

Please mail the survey and comments using the enclosed self addressed envelope.  
 If you have any comments or questions please call Gary Fuller at (303) 764-1524  
 Please send survey to the following address if envelope is lost: 303 E. 17<sup>th</sup> Ave, Ste. 700, Denver, CO 80203

<b>NAME OF WATER SYSTEM:</b> People's Improvement & Service District		
<b>CONTACT INFORMATION</b>		
Address: P.O. Box 194		
City: Gillette	State: WY	ZIP Code: 82717
Name of Operator and Engineer (if applicable): Duaine Faucett	Phone Number: 299-9911	
<b>GENERAL WATER SYSTEM INFORMATION</b>		
Number of Water Taps or Connections: 52	Number of Future Taps Planned:	
Storage Tanks: 1	Volume of Each Tank: 95,300 gal	
Water Production Wells: 1	Production Rate in GPM of Each Well: 75 gpm	
Does the system have individual water meters: <input checked="" type="radio"/> YES or <input type="radio"/> NO (Please circle one)	Disinfection method: <input checked="" type="radio"/> Chlorine Gas, <input type="radio"/> Sodium Hypochlorite, <input type="radio"/> Other (Please circle one, if other please describe)	
System Governmental Structure: <input checked="" type="radio"/> Improvement & Service District, <input type="radio"/> Water & Sewer District, <input type="radio"/> Homeowners Association, <input type="radio"/> Other (Please circle one, if other please describe)	System Reliability: <input type="radio"/> Good, <input type="radio"/> Fair, <input type="radio"/> Poor (Please circle one) System Age (years): Comments (including recent improvements or repairs)	
<b>USAGE INFORMATION</b>		
Annual Volume Water Usage (gallons): 9,231,000	Peak Day Summer Usage (gallons): 64,000	Peak Day Winter Usage (gallons): 14,806
Does the system provide fire protection: <input type="radio"/> YES or <input type="radio"/> NO (Please circle one)	Are there any other users beside residential? If so, who and how many?	
Fire Flow Protection Provided, if known (gpm):	Approximate Peak Day Summer Usage of Non-Residential Users (gpm):	
Does the system have standby power? <input type="radio"/> YES or <input type="radio"/> NO (Please circle one) If so, what type and where are they located?	What pressure does the system operate at (psi)? What would be the optimum pressure (psi)?	
<b>SYSTEM OPERATION AND WATER QUALITY INFORMATION</b>		
What is the largest issue the system faces? <input type="radio"/> Billing, <input type="radio"/> Managerial, <input type="radio"/> Operations, <input type="radio"/> Reliability, <input type="radio"/> Supply, <input type="radio"/> Other: (Please circle one and describe)		

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Do you have any water quality issues, concerns, comments, on-going water quality-focused projects or studies?

**SYSTEM OPERATION AND WATER QUALITY INFORMATION CONT.**

Have you conducted any water system studies in the past few years? If so, is a copy of the report available?

Do you have copies of water quality data that can be reviewed? <input checked="" type="radio"/> YES or <input type="radio"/> NO (Please circle one, and list available data below)	Contact Information for viewing water quality data: Name: Duaine Faucett Address: Phone No.: 299-9911
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Current Rates or Assessments (monthly):	Does assessment include road or other costs? YES or NO (Please circle one, if yes please describe)
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**\*\*REGIONAL SYSTEM COMMENTS (CONTINUE ON BACK IF NECESSARY)**

Empty space for regional system comments.

\*\*The Wyoming Water Development Commission in conjunction with the City of Gillette and Campbell County has commissioned a study to develop a Regional Master Plan for the Gillette, Campbell County, and Crook County Regions. Your system has been identified as a potential regional partner. Please provide comments on your willingness to participate in a Regional District. Your participation and timely completion of this survey is appreciated.

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**Ideas for Comment Include:**

- Would you prefer large district take over operation of your system?
- Are you interested in raw water purchase (the system still operates as an individual system with supply being provided by the regional system in lieu of wells)?
- Do you have any water quality concerns?
- What would be the preferred management structure of a regional system?
- What are the issues that you can identify that would limit participation a regional system?

Name of Person Completing Survey:

Phone Number:

Email Address:

Date:

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<b>NAME OF WATER SYSTEM:</b> Rafter D		
<b>CONTACT INFORMATION</b>		
Address:		
City: Gillette	State: WY	ZIP Code: 82716
Name of Operator and Engineer (if applicable): Duaine Faucett	Phone Number: 299-9911	
<b>GENERAL WATER SYSTEM INFORMATION</b>		
Number of Water Taps or Connections: 16	Number of Future Taps Planned:	
Storage Tanks: 1	Volume of Each Tank:	
Water Production Wells: 1	Production Rate in GPM of Each Well:	
Does the system have individual water meters: YES or <b>NO</b> (Please circle one)	Disinfection method: <b>Chlorine Gas, Sodium Hypochlorite, Other</b> (Please circle one, if other please describe)	
System Governmental Structure: <b>Improvement &amp; Service District, Water &amp; Sewer District, Homeowners Association, Other</b> (Please circle one, if other please describe)	System Reliability: <b>Good, Fair, Poor</b> (Please circle one) System Age (years): Comments (including recent improvements or repairs)	
<b>USAGE INFORMATION</b>		
Annual Volume Water Usage (gallons): 3,085,000	Peak Day Summer Usage (gallons): 24,742	Peak Day Winter Usage (gallons): 4,194
Does the system provide fire protection: YES or <b>NO</b> (Please circle one)	Are there any other users beside residential? If so, who and how many? no	
Fire Flow Protection Provided, if known (gpm):	Approximate Peak Day Summer Usage of Non-Residential Users (gpm):	
Does the system have standby power? YES or <b>NO</b> (Please circle one) If so, what type and where are they located?	What pressure does the system operate at (psi)? 40 What would be the optimum pressure (psi)? 40	
<b>SYSTEM OPERATION AND WATER QUALITY INFORMATION</b>		
What is the largest issue the system faces? <b>Billing, Managerial, Operations, Reliability, Supply, Other</b> : (Please circle one and describe) Only 1 well.		

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Do you have any water quality issues, concerns, comments, on-going water quality-focused projects or studies?

NO

**SYSTEM OPERATION AND WATER QUALITY INFORMATION CONT.**

Have you conducted any water system studies in the past few years? If so, is a copy of the report available?

no

Do you have copies of water quality data that can be reviewed?

**YES** or NO (Please circle one, and list available data below)

Contact Information for viewing water quality data:

Name:

Address:

Phone No.:

Duaine Faucett

299-9911

Current Rates or Assessments (monthly):

Does assessment include road or other costs? **YES** or **NO**  
(Please circle one, if yes please describe)

**\*\*REGIONAL SYSTEM COMMENTS (CONTINUE ON BACK IF NECESSARY)**

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Ideas for Comment Include:

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- Are you interested in raw water purchase (the system still operates as an individual system with supply being provided by the regional system in lieu of wells)?
- Do you have any water quality concerns?
- What would be the preferred management structure of a regional system?
- What are the issues that you can identify that would limit participation a regional system?

Name of Person Completing Survey:	Phone Number:	Email Address:	Date:
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[REDACTED]		
<b>NAME OF WATER SYSTEM:</b>		
<b>CONTACT INFORMATION</b>		
Address: RAG COAL WEST INC / Rawhide School		
City: Gillette	State: WY	ZIP Code: 82716
Name of Operator and Engineer (if applicable): Duaine Faucett	Phone Number: 299-9911	
<b>GENERAL WATER SYSTEM INFORMATION</b>		
Number of Water Taps or Connections:	Number of Future Taps Planned:	
Storage Tanks:	Volume of Each Tank:	
Water Production Wells:	Production Rate in GPM of Each Well:	
Does the system have individual water meters: <b>YES</b> or <b>NO</b> (Please circle one)	Disinfection method: <b>Chlorine Gas, Sodium Hypochlorite, Other</b> (Please circle one, if other please describe)	
System Governmental Structure: <b>Improvement &amp; Service District, Water &amp; Sewer District, Homeowners Association, Other</b> (Please circle one, if other please describe)	System Reliability: <b>Good, Fair, Poor</b> (Please circle one) System Age (years): Comments (including recent improvements or repairs)	
<b>USAGE INFORMATION</b>		
Annual Volume Water Usage (gallons):	Peak Day Summer Usage (gallons):	Peak Day Winter Usage (gallons):
Does the system provide fire protection: <b>YES</b> or <b>NO</b> (Please circle one)	Are there any other users beside residential? If so, who and how many?	
Fire Flow Protection Provided, if known (gpm):	Approximate Peak Day Summer Usage of Non-Residential Users (gpm):	
Does the system have standby power? <b>YES</b> or <b>NO</b> (Please circle one) If so, what type and where are they located?	What pressure does the system operate at (psi)? What would be the optimum pressure (psi)?	
<b>SYSTEM OPERATION AND WATER QUALITY INFORMATION</b>		
What is the largest issue the system faces? <b>Billing, Managerial, Operations, Reliability, Supply, Other:</b> (Please circle one and describe)		

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**SYSTEM OPERATION AND WATER QUALITY INFORMATION CONT.**

Have you conducted any water system studies in the past few years? If so, is a copy of the report available?

Do you have copies of water quality data that can be reviewed?  
**YES** or **NO** (Please circle one, and list available data below)

Contact Information for viewing water quality data:

Name:  
Address:

Phone No.:

Current Rates or Assessments (monthly):

Does assessment include road or other costs? **YES** or **NO**  
(Please circle one, if yes please describe)

**\*\*REGIONAL SYSTEM COMMENTS (CONTINUE ON BACK IF NECESSARY)**

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**Ideas for Comment Include:**

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RECEIVED  
BY: [ ] 16 2008

<b>SURVEY FOR WWDC GILLETTE REGIONAL WATER SYSTEM            MASTER PLAN            INCLUDES PORTIONS OF CAMPBELL AND CROOK COUNTIES</b>		
<b>NAME OF WATER SYSTEM:</b> Ridge Way Water		
<b>CONTACT INFORMATION</b>		
Address: 2901 S. 4-J Rd.		
City: Gillette	State: WY	ZIP Code: 82718
Name of Operator and Engineer (if applicable):	Phone Number: 307-682-2396	
<b>GENERAL WATER SYSTEM INFORMATION</b>		
Number of Water Taps or Connections: 18	Number of Future Taps Planned: 0	
Storage Tanks: One	Volume of Each Tank: 210 Barrels	
Water Production Wells: 2 Main wells 3 Total One for emergency only	Production Rate in GPM of Each Well: 50 GPM each well - One pump at a time due to Powder River power service	
Does the system have individual water meters: YES or <input checked="" type="radio"/> NO (Please circle one)	Disinfection method: Chlorine Gas, <u>Sodium Hypochlorite</u> , Other (Please circle one, if other please describe)	
System Governmental Structure: <u>Improvement &amp; Service District, Water &amp; Sewer District, Homeowners Association, Other</u> (Please circle one, if other please describe)	System Reliability: <input checked="" type="radio"/> Good, Fair, Poor (Please circle one) System Age (years): 4 years Comments (including recent improvements or repairs) Installed Two new pumps	
<b>USAGE INFORMATION</b>		
Annual Volume Water Usage (gallons): Unknown at this time	Peak Day Summer Usage (gallons): unknown	Peak Day Winter Usage (gallons): unknown
Does the system provide fire protection: YES or <input checked="" type="radio"/> NO (Please circle one)	Are there any other users beside residential? If so, who and how many? no	
Fire Flow Protection Provided, if known (gpm): —	Approximate Peak Day Summer Usage of Non-Residential Users (gpm): Livestock	
Does the system have standby power? YES or <input checked="" type="radio"/> NO (Please circle one) If so, what type and where are they located?	What pressure does the system operate at (psi)? gravity from tank What would be the optimum pressure (psi)? 25 to 80	
<b>SYSTEM OPERATION AND WATER QUALITY INFORMATION</b>		
What is the largest issue the system faces? Billing, <u>Managerial</u> , Operations, Reliability, Supply, Other: (Please circle one and describe)		

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**SURVEY FOR WWDC GILLETTE REGIONAL WATER SYSTEM  
 MASTER PLAN  
 INCLUDES PORTIONS OF CAMPBELL AND CROOK COUNTIES**

Do you have any water quality issues, concerns, comments, on-going water quality-focused projects or studies?

**SYSTEM OPERATION AND WATER QUALITY INFORMATION CONT.**

Have you conducted any water system studies in the past few years? If so, is a copy of the report available? *NO*

Do you have copies of water quality data that can be reviewed?  
 YES or  NO (Please circle one, and list available data below)

Contact Information for viewing water quality data:  
 Name: *Water Guy, LLC*  
 Address: *PO BOX 2977*  
*Gillette, WY 82717*  
 Phone No.:

Current Rates or Assessments (monthly):  
*\$30.<sup>00</sup> plus per month*

Does assessment include road or other costs? YES or  NO  
 (Please circle one, if yes please describe)

**\*\*REGIONAL SYSTEM COMMENTS (CONTINUE ON BACK IF NECESSARY)**

*This water serves people living on 40 acres. The elevation is high and the wells had to be drilled so deep and the cost per 40 acres kept climbing. We installed some pipe lines to some acres that didn't have water.*

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**SURVEY FOR WWDC GILLETTE REGIONAL WATER SYSTEM  
MASTER PLAN  
INCLUDES PORTIONS OF CAMPBELL AND CROOK COUNTIES**

Ideas for Comment Include:

- Would you prefer large district take over operation of your system?
- Are you interested in raw water purchase (the system still operates as an individual system with supply being provided by the regional system in lieu of wells)?
- Do you have any water quality concerns?
- What would be the preferred management structure of a regional system?
- What are the issues that you can identify that would limit participation a regional system?

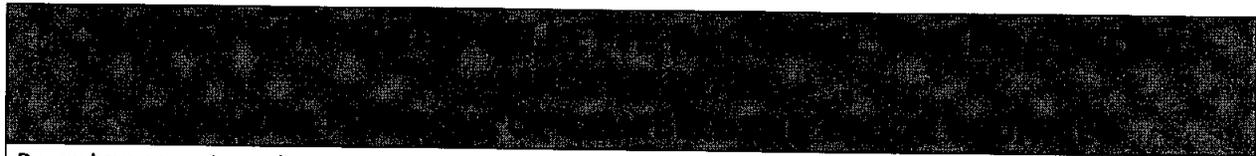
Name of Person Completing Survey:	Phone Number:	Email Address:	Date:
Jesse Dale Ruby	307-682-2396		10-14-08

The biggest issue for this system to be included is the distance. It is 10 miles for Gillette and I am sure the cost would be prohibitive for these persons on this system.

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<b>NAME OF WATER SYSTEM:</b> <u>Ridgeway</u>		
<b>CONTACT INFORMATION</b>		
Address:		
City: <u>Gillette</u>	State: <u>WY</u>	ZIP Code: <u>82716</u>
Name of Operator and Engineer (if applicable): <u>Duane Faucett</u>	Phone Number: <u>299-9911</u>	
<b>GENERAL WATER SYSTEM INFORMATION</b>		
Number of Water Taps or Connections: <u>19</u>	Number of Future Taps Planned:	
Storage Tanks: <u>1</u>	Volume of Each Tank:	
Water Production Wells:	Production Rate in GPM of Each Well:	
Does the system have individual water meters: YES or <b>NO</b> (Please circle one)	Disinfection method: <b>Chlorine Gas</b> , <b>Sodium Hypochlorite</b> , Other (Please circle one, if other please describe)	
System Governmental Structure: <b>Improvement &amp; Service District, Water &amp; Sewer District, Homeowners Association, Other</b> (Please circle one, if other please describe)  <u>Private System</u>	System Reliability: <b>Good, Fair, Poor</b> (Please circle one) System Age (years): Comments (including recent improvements or repairs)	
<b>USAGE INFORMATION</b>		
Annual Volume Water Usage (gallons):	Peak Day Summer Usage (gallons):	Peak Day Winter Usage (gallons):
Does the system provide fire protection: YES or <b>NO</b> (Please circle one)	Are there any other users beside residential? If so, who and how many? <u>no</u>	
Fire Flow Protection Provided, if known (gpm):	Approximate Peak Day Summer Usage of Non-Residential Users (gpm):	
Does the system have standby power? YES or <b>NO</b> (Please circle one) If so, what type and where are they located?	What pressure does the system operate at (psi)? What would be the optimum pressure (psi)?	
<b>SYSTEM OPERATION AND WATER QUALITY INFORMATION</b>		
What is the largest issue the system faces? <b>Billing, Managerial, Operations, Reliability, Supply, Other:</b> (Please circle one and describe)		

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Do you have any water quality issues, concerns, comments, on-going water quality-focused projects or studies?  
  
no

**SYSTEM OPERATION AND WATER QUALITY INFORMATION CONT.**

Have you conducted any water system studies in the past few years? If so, is a copy of the report available?  
  
no

Do you have copies of water quality data that can be reviewed?  
**YES** or **NO** (Please circle one, and list available data below)

Contact Information for viewing water quality data:  
Name: Duaine Faucett  
Address:  
Phone No.: 299-9911

Current Rates or Assessments (monthly):

Does assessment include road or other costs? **YES** or **NO**  
(Please circle one, if yes please describe)

**\*\*REGIONAL SYSTEM COMMENTS (CONTINUE ON BACK IF NECESSARY)**

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- What are the issues that you can identify that would limit participation a regional system?

Name of Person Completing Survey:	Phone Number:	Email Address:	Date:
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SURVEY FOR WAWDC GILLETTE REGIONAL MASTER PLAN INCLUDES PORTIONS OF CAMPBELL AND CROOK COUNTIES		
NAME OF WATER SYSTEM: <u>Rodeo Flats</u>		
CONTACT INFORMATION		
Address: <u>P.O. Box 2384</u> <u>Gillette</u> <u>WY</u> <u>82717</u>		
City:	State:	ZIP Code:
Name of Operator and Engineer (if applicable): <u>Duaine Faucett</u>		Phone Number: <u>685-8235</u>
GENERAL WATER SYSTEM INFORMATION		
Number of Water Taps or Connections: <u>32</u>	Number of Future Taps Planned: <u>24</u>	
Storage Tanks: <u>one</u> <u>82,000 gallon</u>	Volume of Each Tank: <u>82,000 gallon.</u>	
Water Production Wells: <u>one</u>	Production Rate in GPM of Each Well: <u>40</u>	
Does the system have individual water meters: <u>YES</u> or NO (Please circle one)	Disinfection method: <u>Chlorine Gas</u> , Sodium Hypochlorite, Other (Please circle one, if other please describe)	
System Governmental Structure: <u>Improvement &amp; Service District, Water &amp; Sewer District, Homeowners Association, Other</u> (Please circle one, if other please describe) <u>private</u>	System Reliability: <u>Good</u> , Fair, Poor (Please circle one) System Age (years): <u>2</u> Comments (including recent improvements or repairs)	
USAGE INFORMATION		
Annual Volume Water Usage (gallons): <u>1,204,000</u>	Peak Day Summer Usage (gallons): <u>61633</u>	Peak Day Winter Usage (gallons): <u>250</u>
Does the system provide fire protection: <u>YES</u> or NO (Please circle one)	Are there any other users beside residential? If so, who and how many? <u>NO</u>	
Fire Flow Protection Provided, if known (gpm):	Approximate Peak Day Summer Usage of Non-Residential Users (gpm): <u>N/A</u>	
Does the system have standby power? <u>YES</u> or NO (Please circle one) If so, what type and where are they located?	What pressure does the system operate at (psi)? <u>50</u> What would be the optimum pressure (psi)?	
SYSTEM OPERATION AND WATER QUALITY INFORMATION		
What is the largest issue the system faces? <u>Billing, Managerial, Operations, Reliability, Supply, Other:</u> (Please circle one and describe)		
Do you have any water quality issues, concerns, comments, on-going water quality-focused projects or studies?		

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SURVEY FOR WWDCC GILLETTE REGIONAL MASTER PLAN INCLUDES PORTIONS OF CAMPBELL AND CROOK COUNTIES			
SYSTEM OPERATION AND WATER QUALITY INFORMATION CONT.			
Have you conducted any water system studies in the past few years? If so, is a copy of the report available?			
Do you have copies of water quality data that can be reviewed? <b>YES</b> or <b>NO</b> (Please circle one, and list available data below)		Contact Information for viewing water quality data:	
EPA required testing		Name: Water Guy LLC Address: 707 W 3rd Gillette Phone No.: 685-8235	
Current Rates or Assessments (monthly):		Does assessment include road or other costs? <b>YES</b> or <b>NO</b> (Please circle one, if yes please describe)	
**REGIONAL SYSTEM COMMENTS (CONTINUE ON BACK IF NECESSARY)			
<p>**The Wyoming Water Development Commission in conjunction with the City of Gillette and Campbell County has commissioned a study to develop a Regional Master Plan for the Gillette, Campbell County, and Crook County Regions. Your system has been identified as a potential regional partner. Please provide comments on your willingness to participate in a Regional District. Your participation and timely completion of this survey is appreciated.</p>			
<p>Ideas for Comment Include:</p> <ul style="list-style-type: none"> <li>• Would you prefer large district take over operation of your system?</li> <li>• Are you interested in raw water purchase (the system still operates as an individual system with supply being provided by the regional system in lieu of wells)?</li> <li>• Do you have any water quality concerns?</li> <li>• What would be the preferred management structure of a regional system?</li> <li>• What are the issues that you can identify that would limit participation a regional system?</li> </ul>			
Name of Person Completing Survey:	Phone Number:	Email Address:	Date:

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SURVEY FOR WADCO GILLETTE REGIONAL MASTER PLAN INCLUDES PORTIONS OF CAMPBELL AND CROOK COUNTIES		
NAME OF WATER SYSTEM: <i>Rozet Ranchettes LLC</i>		
CONTACT INFORMATION		
Address: <i>Po Box 3290</i>		
City: <i>Gillette</i>	State: <i>WY</i>	ZIP Code: <i>82717</i>
Name of Operator and Engineer (if applicable): <i>Duane Farnes</i>	Phone Number: <i>299 9911</i>	
GENERAL WATER SYSTEM INFORMATION		
Number of Water Taps or Connections:	Number of Future Taps Planned:	
Storage Tanks: <i>1</i>	Volume of Each Tank: <i>200,000</i>	
Water Production Wells: <i>1</i>	Production Rate in GPM of Each Well: <i>50 GPM</i>	
Does the system have individual water meters: <b>YES</b> or <b>NO</b> (Please circle one)	Disinfection method: <b>Chlorine Gas</b> , <b>Sodium Hypochlorite</b> , <b>Other</b> (Please circle one, if other please describe)	
System Governmental Structure: <b>Improvement &amp; Service District</b> , <b>Water &amp; Sewer District</b> , <b>Homeowners Association</b> , <b>Other</b> (Please circle one, if other please describe)	System Reliability: <b>Good</b> , <b>Fair</b> , <b>Poor</b> (Please circle one) System Age (years): <i>1yr.</i> Comments (including recent improvements or repairs)	
USAGE INFORMATION		
Annual Volume Water Usage (gallons):	Peak Day Summer Usage (gallons):	Peak Day Winter Usage (gallons):
Does the system provide fire protection: <b>YES</b> or <b>NO</b> (Please circle one)	Are there any other users beside residential? If so, who and how many? <i>NO</i>	
Fire Flow Protection Provided, if known (gpm):	Approximate Peak Day Summer Usage of Non-Residential Users (gpm):	
Does the system have standby power? <b>YES</b> or <b>NO</b> (Please circle one) If so, what type and where are they located?	What pressure does the system operate at (psi)? <i>80 psi</i> What would be the optimum pressure (psi)? <i>80 psi</i>	
SYSTEM OPERATION AND WATER QUALITY INFORMATION		
What is the largest issue the system faces? <b>Billing</b> , <b>Managerial</b> , <b>Operations</b> , <b>Reliability</b> , <b>Supply</b> , <b>Other</b> : (Please circle one and describe) <i>Not enough people on the system. Water sits in tank too long</i>		
Do you have any water quality issues, concerns, comments, on-going water quality-focused projects or studies? <i>Fairly high Iron</i>		

Please mail the survey and comments using the enclosed self addressed envelope.  
 If you have any comments or questions please call Gary Fuller at (303) 764-1524  
 Please send survey to the following address if envelope is lost: 303 E. 17<sup>th</sup> Ave, Ste. 700, Denver, CO 80203

SURVEY FOR WYDO GILLETTE REGIONAL MASTER PLAN (INCLUDES PORTIONS OF CAMPBELL AND CROOK COUNTIES)			
SYSTEM OPERATION AND WATER QUALITY INFORMATION CONT.			
Have you conducted any water system studies in the past few years? If so, is a copy of the report available?			
<i>No</i>			
Do you have copies of water quality data that can be reviewed? <input checked="" type="radio"/> YES or <input type="radio"/> NO (Please circle one, and list available data below)		Contact Information for viewing water quality data:	
1		Name: <i>Dawn Faust</i>	
		Address: <i>Dawn Faust</i>	
		Phone No.: <i>299-9911</i>	
Current Rates or Assessments (monthly):		Does assessment include road or other costs? <input checked="" type="radio"/> YES or <input type="radio"/> NO (Please circle one, if yes please describe)	
**REGIONAL SYSTEM COMMENTS (CONTINUE ON BACK IF NECESSARY)			
<p>**The Wyoming Water Development Commission in conjunction with the City of Gillette and Campbell County has commissioned a study to develop a Regional Master Plan for the Gillette, Campbell County, and Crook County Regions. Your system has been identified as a potential regional partner. Please provide comments on your willingness to participate in a Regional District. Your participation and timely completion of this survey is appreciated.</p>			
<p>Ideas for Comment Include:</p> <ul style="list-style-type: none"> <li>• Would you prefer large district take over operation of your system?</li> <li>• Are you interested in raw water purchase (the system still operates as an individual system with supply being provided by the regional system in lieu of wells)?</li> <li>• Do you have any water quality concerns?</li> <li>• What would be the preferred management structure of a regional system?</li> <li>• What are the issues that you can identify that would limit participation a regional system?</li> </ul>			
Name of Person Completing Survey:	Phone Number:	Email Address:	Date:

Please mail the survey and comments using the enclosed self addressed envelope.  
 If you have any comments or questions please call Gary Fuller at (303) 764-1524  
 Please send survey to the following address if envelope is lost: 303 E. 17<sup>th</sup> Ave, Ste. 700, Denver, CO 80203

<b>NAME OF WATER SYSTEM:</b> Section 4		
<b>CONTACT INFORMATION</b>		
Address:		
City: Gillette	State: WY	ZIP Code: 82716
Name of Operator and Engineer (if applicable): Duaine Faucett	Phone Number: 299-9911	
<b>GENERAL WATER SYSTEM INFORMATION</b>		
Number of Water Taps or Connections: 42	Number of Future Taps Planned:	
Storage Tanks: 1	Volume of Each Tank:	
Water Production Wells: 1	Production Rate in GPM of Each Well:	
Does the system have individual water meters: YES or NO (Please circle one)	Disinfection method: Chlorine Gas, Sodium Hypochlorite, Other (Please circle one, if other please describe)	
System Governmental Structure: Improvement & Service District, Water & Sewer District, Homeowners Association, Other (Please circle one, if other please describe)	System Reliability: Good, Fair, Poor (Please circle one) System Age (years): Comments (including recent improvements or repairs)	
private system		
<b>USAGE INFORMATION</b>		
Annual Volume Water Usage (gallons): 2,321,000	Peak Day Summer Usage (gallons): 7,710	Peak Day Winter Usage (gallons): 6,968
Does the system provide fire protection: YES or NO (Please circle one)	Are there any other users beside residential? If so, who and how many? yes, all are businesses	
Fire Flow Protection Provided, if known (gpm):	Approximate Peak Day Summer Usage of Non-Residential Users (gpm):	
Does the system have standby power? YES or NO (Please circle one) If so, what type and where are they located?	What pressure does the system operate at (psi)? 50 What would be the optimum pressure (psi)?	
<b>SYSTEM OPERATION AND WATER QUALITY INFORMATION</b>		
What is the largest issue the system faces? Billing, Managerial, Operations, Reliability, Supply, Other: (Please circle one and describe)		

**Please mail the survey and comments using the enclosed self addressed envelope.**

If you have any comments or questions please call Gary Fuller at (303) 764-1524

Please send survey to the following address if envelope is lost: 303 E. 17<sup>th</sup> Ave, Ste. 700, Denver, CO 80203

Do you have any water quality issues, concerns, comments, on-going water quality-focused projects or studies?

no

**SYSTEM OPERATION AND WATER QUALITY INFORMATION CONT.**

Have you conducted any water system studies in the past few years? If so, is a copy of the report available?

no

Do you have copies of water quality data that can be reviewed?  
 YES or  NO (Please circle one, and list available data below)

Contact Information for viewing water quality data:

Name: Duaine Faucett  
Address:

Phone No.: 299-9911

Current Rates or Assessments (monthly):

Does assessment include road or other costs? YES or NO  
(Please circle one, if yes please describe)

**\*\*REGIONAL SYSTEM COMMENTS (CONTINUE ON BACK IF NECESSARY)**

**\*\*The Wyoming Water Development Commission in conjunction with the City of Gillette and Campbell County has commissioned a study to develop a Regional Master Plan for the Gillette, Campbell County, and Crook County Regions. Your system has been identified as a potential regional partner. Please provide comments on your willingness to participate in a Regional District. Your participation and timely completion of this survey is appreciated.**

**Please mail the survey and comments using the enclosed self addressed envelope.**

If you have any comments or questions please call Gary Fuller at (303) 764-1524

Please send survey to the following address if envelope is lost: 303 E. 17<sup>th</sup> Ave, Ste. 700, Denver, CO 80203

**Ideas for Comment Include:**

- Would you prefer large district take over operation of your system?
- Are you interested in raw water purchase (the system still operates as an individual system with supply being provided by the regional system in lieu of wells)?
- Do you have any water quality concerns?
- What would be the preferred management structure of a regional system?
- What are the issues that you can identify that would limit participation a regional system?

Name of Person Completing Survey:	Phone Number:	Email Address:	Date:
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Please mail the survey and comments using the enclosed self addressed envelope.  
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 Please send survey to the following address if envelope is lost: 303 E. 17<sup>th</sup> Ave, Ste. 700, Denver, CO 80203

<b>NAME OF WATER SYSTEM:</b> <u>Sleepy Hollow</u>		
<b>CONTACT INFORMATION</b>		
Address: <u>6304 Irving Blvd.</u>		
City: <u>Gillette</u>	State: <u>WY</u>	ZIP Code: <u>82718</u>
Name of Operator and Engineer (if applicable): <u>Duaine Faucett</u>		Phone Number: <u>299-9911</u>
<b>GENERAL WATER SYSTEM INFORMATION</b>		
Number of Water Taps or Connections: <u>420</u>	Number of Future Taps Planned:	
Storage Tanks: <u>2</u>	Volume of Each Tank: <u>350,000</u> <u>250,000</u>	
Water Production Wells: <u>5</u>	Production Rate in GPM of Each Well: <u>500</u>	
Does the system have individual water meters: <u>YES</u> or NO (Please circle one)	Disinfection method: <u>Chlorine Gas</u> , Sodium Hypochlorite, Other (Please circle one, if other please describe)	
System Governmental Structure: <u>Improvement &amp; Service District, Water &amp; Sewer District, Homeowners Association, Other</u> (Please circle one, if other please describe) <u>Central Campbell Co. I+S Dist.</u>	System Reliability: <u>Good</u> Fair, Poor (Please circle one) System Age (years): Comments (including recent improvements or repairs)	
<b>USAGE INFORMATION</b>		
Annual Volume Water Usage (gallons): <u>38,359,000</u>	Peak Day Summer Usage (gallons): <u>138,968</u>	Peak Day Winter Usage (gallons): <u>100,258</u>
Does the system provide fire protection: <u>YES</u> or NO (Please circle one)	Are there any other users beside residential? If so, who and how many?	
Fire Flow Protection Provided, if known (gpm):	Approximate Peak Day Summer Usage of Non-Residential Users (gpm):	
Does the system have standby power? <u>YES</u> or NO (Please circle one) If so, what type and where are they located?	What pressure does the system operate at (psi)? What would be the optimum pressure (psi)?	
<b>SYSTEM OPERATION AND WATER QUALITY INFORMATION</b>		
What is the largest issue the system faces? <u>Billing, Managerial, Operations, Reliability, Supply, Other:</u> (Please circle one and describe)		