

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. 17th Ave, Ste. 700, Denver, CO 80203

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 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 NO
(Please circle one, if yes please describe)

Streets

****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.**

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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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NAME OF WATER SYSTEM: South Fork Estates		
CONTACT INFORMATION		
Address: 5003 Brahma		
City: Gillette	State: WY	ZIP Code: 82716
Name of Operator and Engineer (if applicable): Duaine faucett	Phone Number: 299-9911	
GENERAL WATER SYSTEM INFORMATION		
Number of Water Taps or Connections: 46	Number of Future Taps Planned:	
Storage Tanks: 1	Volume of Each Tank: 44,000	
Water Production Wells: 1	Production Rate in GPM of Each Well: 45	
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)	
USAGE INFORMATION		
Annual Volume Water Usage (gallons): 6,284,000	Peak Day Summer Usage (gallons): 4,345	Peak Day Winter Usage (gallons):
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? 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 NO (Please circle one) If so, what type and where are they located? gravity	What pressure does the system operate at (psi)? 30-50 What would be the optimum pressure (psi)?	
SYSTEM OPERATION AND WATER QUALITY INFORMATION		
What is the largest issue the system faces? Billing, Managerial, Operations, Reliability, Supply, 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? 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? <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
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 WWDG GILLETTE REGIONAL MASTER PLAN
 INCLUDES PORTIONS OF CAMPBELL AND CROOK COUNTIES**

NAME OF WATER SYSTEM: SouthSide Improvement and Service District

CONTACT INFORMATION

Address: 445 Sinclair Street

City: Gillette State: WY ZIP Code: 82718

Name of Operator and Engineer (if applicable):
 Bret H Wolz PE Phone Number: 307-687-0372

GENERAL WATER SYSTEM INFORMATION

Number of Water Taps or Connections: 19 Number of Future Taps Planned: 4±

Storage Tanks: 1 Volume of Each Tank: 5000

Water Production Wells: Southside Well #1 UW 2599 Production Rate in GPM of Each Well: ~30

Does the system have individual water meters: **YES** or **NO** (Please circle one) No Disinfection method: **Chlorine Gas, Sodium Hypochlorite, Other** (Please circle one, if other please describe) Na Hypo

System Governmental Structure: **Improvement & Service District, Water & Sewer District, Homeowners Association, Other** (Please circle one, if other please describe) I&S District System Reliability: **Good, Fair, Poor** (Please circle one) Fair/40 yrs System Age (years): 40 Comments (including recent improvements or repairs)

USAGE INFORMATION

Annual Volume Water Usage (gallons): 2,000,000 per year Peak Day Summer Usage (gallons): 1,040,000/month Peak Day Winter Usage (gallons): 294,000/month

Does the system provide fire protection: **YES** or **NO** (Please circle one) NO Are there any other users beside residential? If so, who and how many? Yes/ Mixed Commercial/Ind/Residential Fire Flow Protection Provided, if known (gpm): Approximate Peak Day Summer Usage of Non-Residential Users (gpm): NOT Tracked

Does the system have standby power? **YES** or **NO** (Please circle one) If so, what type and where are they located? Yes/ Portable Generator @ Operators What pressure does the system operate at (psi)? 45 What would be the optimum pressure (psi)? 50

SYSTEM OPERATION AND WATER QUALITY INFORMATION

What is the largest issue the system faces? **Billing, Managerial, Operations, Reliability, Supply, Other:** (Please circle one and describe) Costs related to small size to comply with all EPA and State Regulations

Do you have any water quality issues, concerns, comments, on-going water quality-focused projects or studies? None, water quality is great- soft and good tasting

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**SURVEY FOR WYDWC 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?

Only use and well production

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

Yes, The epa required testing is availbe

Contact Information for viewing water quality data:

Name: Bret Wolz
 Address:

Phone No.:

Current Rates or Assessments (monthly):

\$70/month Residential, \$110/Commercial

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

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

A homeowners meeting was held April 20th 2009 to discuss this and other issues. The Home owners are interested in following and possible joining in on the regional system Please contact the Operator Mr Wolz

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Ideas for Comment Include:

- Would you prefer large district take over operation of your system?
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- 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:
 Bret Wolz PE

Phone Number:
 307-687-0372

Email Address:
fcs@vcn.com

Date: 4/21/09

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NAME OF WATER SYSTEM: Stone Gate Estates		
CONTACT INFORMATION		
Address: Box 3943		
City: Gillette	State: WY	ZIP Code: 82717
Name of Operator and Engineer (if applicable): Duaine Faucett	Phone Number: 299-9911	
GENERAL WATER SYSTEM INFORMATION		
Number of Water Taps or Connections: 67	Number of Future Taps Planned: 0	
Storage Tanks: 2	Volume of Each Tank: 110,000	
Water Production Wells: 2	Production Rate in GPM of Each Well: 61 / 65	
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 & Service District, Water & Sewer District, Homeowners Association, Other</u> (Please circle one, if other please describe)	System Reliability: <u>Good</u> , Fair, Poor (Please circle one) System Age (years): Comments (including recent improvements or repairs)	
USAGE INFORMATION		
Annual Volume Water Usage (gallons): 14,456,000	Peak Day Summer Usage (gallons): 103,032	Peak Day Winter Usage (gallons): 16,903
Does the system provide fire protection: <u>YES</u> or <u>NO</u> (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? <u>YES</u> or <u>NO</u> (Please circle one) If so, what type and where are they located? This is a gravity system	What pressure does the system operate at (psi)? 50 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</u> , <u>Supply</u> , 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?

Water Quality is good!

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)

roads

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

\$80/month Base Rate for 20⁰⁰⁰ gallons
20⁰⁰⁰ to 30⁰⁰⁰ is \$1/1000 gallons
30⁰⁰⁰ to 50⁰⁰⁰ is 2/1000 gallons
50⁰⁰⁰ and above is 5/1000 gallons

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Name of Person Completing Survey: Bobby SCHMITZ	Phone Number: 307-686-0991	Email Address: BLSCHMITZ@MSN.COM	Date: 12/8/08
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ADDED COMMENTS:

- WOULD THERE BE AN OPPORTUNITY FOR INDIVIDUAL DISTRICTS TO SELL WATER TO THE REGIONAL WATER SYSTEM.

RESPONSES:

- DUE TO A LACK OF DETAILS THE STONE CREEK BOARD IS SPLIT ON A LARGE DISTRICT TAKE OVER.
- WOULD HAVE AN INTEREST IN A RAW WATER PURCHASE IF THE TERMS WERE ATTRACTIVE.
- A) WOULD HAVE CONCERN (INTEREST) IN PURCHASED RAW WATER.
B) CURRENT WATER QUALITY IS NO CONCERN.
- JOINT POWERS BOARD WOULD BE PREFERRED MANAGEMENT.
- ISSUES INCLUDE
 - A) COSTS
 - B) WATER QUALITY
 - C) MAINTENANCE
 - D) FUTURE OWNERSHIP OF EXISTING INFRASTRUCTURE

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WATER SYSTEM SURVEY FOR THE YEAR 2000		
NAME OF WATER SYSTEM: <u>Stroups Trailer Court</u>		
CONTACT INFORMATION		
Address:		
<u>PO Box 194</u>		
City: <u>Gillette</u>	State: <u>WY</u>	ZIP Code: <u>82716</u>
Name of Operator and Engineer (if applicable): <u>Duaine Faucett</u>	Phone Number: <u>299-9911</u>	
GENERAL WATER SYSTEM INFORMATION		
Number of Water Taps or Connections: <u>36</u>	Number of Future Taps Planned:	
Storage Tanks: <u>1</u>	Volume of Each Tank: <u>10,000</u>	
Water Production Wells: <u>1</u>	Production Rate in GPM of Each Well: <u>20</u>	
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): <u>10</u> 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: YES 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? YES 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)?	
SYSTEM OPERATION AND WATER QUALITY INFORMATION		
What is the largest issue the system faces? Billing, Managerial, Operations, Reliability, Supply, 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?
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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Name of Person Completing Survey:	Phone Number:	Email Address:	Date:
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SURVEY FOR WWDG GILLETTE REGIONAL MASTER PLAN INCLUDES PORTIONS OF CAMPBELL AND CROOK COUNTIES		
NAME OF WATER SYSTEM: WARD CREEK LANDOWNERS ASSOC.		
CONTACT INFORMATION		
Address: P.O. Box 829		
City: MOORECROFT	State: WY	ZIP Code: 82721
Name of Operator and Engineer (if applicable): JODI MILKS	Phone Number: 307-520-8263	
GENERAL WATER SYSTEM INFORMATION		
Number of Water Taps or Connections: 26	Number of Future Taps Planned: POSSIBLY 2	
Storage Tanks: 1	Volume of Each Tank: 750 BARRELS	
Water Production Wells: 1 FT. UNION	Production Rate in GPM of Each Well: 50 GPM	
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): SUBDIVISION ESTABLISHED 1981 Comments (including recent improvements or repairs): JUST MAINTENANCE FIBERGLASSED TANKS	
USAGE INFORMATION		
Annual Volume Water Usage (gallons):	Peak Day Summer Usage (gallons): 30,000/DAY	Peak Day Winter Usage (gallons): 15,000 - 16,000
Does the system provide fire protection: YES or NO (Please circle one) 4 HYDRANT Fire Flow Protection Provided, if known (gpm):	Are there any other users beside residential? If so, who and how many? NO SOME STOLK WATERING 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 - 70 PSI What would be the optimum pressure (psi)? 70 PSI	
SYSTEM OPERATION AND WATER QUALITY INFORMATION		
What is the largest issue the system faces? Billing, Managerial, Operations, Reliability, Supply, Other: (Please circle one and describe) DEVELOPMENT OF WELLS AROUND THEM AFFECTING THEIR WELL		
Do you have any water quality issues, concerns, comments, on-going water quality-focused projects or studies? HARD WATER IRON & MAGNANIZE		

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**SURVEY FOR WWDG 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?
No

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

Contact Information for viewing water quality data:
 Name: **JODI MILKS**
 Address:
 Phone No.:

Current Rates or Assessments (monthly):
\$ 40 FLAT RATE

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

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

1. • Would You PREFER LARGE DISTRICT TO TAKE OVER OPERATION OF YOUR SYSTEM? No. DONT WANT COST OF PUTTING WATER METERS IN.
2. • ARE YOU INTERESTED IN RAW WATER PURCHASE? IF SOMETHING HAPPENED TO THEIR WELL, AND IF WATER QUALITY IS GOOD ENOUGH.
3. • JUST WANT TO MAKE SURE THAT IT IS CLEAR, HAS GOOD TASTE, AND BACTERIA FREE.
4. • WOULD LIKE TO KEEP OWN SYSTEM WITH SOMEONE ELSE AUGMENTING THE SYSTEM. STABLE SUPPLY, AND DOESNT WANT SUPPLY TO BE RATIONED
5.
 1. POTABLE WATER
 2. HAVING TO PUT IN METERS - COST.
 3. STABILITY OF SUPPLY.

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 3. • Do you have any water quality concerns?
 4. • What would be the preferred management structure of a regional system?
 5. • 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:
EMIL PENOLETON	307-680-5304	esp@collinscom.net	3-13-09

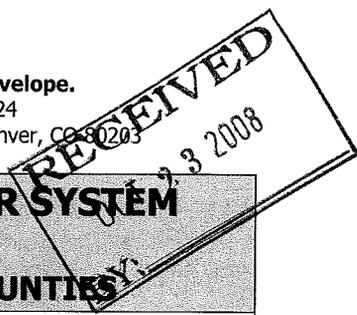
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SURVEY FOR WWDG GILLETTE REGIONAL MASTER PLAN INCLUDES PORTIONS OF CAMPBELL AND CROOK COUNTIES		
NAME OF WATER SYSTEM: <u>WESSEX T&S District</u>		
CONTACT INFORMATION		
Address: <u>PO Box 167</u>		
City: <u>ROBERT</u>	State: <u>WY</u>	ZIP Code: <u>80220</u>
Name of Operator and Engineer (if applicable): <u>WALT CAMPBELL</u>		Phone Number: <u>307-680-6850</u>
GENERAL WATER SYSTEM INFORMATION		
Number of Water Taps or Connections: <u>7</u>	Number of Future Taps Planned: <u>0</u>	
Storage Tanks: <u>1</u>	Volume of Each Tank: <u>16,000</u>	
Water Production Wells: <u>1</u>	Production Rate in GPM of Each Well: <u>25</u>	
Does the system have individual water meters: YES or NO (Please circle one) <u>NO</u>	Disinfection method: <u>Chlorine Gas, Sodium Hypochlorite, Other</u> (Please circle one, if other please describe) <u>None</u>	
System Governmental Structure: <u>Improvement & Service District, Water & Sewer District, Homeowners Association, Other</u> (Please circle one, if other please describe) <u>1</u>	System Reliability: <u>Good, Fair, Poor</u> (Please circle one) System Age (years): <u>30</u> Comments (including recent improvements or repairs)	
USAGE INFORMATION		
Annual Volume Water Usage (gallons): <u>1,000,000</u>	Peak Day Summer Usage (gallons): <u>8,000</u>	Peak Day Winter Usage (gallons): <u>3,000</u>
Does the system provide fire protection: YES or NO (Please circle one) <u>NO</u>	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 NO (Please circle one) If so, what type and where are they located? <u>NO</u>	What pressure does the system operate at (psi)? <u>33-70</u> What would be the optimum pressure (psi)? <u>50</u>	
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) <u>RELIABILITY WELL WAS DRILLED IN 1979.</u>		
Do you have any water quality issues, concerns, comments, on-going water quality-focused projects or studies? <u>High in Iron, Sodium</u>		

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SURVEY FOR WYDWC 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? YES 1995 YES			
Do you have copies of water quality data that can be reviewed? YES or NO (Please circle one, and list available data below) YES		Contact Information for viewing water quality data: Name: WALT CAMPBELL Address: P.O. Box 169 ROBERT WY 82703 Phone No.: 307-680-6850	
Current Rates or Assessments (monthly): \$600 620/KFAR		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)			
<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"> • Would you prefer large district take over operation of your system? NO • 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)? NO • Do you have any water quality concerns? NO • 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? COST 			
Name of Person Completing Survey: COLE STEPTSON	Phone Number: 307-682-8930	Email Address: vchcon CStetsone	Date: 2/9/10
WALT CAMPBELL 307-680-6850		WALTERCE vchcon	

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. 17th Ave, Ste. 700, Denver, CO 80203



SURVEY FOR WWDC GILLETTE REGIONAL WATER SYSTEM MASTER PLAN INCLUDES PORTIONS OF CAMPBELL AND CROOK COUNTIES		
NAME OF WATER SYSTEM: <i>Westridge Water Users Association</i>		
CONTACT INFORMATION		
Address: <i>Dan R. Price II PO Box 1673 Gillette, WY 82717-1673</i>		
City: <i>Gillette</i>	State: <i>WY</i>	ZIP Code: <i>82717</i>
Name of Operator and Engineer (if applicable): <i>CURTIS LEHMAN</i>		Phone Number: <i>307-686-6084 or 307-682-2793</i>
GENERAL WATER SYSTEM INFORMATION		
Number of Water Taps or Connections: <i>68</i>	Number of Future Taps Planned: <i>0</i>	
Storage Tanks: <i>3</i>	Volume of Each Tank: <i>42,000 gal. 10,000 gal. 42,000 gal.</i>	
Water Production Wells: <i>2</i>	Production Rate in GPM of Each Well: <i>105 gpm 25 gpm</i>	
Does the system have individual water meters: <input checked="" type="radio"/> YES or NO (Please circle one)	Disinfection method: <input checked="" type="radio"/> Chlorine Gas, <input checked="" type="radio"/> Sodium Hypochlorite, Other (Please circle one, if other please describe)	
System Governmental Structure: <input checked="" type="radio"/> Improvement & Service District, <input checked="" type="radio"/> Water & Sewer District, <input checked="" type="radio"/> Homeowners Association, Other (Please circle one, if other please describe)	System Reliability: <input checked="" type="radio"/> Good, <input type="radio"/> Fair, <input type="radio"/> Poor (Please circle one) System Age (years): 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: <input checked="" type="radio"/> YES or NO (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? <input checked="" 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)?
SYSTEM OPERATION AND WATER QUALITY INFORMATION		
What is the largest issue the system faces? <input checked="" 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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**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)

SDWA reports available

Contact Information for viewing water quality data:

Name: *Dan R Price II*
 Address: *PO Box 1673, Gillette, WY*
 Phone No.: *307-682-2793*

Current Rates or Assessments (monthly):

20/month minimum \$1.10/1,000 gal.

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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**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:

Dan R. Price II

Phone Number:

682-2793

Email Address:

Date:

10-15-08

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. 17th Ave, Ste. 700, Denver, CO 80202

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 BY: _____

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

NAME OF WATER SYSTEM: *Wrangler Estates Inc.*

CONTACT INFORMATION

Address:
3350 Little Powder River Rd.

City: *Gillette* State: *Wyo* ZIP Code: *82716*

Name of Operator and Engineer (if applicable): *Rodney Maki - Brett Woy PE* Phone Number: *(303) 682-1598 687-0372*

GENERAL WATER SYSTEM INFORMATION

Number of Water Taps or Connections: *87* Number of Future Taps Planned: *99*

Storage Tanks: Volume of Each Tank:
65,750
~~75,000~~ gal

Water Production Wells: Production Rate in GPM of Each Well:
Maki # 1 + 2 #1. *65 gal* #2. *35 gal*

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)
Privately owned Public utility

System Reliability: Good, Fair, Poor (Please circle one)
 System Age (years): *5 yr.*
 Comments (including recent improvements or repairs)

USAGE INFORMATION

Annual Volume Water Usage (gallons): *2007 - 18,236,671* Peak Day Summer Usage (gallons): *155,000* Peak Day Winter Usage (gallons): *25,000*

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? *3 IT zone shops bathroom + office*

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? *generator at 3350 Little Powder River Rd.* What pressure does the system operate at (psi)? *45 to 70 psi*

What would be the optimum pressure (psi)? *60 psi*

SYSTEM OPERATION AND WATER QUALITY INFORMATION

What is the largest issue the system faces? **Billing, Managerial Operations, Reliability, Supply, Other:** (Please circle one and describe)
need to increase the gal/min of production capability and replace # 2 well so either well can produce peak water demand.

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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:
 Address:

Phone No.:

Current Rates or Assessments (monthly):

60.00 / mo

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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**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? *No*
- 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)? *Possibly*
- Do you have any water quality concerns? *No*
- What would be the preferred management structure of a regional system? *Private/Public Utility*
- What are the issues that you can identify that would limit participation a regional system?
Water Quality & Cost

Name of Person Completing Survey: <i>Rodney Mahi</i>	Phone Number: <i>307 (682-1598)</i>	Email Address:	Date: <i>11-7-08</i>
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