Medicine Creek Lodge to submit a signed and dated written response to DHHS DPH within 30 calendar days from the date of this letter. The response must indicate whether and when the deficiencies were corrected. For any deficiencies not corrected, a corrective action plan, including a timetable stating a specified date when the correction(s) will be made, must be provided with the response.

As a reminder, prior to making any modifications or alterations to your public water system, please contact DHHS Engineering Services at (402)471-0597 to determine if plans and specifications prepared by a Nebraska registered professional engineer are required.

If you wish to discuss the Compliance Plan, please contact me by e-mail at tony.martinez@nebraska.gov or by phone at (308)535-8387. You may also contact Andy Kahle, DHHS DPH Field Services Supervisor at andy.kahle@nebraska.gov or (402)471-0521.

Respectfully,



Anthony L. Martinez
Water Supply Specialist
DHHS DPH Field Area # 7 Representative
200 South Silber
North Platte, NE 69101

Cc: Lorna Puntillo - Advocate Compliance and Training/Environmental, Safety & Security
Dennis and Darlene Heger, Managers, 27905 County Rd. 23, Vona, CO 80861
Medicine Creek Lodge - Files in Lincoln

Ec:NeRWA Capacity Development Contractor, UsefulLinks: DHHS DPH Public Water Supply Program - http://dhhs.ne.gov/publichealth/Pages/enh_pwsindex.aspx
Midwest Assistance Program-<http://map-inc.org/> Nebraska Rural Water Association-<http://www.nerwa.org/> League of Nebraska Municipalities - <http://www.lnm.org/>

DHHS DPH SANITARY SURVEY DEFICIENCY COMPLIANCE PLAN

PWS Name: Medicine Creek Lodge

PWS ID#: NE31-21026

County: Frontier

Severity, Deficiency Code and Category	Regulatory/Statutory Citation	Deficiency Corrective Action Required	Corrective Action Completed on (Date)
1.) Significant, 200, Data	Failure to have Coliform Sample Site Plan, Title 179, Chapter 3-004.01A	<p>Must verify that annual plan has been submitted to the State and retain a copy for the system records.</p> <p>(verify system has submitted a Sample Site Plan and is available on-site)</p>	
2.) Significant, 200, Data	Failure to provide water system map, Title 179, Chapter 3-004.01A	<p>System must provide a map of the area served by the public water system, showing the distribution system and the boundaries of the various zones, & labeled numerically, must be included with the Sample Site Plan.</p> <p>(verify system has map as stated above and is available and on site)</p>	
3.) Minor, 510, Data	Failure to retain microbiological test records & inactivation records for a minimum of 5 years, Title 179, Chapter 5-005, # 1	<p>System must keep records of bacteriological, turbidity, temperature, pH and disinfectant residual analyses for not less than 5 years.</p> <p>(verify system is keeping all water quality data as stated above and have available for review)</p>	
4.) Minor, 512, Data	Failure to retain official correspondence and Sanitary Survey records for a minimum of 10 years, Title 179, Chapter 5-005, # 4	<p>System must keep copies of any written reports, summaries or communications relating to sanitary surveys of the system for a period of not less than 10 years after the completion of the sanitary survey.</p> <p>(verify system has sanitary survey records)</p>	

Keep this original document for your records. A copy of this Compliance Plan may be used to report back to the Department regarding correction of the listed deficiencies. Send the required written response to the address provided below. Significant deficiencies must be corrected within 120 calendar days from the date of this letter or as specified above.

200 South Silber, North Platte, NE 69101

Prepared by: Anthony L. Martinez

Date of Survey: September 23, 2015

Date Compliance Plan Prepared: September 29, 2015

This box to be used by PWS Representative for reporting purposes only:

PWS Rep. Name: _____

Date Report Mailed: _____

Any document sent to the Department for reporting on deficiency correction must be signed and dated by a representative of the system or it will not be accepted.

DHHS DPH SANITARY SURVEY DEFICIENCY COMPLIANCE PLAN

PWS Name: Medicine Creek Lodge

PWS ID#: NE31-21026

County: Frontier

Severity, Deficiency Code and Category	Regulatory/Statutory Citation	Deficiency Corrective Action Required	Corrective Action Completed on (Date)
5.) Minor, T001, Data	Failure to retain customer complaint records for a minimum of 5 years, Title 179, Chapter 21-010 # 1a	TNC public water systems must maintain for a minimum of 5 years any written public health-oriented customer complaints related to water quality, quantity, pressure and system integrity. (verify system has a customer compliant file and available for review)	
6.) Minor, T002, Data	Failure to retain water main R/R records for a minimum of 5 years, Title 179, Chapter 21-100 # 1b	TNC public water systems must maintain for a minimum of 5 years any water main repair and replacement records, including results of special samples & disinfection method used. (verify system is tracking and recording all water system repairs)	
7.) Significant, T008, Data	Failure to have an Emergency Contact list, Title 179, Chapter 21-004 # 4	TNC public water systems must have a current emergency phone list that is updated on an annual basis. (verify an Emergency Contact List is available and updated annually)	
8.) Significant, T023, Storage	Failure to secure storage facilities, Title 179, Chapter 21-008 # 2	TNC public water systems must secure the storage facility by use of locks on access manholes & hatches & take other necessary precautions to prevent trespassing, vandalism & sabotage. (verify access door is properly secured when not in operation)	

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PWS ID#: NE31-21026

County: Frontier

Severity, Deficiency Code and Category	Regulatory/Statutory Citation	Deficiency Corrective Action Required	Corrective Action Completed on (Date)
9.) Significant, T011, Operator Compliance	Failure to maintain equipment in accordance with manufacturer's recommendations, Title 179, Chapter 21-005, # 2	TNC public water systems must have an inspection, servicing & replacement program on all mechanical equipment in accordance with manufacturer's recommendations for such maintenance, O & M Manual. Repair/Replace or conduct the following, a. electrical wiring to pressure switch at well, b. leaking water lines, c. leaking yard hydrants, d. start valve exercise program or plan, e. verify ridged piped yard hydrants and other garden hose connections to yard hydrants are in accordance with manufacturers recommendations.	
10.) Minor, T036, Data	Failure to have O&M manual for System components, Title 179, Chapter 21-005 # 2	TNC public water systems must have an O & M Manual that includes specification of equipment & recommended maintenance practices of that equipment as specified by the manufacturers. (verify system has developed an O & M manual specific to systems components)	
11.) Minor, T037, Data	Failure to retain component maintenance records, Title 179, Chapter 21-005 # 2	TNC public water systems must have a records keeping system to record all maintenance performed in accordance with manufacturer's recommendations. (verify all water maintenance records are being kept and available for review)	

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PWS Name: Medicine Creek Lodge

PWS ID#: NE31-21026

County: Frontier

Severity, Deficiency Code and Category	Regulatory/Statutory Citation	Deficiency Corrective Action Required	Corrective Action Completed on (Date)
12.) Significant, T009, Operator Compliance	Existing unprotected cross connections within the PWS, Title 179, Chapter 21-004 # 5	TNC public water systems must take the necessary steps to protect the system from cross connections. (system must verify that no cross-connections exist within the PWS)	

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200 South Silber, North Platte, NE 69101

Prepared by: Anthony L.Martinez Date of Survey: September 23, 2015 Date Compliance Plan Prepared: September 29, 2015

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Unsecure
Storage Facility

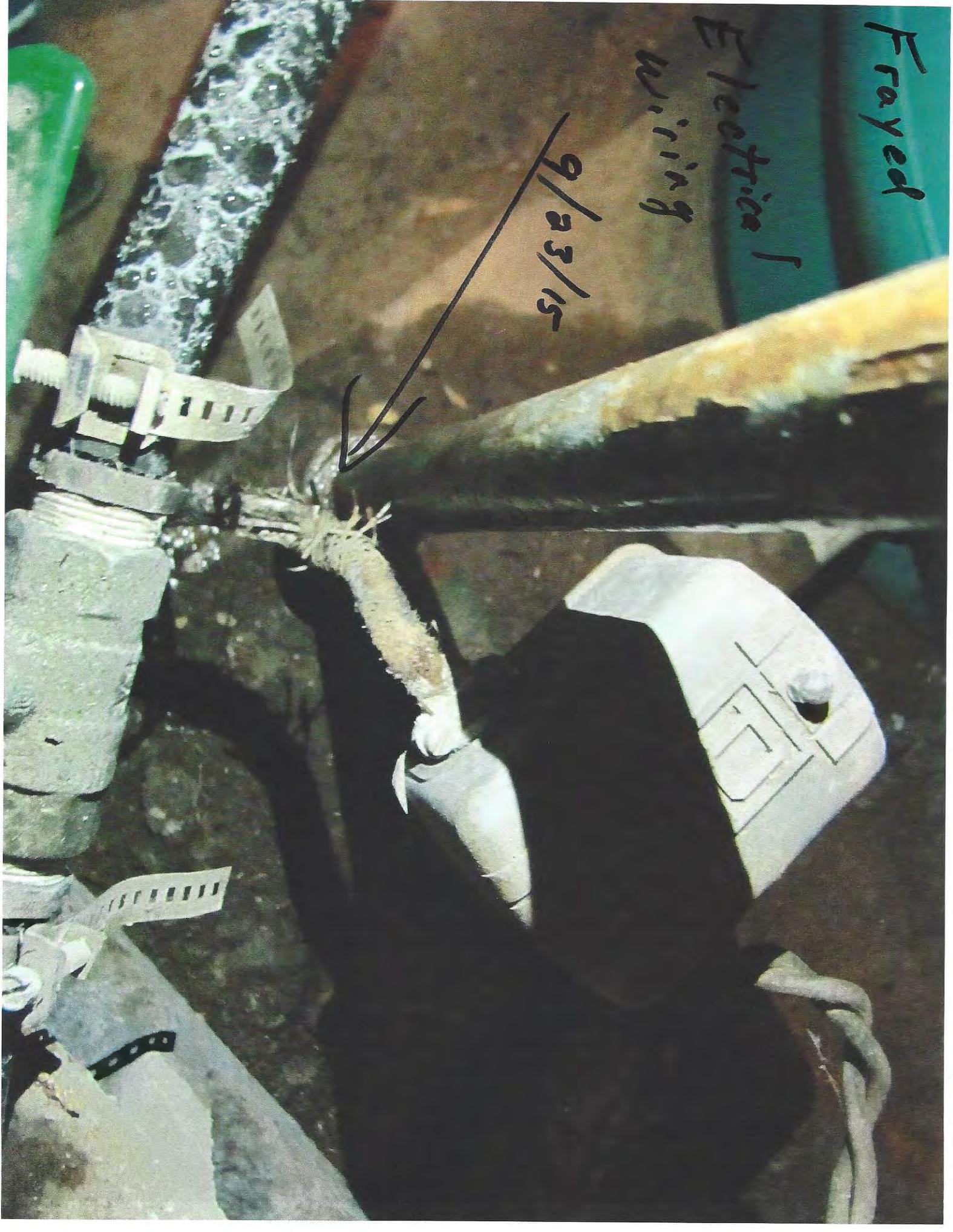
9/23/15



Frayed

Electrical
Wiring

9/23/15



Leaking distribution
piping 9/23/15





Leaking
yard
Hydrant
9/23/15

Rigid Piped

#1 Yard Hydrant

9/23/15



Ridged

Piped

yard

Hydrant

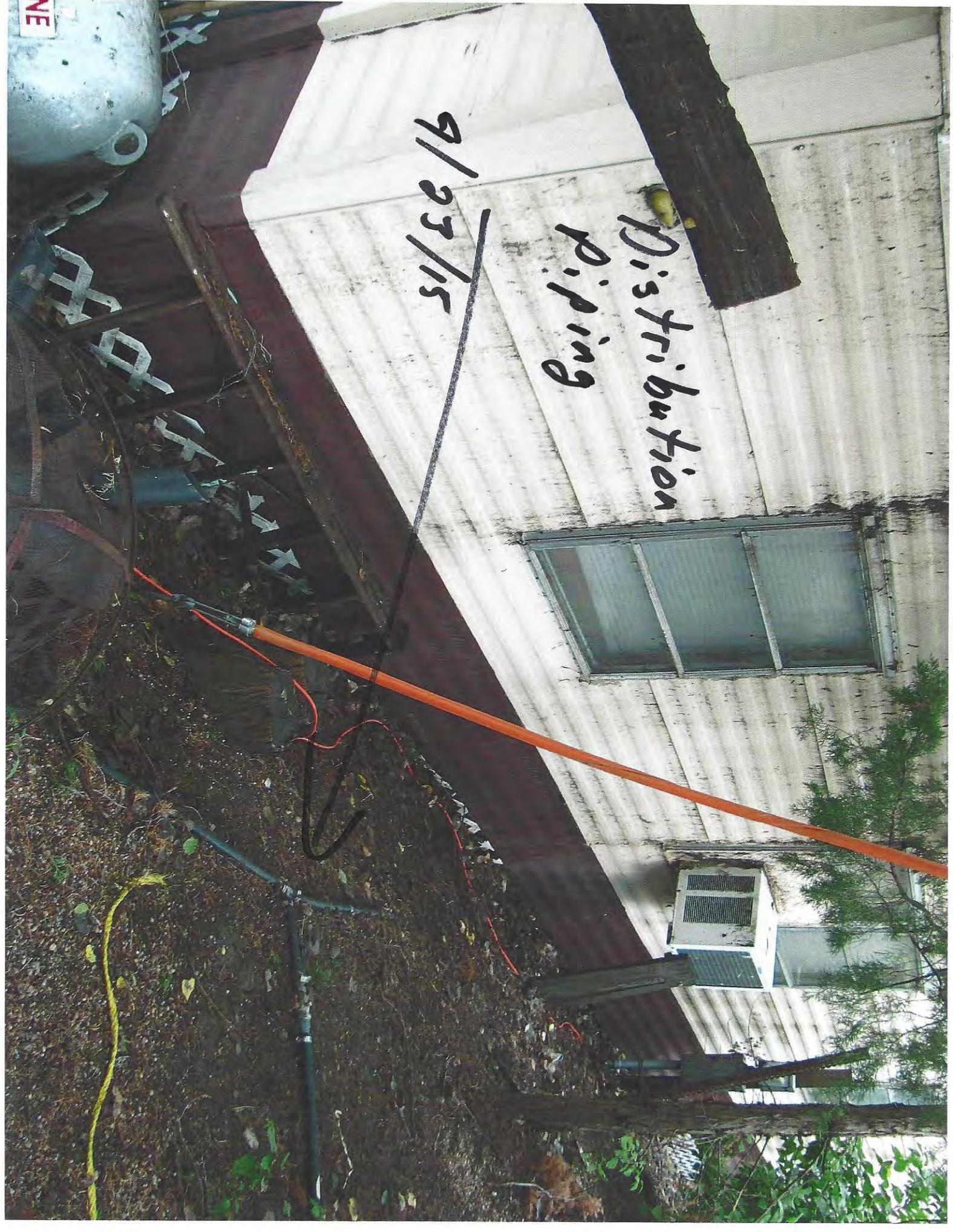
#2

9/23/15



Distribution
Piping

~~9/23/15~~





Revised 8/1/2014
DLW

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

PWS Name: Medicine Creek Lodge PWSID #: NE31-21026 Permit Issue Date: 09/19/2011
 Physical Address of NC PWS: 72848 Trail 1
 Is system a NeWARN Member? Y N
 County: Frontier NRD #: 21 - Middle Republican System Class: 5 Type of System: TNC
 Accompanied By: Dennis and Darlene Heger Title: Site Managers Governing Body: N/A
 Is there a defined organizational structure for decision making: Y N
 RSS Date: 09/23/2015 Last RSS Date: 07/26/2011 Inspection By: Tony Martinez
 Is the operator in responsible charge properly licensed: Y N License Grade and #: 5, # 7426, Doug Breinig

FINANCIAL INFORMATION

% Metered Connections: 0 % # Residential Service Connections: 55 # Non-residential Service Connections: 1
 System Interconnections: NONE Reason: Purchase Sell Emergency
 Comments: _____
 Is operating budget available for inspection: Y N Planned or Actual for Year: _____
 (Procure a copy of the systems operating budget and water rate structure and attach to survey)

SYSTEM RECORDS / PROGRAMS

	S	U	NA	Comments
System Maps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	need map showing sample sites Year last updated:
Water Quality / Sample results	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Production Records	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Chemical Use Records	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Maintenance Records	<input type="checkbox"/>	<input checked="" type="checkbox"/>		record maintenance
Customer Complaints	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Cross-Connection Control Requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Copy of Sampling Plans	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	need plan & map showing sample sites Date approved:
Wellhead Encroachment Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date Adopted: Description: leased from Game & Parks
Emergency Phone List	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Date approved:
Emergency Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Date approved:
Planning Records	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Master Plan)
CCR(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
O&M Manual	<input type="checkbox"/>	<input checked="" type="checkbox"/>		need to develop
Provisions For Drought Mitigation/Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Other Records and Comments: _____

nature due to fluctuations in the cost of doing business. A Schedule of Rates and Prices along with a proposed operating schedule and sample concession issued permits (mobile home, dock, etc.) will be submitted to the Commission for review and written approval by March 1. Written requests and justifications for increases in annual mobile home site rents will be submitted to the Commission for review and written approval no later than December 1 for the ensuing calendar year.

14. The Concessionaire shall not discriminate because of race, color, religion, age, gender, marital status, disability, national origin or political affiliation against any person by refusing to furnish such person any accommodation; facility, service or privilege offered to or enjoyed by the general public. The Concessionaire and their employees shall not publicize the accommodations, facilities, services or privileges in any manner that would directly or inferentially reflect upon or question the acceptability or the patronage of any person because of race, color, religion, age, gender, marital status, disability, national origin or political affiliation.

15. The Concessionaire shall be responsible for the repair or replacement of any property of the Commission and/or Reclamation in which the Concessionaire has possession, supervision or control which shall be damaged or destroyed, except acts of God, negligence by the Commission, its agents or employees.

F. Rentals and Exclusive Use

1. If the operation of overnight and seasonal RV camp sites is provided pursuant to this Agreement, the Concessionaire agrees that ten (10) percent of available sites will be for transient use and will be limited to a maximum occupancy of 14 consecutive days. The balance of the sites may be occupied on a seasonal basis but not before April 15 and not later than October 15. RVs must be removed from camp sites and placed in an approved storage area or removed from the Reservoir.

2. If the operation of rental cabins and/or seasonal mobile homes is provided pursuant to this Agreement, the Concessionaire agrees to provide electricity, water, latrine, and sewage facilities adequate to meet the demands of the area concerned. The degree of adequacy, in this instance, will be at the determination of the State Electrical Division, State Fire Marshall, Department of Environmental Quality, and State Department of Health. Mobile homes in approved areas are required to retain the running gear in an operable condition. No permanent additions are permitted. Open porches and decks which are not permanently attached may be authorized according to Section H, of this Agreement. Concessionaire shall further operate mobile home area in accordance with established Seasonal Mobile Home Covenants, attached hereto as Exhibit "C" and made a part hereof. Said Exhibit "C" may be amended, modified, or enlarged by mutual agreement of the parties hereto without the necessity of re-executing this Agreement or entering into a separate agreement.

3. The Concessionaire shall provide utilities for a minimum period of six continuous months each year. Mobile home site permits will be provided to permittees not less than thirty days prior to the commencement of the designated period. The Concessionaire will provide the Commission with a complete list of permittees including lot number, name, address, and phone number within 30 days after commencement of the designated period.

4. The Concessionaire will develop a map, updated annually, of the concession area to include all buildings, campsites, trailer sites and mobile home sites. The map shall be provided

to the Commission and local police/fire/emergency responders.

5. No new exclusive use seasonal trailer or mobile home trailer sites are permitted. Existing exclusive use shall be reduced by a minimum of 6% each year and at least 33% of all exclusive sites shall be reduced every five years. This provision shall apply to all renewals of this Agreement and to any new permit holder(s). In the event these quotas are not met at renewal time, no renewal will be granted until quotas are achieved. All exclusive use will be eliminated by the expiration of the Master Lease in 2020.

G. Provisions and Conditions

1. The Concessionaire agrees that the State of Nebraska shall have first lien, second only to purchase money liens and operating loans to the Concessionaire held by upon all improvements authorized by the Commission which are now on the land or may hereafter be placed thereon with the approval of the Commission to secure payment of all rentals and penalties due or to become due under the terms of this Agreement and remaining unpaid at the end of said term, whether this Agreement has been terminated by forfeiture or otherwise, the said lien to be superior to the rights of all other persons and agrees to execute the necessary documents to effectuate this Agreement.

2. This Agreement may not be transferred or assigned except by prior written permission of the Commission. The Commission may agree to allow and approve an assignment and transfer thereof to a person acceptable to the Commission if the same is necessary to protect the security of any one or more of the creditors of the Concessionaire. The Commission recognizes that the improvements to be made by the Concessionaire may be financed through capital raised by loans partially or wholly secured by liens against the buildings, equipment and other assets of the Concessionaire on or off the concession site. Should the Concessionaire have their interest therein foreclosed or should they become insolvent or bankrupt or otherwise no longer be in a position to operate said enterprise, then said creditors or any of them should have the right, subject to the approval of the Commission, to continue said enterprise under the same terms and conditions at the option of said creditors.

H. Construction Specifications

1. The Concessionaire may construct on the concession site the buildings or improvements necessary to conduct the activities required and /or authorized by this Agreement. If the Concessionaire determines that additional facilities or services are necessary and desirable in the future, written consent of the Commission shall be obtained prior to their installation or operation. All such buildings or improvement, including those acquired from previous owners or so constructed under authorities granted by the Commission or Reclamation shall remain the personal property of the Concessionaire except as otherwise provided herein.

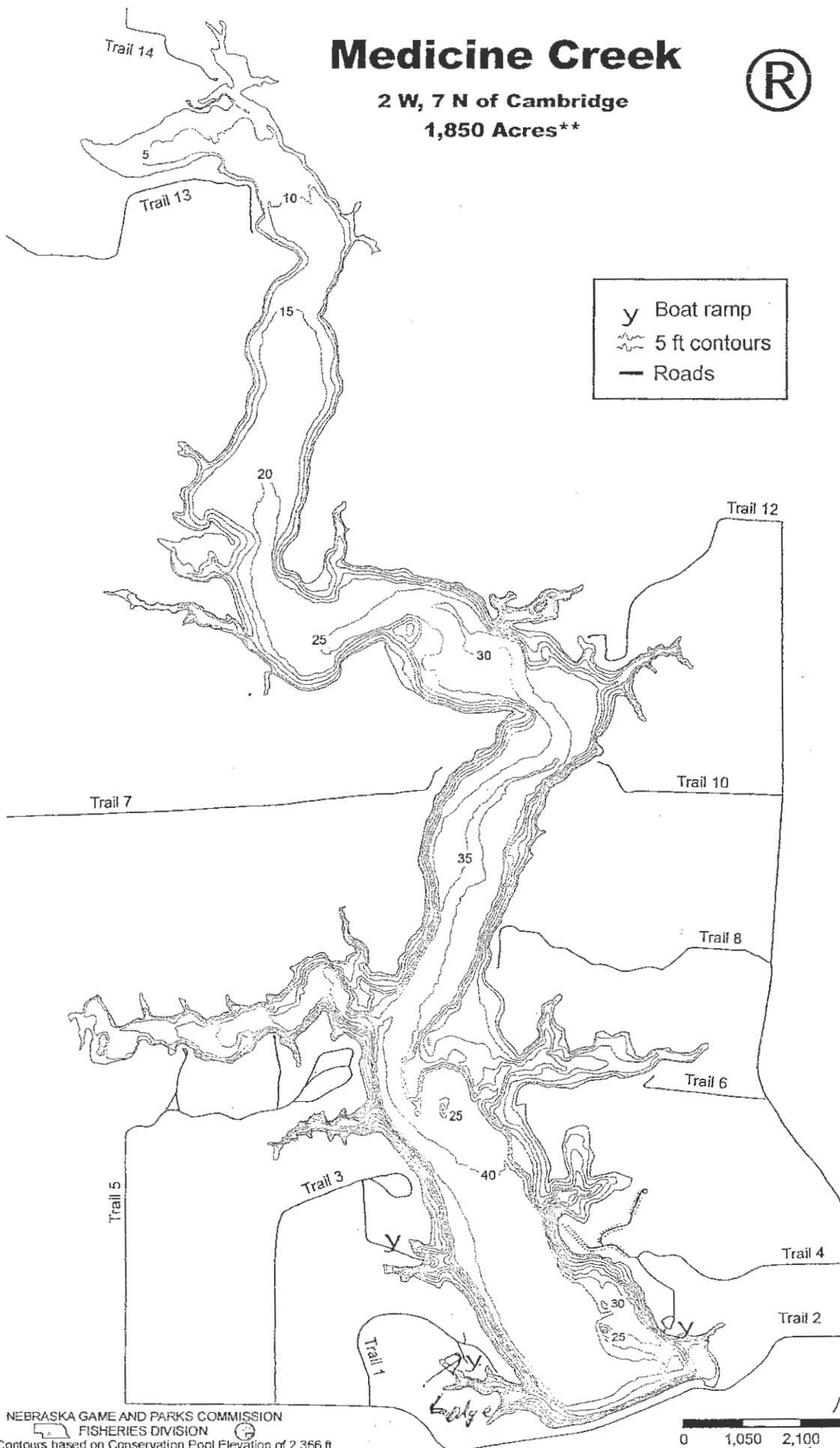
2. No building shall be constructed below elevation 2386.2 feet above mean sea level.

3. No alterations of the concession site or the building and improvements shall be made without the prior written approval of the Commission, except for ordinary repairs. Before constructing or placing any improvements of any kind on the concession site or substantially altering existing structures, the Concessionaire will submit two copies of plans and specifications for such structures or alterations to the Commission for Commission review and approval. The Commission shall also forward such plans and specifications to Reclamation for

Medicine Creek

2 W, 7 N of Cambridge

1,850 Acres**



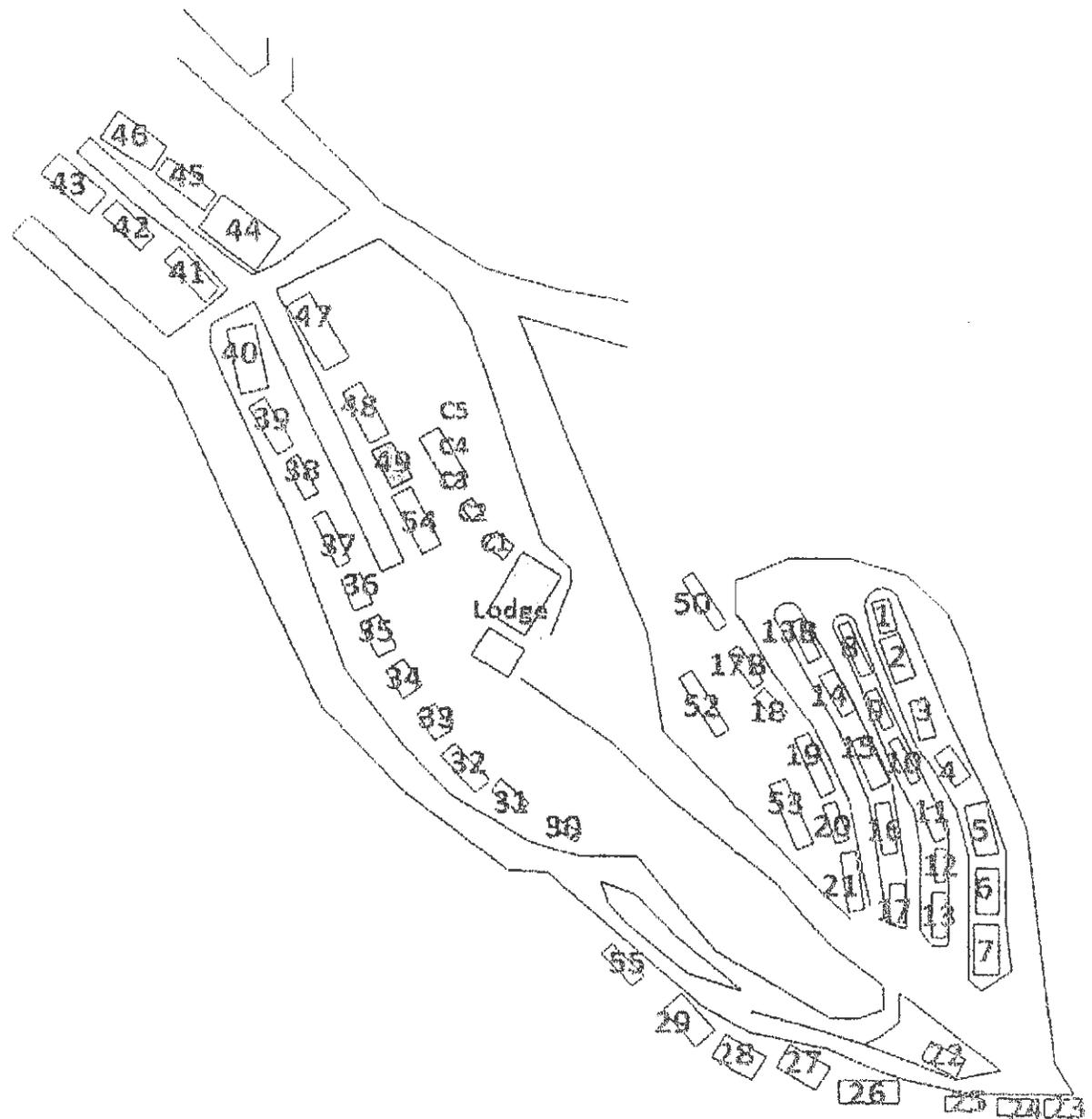
NEBRASKA GAME AND PARKS COMMISSION
FISHERIES DIVISION

**Note: Contours based on Conservation Pool Elevation of 2,366 ft.

0 1,050 2,100 4,200 Feet

- . reyka
- . McConville
- . Kester
- . Neuhaus
- . Samway
- . Claussen
- . Milhon
- . Witt
- . Haag
- 0. Kleinow
- 1. Colby
- 2. Sanders
- 3. Alberts
- 3B. Stone
- 4. Berry
- 5. Clafin
- 6. Kuck
- 7. Bainter
- 7B. Kittle
- 8. Farr
- 9. Edwards
- 10. Parrett
- 11. ~~11~~ Dufffy
- 12. Haussler
- 13. Nelson
- 14. Witte'
- 15. Ebbers
- 16. Jones/Wier
- 17. Erickson
- 18. Bible
- 19. J. Hill
- 30. Witt
- 31. Emigh
- 32. Kuck
- 33. Shrock
- 34. Carpenter
- 35. Foster

- 36. tenBenet
- 37. Stagemeyer
- 38. Lammel
- 39. Deveney
- 40. Lickliter
- 41. Urban
- 42. Gotchall
- 43. Messman
- 44. Loar
- 45. Tockey
- 46. Pinkal
- 47. Rupe
- 48. Faw/tenBen
- 49. Bain
- 50. Hays
- 52. Parrett
- 53. Stevens
- 54. Davis
- 55. G. Hill



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: 72,000 Gallons Total production for past year: Unknown MG

Population: estimated 100 (peak) population with 55 service connections.

Comments: _____

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

**VOLUNTARY PROGRAMS

**Does the system have a Watershed Management Program: Y N

**Does the system have a delineated Well Head Protection Area: Y N

**Has the WHPA officially been adopted by the system: Y N N/A Date: _____

**Has a contaminant source inventory been completed: Y N Date: _____

**Has the contaminant source inventory been updated: Y N N/A Date: _____

**Does the system have a delineated WDA (surface sources only): Y N N/A

**Has a contaminant inventory for the WDA been completed: Y N N/A Date: _____

**Is there an ERP for spills within WHP or WDA Areas: Y N N/A

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

**Has an EPA Vulnerability Assessment (VA) been completed: Y N N/A Date: _____

**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: _____

**Have certification documents been submitted for the EPA ERP: Y N N/A

Comments: _____

DHHS-DPH will assess the following:

Is the source adequate to meet peak demands: Y N

Is all source water metered: Y N

Are any source water facilities located within a 100 yr. flood plain: Y N

If yes, list each facility: _____

Have any source water facilities ever been flooded: Y N

If yes, list each facility: Well 731 and storage facility

Comments on Water Source: _____

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	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Storage	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Distribution System	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Population	<input type="checkbox"/>	<input type="checkbox"/>	N/A
PWS Value	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Water Quality	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Security/Vulnerability	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Intended Capital Improvements for next 5 years:

- 1.) _____
- 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 not, describe: _____

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

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

If not, describe: _____

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

Are calibration records readily available: Y N

What non-compliance water testing, if any, is routinely done: _____ None

List any established water quality goals: To maintain safe drinking water and remain in State compliance.

Comments on Water Quality Monitoring: _____

DISTRIBUTION SYSTEM

Page 1 of 2

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

Are there maps of the Distribution System(s): Y N

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

Line and Valve Locations: Y N Comments: _____

Line and Valve Sizes: Y N Comments: _____

Line Materials: Y N Comments: _____

Fire Hydrant Locations: Y N N/A Comments: _____

Pressure-zone(s) Boundaries: Y N N/A Comments: _____

Storage Facilities: Y N N/A Comments: _____

Booster Pump Stations: Y N N/A Comments: _____

Sampling sites and zone boundaries: Y N Comments: _____

Does system have dead end mains: Y N

Do dead-ends have flushing capability: Y N

Distribution system map comments: System needs map of distribution piping along with sample plan.

Does the System retain records or documentation on the following:

O&M Distribution System Repairs: Y N

Leak Detection / Water Loss: Y N N/A Water Loss last year: _____%

R&R / Water Loss Comments: _____

Does the system have a flushing program: Y N Frequency: _____

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: _____

Are fire hydrants inspected and operated routinely: Y N N/A Frequency: _____

Are sampling stations available: Y N Number: _____

Is there a common POE for more than one source: Y N

 If yes, how many sources per POE? _____

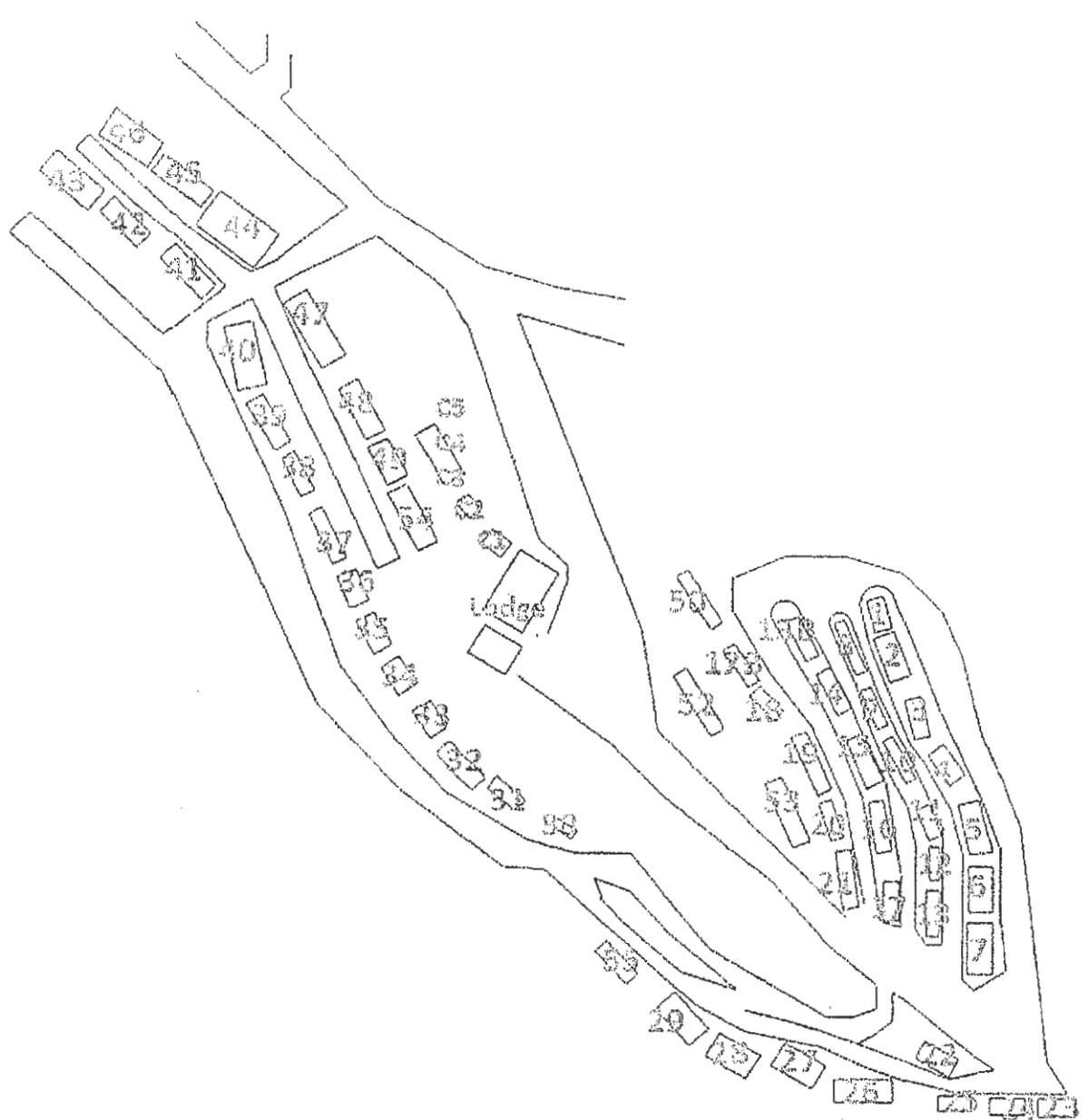
 Are the POE's metered? Y N

 What is the pressure at each common POE? _____

 Comments on POE's: _____

2. Wicklorville
3. Kester
4. Neuhaus
5. Samway
5. Claussen
7. Milhon
3. Witt
3. Haag
10. Kleinow
11. Colby
12. Sanders
13. Alberts
- 13B. Stone
14. Berry
15. Clafin
16. Kuck
17. Bainter
- 17B. Kittle
18. Farr
19. Edwards
20. Parrett
21. ~~21~~ Duffy
22. Haussler
23. Nelson
24. Witte`
25. Ebbers
26. Jones/Wier
27. Erickson
28. Bible
29. J. Hill
30. Witt
31. Emigh
32. Kuck
33. Shrock
34. Carpenter
35. Foster

37. Stagemeyer
38. Lammel
39. Deveney
40. Lickliter
41. Urban
42. Gotchall
43. Messman
44. Loar
45. Tockey
46. Pinkal
47. Rupe
48. Faw/tenBen
49. Bain
50. Hays
52. Parrett
53. Stevens
54. Davis
55. G. Hill



DISTRIBUTION SYSTEM

Page 2 of 2

<u>Piping Materials</u>	<u>Pipe Size</u>	<u>Number of feet of pipe</u>
<u>X</u>	<u>X</u>	_____

Describe Other: Not available at the time of inspection.

Describe Other: _____

Describe Other: _____

The following applies to all PWS

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

If yes, does the system have a removal or replacement method: Y N Describe: _____

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

Where is the point of maximum water residence time in the distribution system: N/A (Physical location description)

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

Other checks: N/A

Frequency of checking distribution disinfectant residual: N/A

Test kit used: N/A Date of last calibration/standardization: N/A

Typical distribution system pressure range (pressure fluctuation): 20 psi

Pressure at highest elevation (lowest pressure): 42 psi Location (address or physical): @ Trialer # 1

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

Frequency: _____

Comments on Distribution System: _____

CONTROL SYSTEMS

Age of Control System or Installation Date: 07/25/2007 Control Type: Pressure Switch X X X

Mode of Communications: Phone: _____ Leased: _____ Owned: _____
Radio: _____ Hard wired: X Other: _____

Is there a backup communications system: Y N N/A Describe: _____

Is a UPS available: Y N If yes, at all sites?: Y N Duration of backup: _____

Does control system automatically log system data: Y N
If yes, what data is automatically logged: _____
Frequency of data logging: _____

Does control system generate automatic reports: Y N
If yes, what are the reports: _____
Frequency of automatic reports: _____

Is there manual override capability in the control system: Y N
If yes, describe: _____ Physically put system into a manual mode of operation by adjusting pressure switch.

Who has the authority to make set-point changes (provide a name): Doug Breinig - Licensed Water Operator

Describe the security measures for the control system: Locked access.

Is a spare parts inventory maintained on hand: Y N Comments: Well Contractor

Comments on Control Systems: _____

SOURCE FACILITIES – GROUNDWATER SUPPLY FACILITIES

(Complete one sheet per source or well.)

Well ID #: 731 Well Common Name: The Well DNR Reg. #: G-111668 Well Availability: Permanent

Comments: Well drilled on September 14, 1973, no other information available on this well. (see attached)

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: Weekly 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: uk Pnmp Type: Snb Well Depth: 87 ' Well Casing Dia: 5 "

Screen Const. Type: X Top of Screen Depth: uk' Casing Type: Steel Pump Setting: uk'

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

Well blow-off size: 3/4 " Is blow-off properly capped or screened: Y N

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

Is a pressure gauge available: Y N Working: Y N Observed pressure gauge reading: _____ psi X

Is a chemical injection tap available: Y N Chemical tap size: _____"

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

Is well metered: Y N Type: _____ Size: _____" Make/Model: _____ Serial #: _____

Electric meter reading: _____ Water meter reading: _____ Hr. meter reading: _____

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

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

Are cross-connection requirements adequately met: Y N

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

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

Poor, missing covers, exposed wire, broken conduit

Is backup power available: Y N Type: X Describe Other: _____

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

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

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

Does well meet criteria for potential GWUDI: Y N Unknown

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

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

Current well vulnerability rating: Vulnerable Non-Vulnerable

Comments on this well: _____

Mail to:
PO Box 94676
Lincoln, NE 68509-4676
Phone: (402)471-2363

July 2000
DNR Form 145

STATE OF NEBRASKA
DEPARTMENT OF NATURAL RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration Date 813-2001 Sequence No. 134529 Registration No. 9-111668
Owner Code No. 59038 Receipt No. R7962 Middle Republican NRD

1. Well Owner Medicine Creek Lodge Telephone Number (308) 697-3774
Address Rt 2 Box 93
City Cambridge State NE Zip Code 69022 +

2. Drilling Firm Buelon Well Drilling Inc Telephone Number (308) 692-3220
Address P.O. Box 129 Contractor's License No. 37342
City Barthley State NE Zip Code 69020 +

3. Permit Number(s) /

4. Purpose of well (indicate one): Dewatering (over 90 days) Domestic Ground Heat Exchanger
 Ground Water Source Heat Pump Industrial Injection Irrigation (important, see 6D and 6E)
 Livestock Monitoring Observation Public Water Supply (see spacing (4-6E))
 Public Water Supply (with out spacing) Recovery Aquaculture Other _____
(indicate use)

5. Replacement and abandoned well information.

A. Is this well a replacement well? Yes No B. Registration number of abandoned well: _____
If not registered, date well construction completion (m) ___/___/___
C. Replacement well is _____ feet from abandoned well. D. Abandoned well last operated (m) ___/___/___
E. Original well pump column size: _____ inches. F. Completion of original well abandonment on (m) ___/___/___
G. Location of water use of abandoned well: _____

6. A. Well location SW $\frac{1}{4}$ of the SW $\frac{1}{4}$ of Section 24, Township 5 North, Range 26 East (West) Frontier County.
B. The well is 40° 22' 52.1" feet from the (North) or South) section line and 100° 13' 49.0" feet from the (East) or West) section line.
C. Street address or block, lot and subdivisions, if applicable: (495N) Garfield Precinct (75E)
(circle one) (circle one)
D. Location of water use, if applicable (give legal descriptions): _____
E. If for irrigation, the land to be irrigated is _____ acres
F. Well reference letter(s), if applicable: _____

7. Pump Information.

Is pump installed at this time: Yes No

If yes, complete items A through F.

If no, complete items A and D with estimated information for those wells in which pump will be installed.

A. Actual pumping rate, if applicable: NH gallons per minute. Measured or Estimated
B. Drop pipe diameter: 1.75 inches. C. Length of drop pipe: _____ feet.
D. Pumping equipment installed: (month) ___/___/___ (day) ___/___/___ (year) ___/___/___ E. Brand/Type: 1.75
F. Company Name _____ Pump Installer Name _____
Address NH Telephone Number (____) _____
City _____ State _____ Zip Code _____ + Contractor's License No. _____

G-111668

8. Well Construction Information.

- A. Total well depth: 87 feet. B. Static water level: NA feet.
- C. Pumping water level: NA feet Estimated or Measured (at what gallons per minute rate)
- D. Well Construction began: (month) Sept (day) 14 (year) 23 E. Well Construction completed: (month) Sept (day) 14 (year) 23
- F. Bore hole diameter: NA inches.
- G. Plain Casing: Diameter 5" ID OD inches. Type of material: galv
 Wall thickness: NA inch(es). Joints—Welded/Glued/Threaded/Other:
 Placement depth(s) from NA ft. to ft. from ft. to ft.
- H. Screen: NA ID NA OD in.; Type of material NA
 Screen openings (slot size): NA Trade name: NA
 Placement depth(s) from NA ft. to NA ft. from ft. to ft. Guides at ft.
- I. Gravel pack interval(s) from 87 ft. to 0 ft. from ft. to ft. Grade size:
- J. Grouted/Sealed from NA ft. to ft. with
 (type)
 from ft. to ft. with
 (type)
- K. Drilling method: NA L. Drilling fluid: water
- M. Well development technique (total time and method): NA
- N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? Yes No
 If yes, what will be used:

9. Geologic Materials Logged

DEPTH IN FEET		DESCRIPTION	DEPTH IN FEET		DESCRIPTION
FROM	TO		FROM	TO	
<u>0</u>	<u>57</u>	<u>Clay + soil</u>			
<u>57</u>	<u>67</u>	<u>Sandy clay + sand</u>			
<u>67</u>	<u>80</u>	<u>sticky clay + sand</u>			
<u>80</u>	<u>85</u>	<u>Sand med.</u>			
<u>85</u>	<u>88</u>	<u>Coarse gravel</u>			
<u>88</u>		<u>Flint rock</u>			

(Additional sheets may be submitted)

10. I am familiar with the information submitted on this registration, and to the best of my knowledge it is true.

Gene P. Strett 8-1-01 Patricia A. Houser
 Water Well Contractor's Signature Date Water Well Owner's Signature Date

HYDROPNEUMATIC AND PRESSURE TANKS

(complete one sheet per tank brand/model)

Brand of Tank(s): Well Rite

Model of tank(s): WR - 200 R

Number of Tank(s): One

What wells or water source(s) are tank(s) used for: Well 731

Type: Air-Diaphragm

Describe Other: _____

Installation Date(s): 07/25/2007

Are these tanks used to prevent water hammer: Y N

Is tank located completely above ground:

Y N

Date of last internal inspection if applicable: _____

NA

Comments: _____

ASME plate information: Well Rite - model # WR - 200 R

N/A

Is a manway available: Y N Shape: X

Size: W: _____" H: _____" D: _____" x _____"

Is there a functioning pressure relief valve:

Y N

Is there a functioning pressure gauge:

Y N

If yes, psi: _____

What are the pump On and Off pressure settings:

On: 35 Off: 55

Is there an automatic control system for water / air ratio:

Y N N/A

If yes, are air injection lines filtered:

Y N

Is there a sight glass or other water level indicator:

Y N

N/A If other, describe: _____

Overall condition of tank(s): Looks good, new July 25, 2007.

Describe security measures: Controlled access during hours of operation.

Comments on Hydropneumatic and Pressure Tanks: _____

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

CROSS-CONNECTION CONTROL PROGRAM	<input type="checkbox"/>
SOURCE FACILITIES—GROUNDWATER SUPPLY FACILITIES	<input type="checkbox"/>
WELL INFORMATION	<input type="checkbox"/>
SURFACE WATER SUPPLIES AND FACILITIES	<input checked="" type="checkbox"/>
INFILTRATION GALLERY FACILITIES	<input checked="" type="checkbox"/>
SPRING SOURCE FACILITIES	<input checked="" type="checkbox"/>
PUMPS AND PUMP FACILITIES	<input checked="" type="checkbox"/>
TRANSMISSION OF SOURCE WATER	<input checked="" type="checkbox"/>
TREATMENT FACILITIES AND PROCESS	<input checked="" type="checkbox"/>
PRESEDIMENTATION BASINS	<input checked="" type="checkbox"/>
FLOW CONTROL AND METERING	<input checked="" type="checkbox"/>
AERATION / OXIDATION	<input checked="" type="checkbox"/>
RAPID MIX PROCESS	<input checked="" type="checkbox"/>
CHEMICAL AND CHEMICAL FEED SYSTEMS	<input checked="" type="checkbox"/>
CHEMICAL EQUIPMENT SPECIFICATIONS	<input checked="" type="checkbox"/>
COAGULATION AND FLOCCULATION	<input checked="" type="checkbox"/>
SEDIMENTATION / CLARIFICATION	<input checked="" type="checkbox"/>
PRESSURE FILTERS	<input checked="" type="checkbox"/>
GRAVITY FILTERS	<input checked="" type="checkbox"/>
DISINFECTION PROCESSES	<input checked="" type="checkbox"/>
GROUND AND ELEVATED TANK STORAGE FACILITIES	<input checked="" type="checkbox"/>
GROUND AND ELEVATED STORAGE FACILITIES COMPONENTS	<input checked="" type="checkbox"/>
HYDROPNEUMATIC AND PRESSURE TANKS	<input type="checkbox"/>

Inspector's Signature: Anthony Z. Marfy

System Representative: Carlson G. Heger

Date Inspection Completed: Sept 23rd, 2015