

P005

Information jointly requested by:
Utah Division of Water Rights, 537-3131;
Utah Division of Drinking Water, 536-4200; and
Utah Division of Water Resources, 538-7264.

UTAH WATER USE DATA FORM DATA FOR 2011

Return completed form to:
Utah Division of Water Rights
PO Box 146300
Salt Lake City, UT 84114-6300

System Name: Leeds Domestic Water Users Association
Address: P.O. Box 460627
Leeds, UT 84746

Population Served: 780 DEQ#: 27010
County: Washington
E-Mail Address: ldwacorp@infowest.com

Contact Person: Mark Osmer
Form filled out by: KAREN MARKOVICH

Phone Number: (435) 879-0278
Phone Number: _____

I. STORAGE INVENTORY: Total treated storage capacity: 1,273,000 in gallons. Number of Tanks: 5

II. SOURCE INVENTORY:

1. Source Name: El Dorado Hills Well (8 in, 335 ft deep) Type: Well Location: S 58 ft W 1369 ft from E4 cor Sec 31, T40S, R13W, SLB&M
WR Number(s): 81-2185 81-4757 81-4811 81-3160 81-4810 81-1752
Method of Measurement: Master Meter, [] Estimate, [] Other EMERGENCY STANDBY
Units of Measurement: _____ Rated Pump Capacity: _____ [] gpm, [] cfs
Date of Last Pump Test: _____ Yield of Well _____ [] gpm, [] cfs

RECEIVED
JUN - 3 2013
WATER RIGHTS CHWC
SALT LAKE

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANNUAL
0	0	0	0	0	0	0	0	0	0	0	0	0

2 Source Name: Leeds Well (¹⁰8 in, 450 ft deep) Type: Well Location: N 2958 ft E 1124 ft from SW cor Sec 31, T40S, R13W, SLB&M
WR Number(s): 81-787 81-1260 81-1716 81-2185 81-4540 81-4402 81-3720 81-4757 81-3160 81-4811 81-1752 81-4810
Method of Measurement: Master Meter, [] Estimate, [] Other _____
Units of Measurement: MILLION GALLON Rated Pump Capacity: 450 gpm, [] cfs
Date of Last Pump Test: _____ Yield of Well 430 gpm, [] cfs

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANNUAL
0.173	0.306	0.539	0.724	1.3270	3.1990	4.3810	3.2090	4.009	0.3671	0.1030	0	21.6383

3 Source Name: Oak Grove Springs !! Type: Spring Location: N 2391 ft E 299 ft from S4 cor Sec 16, T40S, R14W, SLB&M
WR Number(s): 81-1134 81-1157 81-1121 81-2220
Method of Measurement: Master Meter, [] Estimate, [] Other _____
Units of Measurement: MILLION GALLON
Are there any spills/overflow? Yes, [] No If yes, estimate annual quantity _____. Where is source measured? Before overflow, [] After overflow
When do spills/overflow occur? NIGHT Are spills/overflow included in the quantities reported? Yes [] No

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANNUAL
2.400	2.657	2.7181	4.6354	4.5292	2.1132	4.4567	4.2801	9.3698	3.8169	7.0433	2.4437	50.4634

← AVERAGE →

VANDALISM, THEFT & PUMP BURNOUT/REPLACEMENT

NOTES - NEW PIPELINES INSTALLED THROUGH
2010 & 2011 SYSTEM; - READINGS MAY NOT BE ACCURATE

III. WATER USE BREAKDOWN: (Please use sum of the readings from individual meters, not master meter readings at source. If quantities are not known, please estimate. See instructions for definition of uses shown in bold).

Units of Measurement: _____

Residential: Annual quantity of water delivered for residential purposes 64,334,616. Total number of residential connections 317
 Meter readings at individual connections ; or Estimated **NOTE: NEW INFRASTRUCTURE INSTALLED. DIFFICULT TO TRACK WATER USE**
 Number of connections serving multiple units (apartments) from a single connection 3. Units per connection (avg) 2.3
 Average Residential Lot Size (Acres) _____ Average Amount of Lot Irrigated (Acres) _____

Commercial: Annual quantity of water delivered for commercial purposes 10,837,730. Total number of commercial connections 25
 Meter readings at individual connections []; or Estimated []

~~**Industrial:**~~ Annual quantity of water delivered for industrial purposes NA. Total number of industrial connections 0
 Meter readings at individual connections []; or Estimated []

~~**Institutional:**~~ Annual quantity of water delivered for institutional purposes NA. Total number of institutional connections 0
 Meter readings at individual connections []; or Estimated []

~~**Stockwatering:**~~ Annual quantity of water delivered for stockwatering purposes NA. Total number of stockwatering connections 0
 Meter readings at individual connections []; or Estimated []

~~**Wholesale:**~~ Annual quantity of water delivered for wholesale purposes NA. Please attach a listing of those supplied.
 Meter readings at individual connections []; or Estimated []

~~**Other Uses:**~~ Annual quantity of water delivered for other purposes NA. Total number of other connections 0
 Meter readings at individual connections []; or Estimated []
 Describe other uses FIRE PROTECTION

~~**Unmetered:**~~ Annual estimate of water delivered by unmetered connections _____ Total number of unmetered connections FIRE HYDRANTS 100+
 Unmetered connections used for _____

Total annual quantity of water delivered for all purposes _____ Total number of all connections _____
 Of this total, how many connections are active? _____

IV. SECONDARY IRRIGATION SYSTEMS: (Lawns and gardens, whether controlled by the drinking water supplier or not)

Is any of your area served by a separate ditch or pipe fed irrigation water system? Yes, [] No If yes, please provide the following information:

How many of your customers are served by a separate irrigation system? 150

Of these customers, how many are served by ditch? 0

How many are served by pressurized-pipe? 100%

Who operates and maintains the separate lawn and garden irrigation water systems? Please give the name of companies, contact person & phone number:

LEEDS WATER COMPANY
BOARD MEMBERS: DAVID STIRLING, BRETT LOMAS, NED SULLIVAN, CRAIG SULLIVAN, DON GODDARD
SCTY: SHANNON EIDE 435-251-8962

** If you are using other sources which are not shown above, please enter the appropriate data in the space provided below. **

4 Source Name: _____ Type: _____ Location: _____
 Method of Measurement: [] Master Meter, [] Estimate, [] Other _____
 Units of Measurement: _____

WR Number: _____

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANNUAL

5 Source Name: _____ Type: _____ Location: _____
 Method of Measurement: [] Master Meter, [] Estimate, [] Other _____
 Units of Measurement: _____

WR Number: _____

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANNUAL

6 Source Name: _____ Type: _____ Location: _____
 Method of Measurement: [] Master Meter, [] Estimate, [] Other _____
 Units of Measurement: _____

WR Number: _____

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ANNUAL

SOURCE COMMENTS: Water supply conditions were: [] Above normal, [] Below normal

