

0069

**NORTH EMERY
WATER USERS ASSOCIATION**

*mic. mail from
L. Bickford
T. Mitchell
P. Garbrough
8/1/91*

Box 418
Elmo, Utah 84521
Telephone (801) 653-2649

*T. Nielson
DRN*

August 9, 1991

Dianne Nielsen PhD, Director
Utah Department of Natural Resources
Division of Oil, Gas and Mining
155 West North Temple, Suite 350
Salt Lake City, Utah 84180-1203

Reference: CAUSE NO. ACT/015/025

Dear Dr Nielsen:

Monday morning August 5, 1991, North Emery Water Users was advised by the Southeastern State Department of Health to remove the Birch Spring from our water system. The water sample of August 1, 1991 showed high contamination.

The loss of this Spring is critical to North Emery and must be resolved now.

NEWUA feels the Co-Op Mining operations are impacting this Spring. We will appreciate any assistance you can give us in finding and correcting the source of this contamination.

Respectfully,

Menco Copinga
Menco Copinga
President, Board of Directors

Attachment

RECEIVED

AUG 12 1991

DIVISION OF
OIL GAS & MINING

PUBLIC WATER SYSTEM TO BE INCLUDED IN OFFICIAL RECORD OF BACTERIOLOGIC EXAMINATION

SOUTHEASTERN UTAH DISTRICT HEALTH DEPARTMENT / P.O. BOX 800 / PRICE, UTAH 84501 / (801) 637-3671

| | | | | |
|---|--|--|-------------------------|-------------------------|
| SAMPLER: COMPLETE THE FOLLOWING - USE BALL POINT PEN | | FOR LABORATORY USE ONLY | DATE RECEIVED 8-1-91 | DATE REPORTED 8-3-91 |
| WATER SYSTEM NO. 080017 | WATER SYSTEM NAME: NORTH Emery Water Users Ass. | LAB NO. 952 | ANALYST L.A.M. | APPROVED BY Kellie |
| EXACT DESCRIPTION OF SAMPLING POINT: BIRCH SPRINGS | | RESULTS OF ANALYSIS | | |
| SAMPLE COLLECTED BY: JACK STOKANOFF | | TOTAL COLIFORM per 100 ml. <i>coliform 276</i> | | |
| DATE COLLECTED: 8-1-91 | TIME: (24 hr. CLOCK) 9:30 | FECAL OR E. COLI per 100 ml. | | |
| IS SAMPLE CHLORINATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RESIDUAL PPM | | ABSENT <input type="checkbox"/> | | |
| ANALYSIS METHOD: <input checked="" type="checkbox"/> A. MEMBRANE FILTER <input type="checkbox"/> C. MULTIPLE TUBE FERMENTATION | | PRESENT <input checked="" type="checkbox"/> 53 COUNT | | |
| <input type="checkbox"/> B. PRESENCE - ABSENCE <input type="checkbox"/> D. MINI MAL MEDIA (MMO-MUG) | | FECAL OR E. COLI REQUIRED INDETERMINATE <input type="checkbox"/> COUNT | | |
| THIS SAMPLE IS A: <input type="checkbox"/> 1. ROUTINE SAMPLE. <input type="checkbox"/> 2. REPEAT SAMPLE LAB # _____ DATE: _____ | | INTERPRETATION OF ANALYSIS | | |
| IMPORTANT!!! LAB # MUST BE THE SAME AS ORIGINAL ROUTINE SAMPLE!!! | | A. <input type="checkbox"/> SATISFACTORY: AS TO BACTERIA COUNT. | | |
| <input checked="" type="checkbox"/> 3. INVESTGATIVE (NOT INCLUDED ON OFFICIAL RECORD) | | B. <input type="checkbox"/> UNSATISFACTORY: TOTAL COLIFORM POSITIVE (SEE BACK OF FORM FOR INSTRUCTIONS). | | |
| SEND REPORT TO: | NAME NEWUA | C. <input checked="" type="checkbox"/> UNSATISFACTORY: TOTAL COLIFORM AND FECAL OR E. COLI POSITIVE (SEE BACK OF FORM FOR INSTRUCTIONS). | | |
| | ADDRESS BOX 418 | D. <input type="checkbox"/> INDETERMINATE: COLIFORM PRESENCE/ABSENCE COULD NOT BE DETERMINED BECAUSE OF INTERFERENCE BY OTHER MISCELLANEOUS BACTERIA. SUBMIT A NEW SAMPLE WITHIN 24 HOURS. | | |
| | CITY/STATE ELMO, UTAH | SAMPLE NOT ANALYZED/SUBMIT NEW SAMPLE | | |
| | ZIP CODE 84521 | E. <input type="checkbox"/> EXCESSIVE TIME ELAPSED (MUST ARRIVE AT LAB 30 HOURS AFTER COLLECTION). | | |
| | TELEPHONE NO. 653-2649 | G. <input type="checkbox"/> SAMPLE LEAKED. | | |
| Remarks: | | F. <input type="checkbox"/> CONSIDERED TOO OLD WHEN NO DATE GIVEN. | | |
| | | H. <input type="checkbox"/> LAB ERROR. | | |
| | | I. <input type="checkbox"/> OTHER. | | |

RAW WATER

11:30
11:30

RECEIVED

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