

Risk Assessment Worksheets

Safe Drinking Water

Assessment Worksheet 1 - Drinking Water Well Location

The assessment worksheet below will help you identify potential environmental risks related to your drinking water. For each question, indicate your risk level in the right-hand column. Some choices may not correspond exactly to your situation. Choose the response that best fits. When finished, turn to the Safe Drinking Water Action Worksheet on page 3-11 and record your medium and high-risk practices. The goal is to lower your risks. Use the BMP recommendations provided in this section to help you decide how to best reduce your risks.

	LOW RISK	MEDIUM RISK	HIGH RISK	YOUR RISK
Position of well in relation to contamination sources	My well is upslope from all potential pollutant sources. No surface water runoff reaches the well. I divert surface water from the well area.	My well is level with, or downhill from, potential pollution sources. Some surface water runoff may reach the well.	My well is downhill from pollution sources or in a depression. Surface water runoff reaches the well.	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Separation distances between well and pollution sources (suggested minimum separation distance is 100 feet)	Distances from potential pollution sources for my well meet or exceed all minimum requirements.	Some but not all distances from potential pollution sources for my well meet minimum requirements.	Distances from most or all potential pollution sources for my well do not meet minimum requirements.	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Soil type	My soil type is primarily Class C soil, which is fine-textured, like clay loams or silty clay.	My soil type is primarily Class B soil, which is medium-textured, like silt or loam.	My soil type is primarily Class A soil, and is coarse-textured, like sand, sandy loam, or gravel.	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

Assessment Worksheet 2 - Well Construction and Maintenance

Use the worksheet below to rate your risks related to well construction and maintenance.

	LOW RISK	MEDIUM RISK	HIGH RISK	YOUR RISK
Well age	My well was constructed since Idaho well guidelines were enacted in 1987. I have it inspected annually.	My well is about 20 years old and is inspected every 2 or 3 years.	My well was installed over 50 years ago, and I don't remember the last time it was inspected.	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Casing height above land surface	The casing extends 12 or more inches above the surface. If the area floods, the casing is above flood levels.	The casing is at the surface or up to 12 inches above the surface.	My well has no casing present. My well is hand-dug. The pump is at or below ground surface.	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Condition of casing and well cap	No holes or cracks are visible. The cap is tightly attached. A screened vent faces the ground. There is no space around the pitless adapter.	My casing is showing visible stress fractures. The cap is loose, and no screen is present.	My casing has visible holes or cracks. The cap is loose or missing. I can hear or see running water. Sunken ground around the casing is evident.	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Casing depth and surface seal (see well log for this information)	The casing extends below water level in well and is more than 18 feet below surface. At least 18 feet of surface seal is in place, or into the confining layer above the aquifer in which the well is completed.	My surface seal is less than required depth.	There is no surface seal.	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Backflow protection	I have installed anti-backflow devices (such as check valves). There are no cross-connections between water supplies.		I have no anti-backflow devices. An air gap is not maintained. There are cross-connections between water supplies.	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Water testing	My water is tested annually, and records indicate consistent, satisfactory water quality. Bacteria, nitrate, and other tests meet standards.	I test my water regularly. Bacteria, nitrate, and other tests do not meet standards some of the time, but I monitor them closely.	I do not have my water tested. Water taste, clarity, and smell change throughout the seasons.	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Unused wells	There are no unused wells on my property, or there are unused wells that are properly sealed.	There are old wells on my property, but they are maintained to keep out contaminants.	There are unused, unsealed wells on my property, near the lake or drinking water well.	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

Assessment Worksheet 3 - Drinking Water Source and Conveyance System

Use the worksheet below to rate your risks related to drinking water sources from the lake and its tributaries. *IDEQ does not recommend drinking from lakes or any other surface water source without an approved treatment process.*

	LOW RISK	MEDIUM RISK	HIGH RISK	YOUR RISK
Drinking water source	My water comes from a deep groundwater source (over 20 feet deep), with a properly constructed drilled well.	My water comes from shallow groundwater source (under 20 feet) and a hand-dug or driven-point well.	My water comes from the lake or another surface water source (streams, creeks, ponds). My pump and pipe extend into the water.	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Separation distances from surface water to pollution sources (suggested minimum separation distance is 100 feet)	The distance of my water source from potential pollution sources meets or exceeds all minimum requirements.	There are some potential pollution sources for my surface water drinking source that do not meet minimum separation requirements.	The distances from most or all potential pollution sources to my drinking water source do not meet state minimum requirements.	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Home water-treatment system for surface water	I use a two-step treatment system. My water is fine-filtered through a membrane filter certified by the NSF for Giardia and Cryptosporidium cysts. My water is disinfected by boiling, using chlorine, or by ultraviolet light.	I use a granular-activated carbon filter (generally a good filter, but water should be disinfected).	I have no treatment, system, or I use a screen wrapped around the end of the pipe.	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Water testing	I test my water annually. My records indicate consistent, satisfactory water quality. Bacteria, nitrate, and other tests meet standards.	I have tested my water once in the last 5 years. Bacteria, nitrate, and other tests do not meet standards some of the time, but I am monitoring it closely.	I do not have my water tested. My water's taste, clarity, and smell change throughout the seasons.	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

