

033

SOURCE INFORMATION

GROUND WATER

Date Form Completed

01/28/03

PWS ID 01-95-175

Assigned

Source Code W30 Well Name Well 30 (not in use)

Code G Source Begin Date Availability P

Location of well within the system in front of stable

Latitude (N) 36-10-57.94 Longitude (W) 81-35-02.55 How Determined D GPS File Name: U112815A(2000)

ENTRY POINT INFORMATION System Monitoring? Y (Y/N)

Assigned Entry Point Code W31 Entry Point Name Well #31

Use Code C Availability P Entry Point Begin Date Entry Point End Date

Location: atr well head #31

Well Site: Owned or controlled? Y (Y/N) Control Area (100' radius)? Y (Y/N) Sources of pollution/distance:

Surface water within 200'? N (Y/N) Adequate slope? Y (Y/N) Flooding? N (Y/N) Site maintained? Y (Y/N) Well House: Properly drained? Y (Y,N) Locked? N (Y,N) Free of stored material? Y (Y/N) Condition of house: tile/lid Type of freeze protection: insulation Well: Diameter: 6 1/4 Type: DRILLED Yield (gpm) 15 Properly sealed? Y (Y,N) Properly vented? Y (Y,N) Casing Depth 60 ft. (If unknown, put "unk") Screened interval(s): Drilling Contractor: unk Date Completed: unk Concrete slab >= 3 ft. radius? Y (Y/N) Concrete slab cracked? N (Y,N) Total depth (ft.) 745 Open interval: Sample tap?: Before treatment? - (Y/N) After treatment? - (Y/N) Pumps: Capacity: GPM: unk HP: unk Height above floor (pump/casing): / 18" Storage: Elevated: Hydro / bladder: Ground: If hydro, pressure relief valves? (Y/N) Coded? (Y,N) Inspector tag? (Y/N)

TREATMENT INFORMATION

Is water treated? N (Y/N) If other wells are treated here, which ones? If treated elsewhere, where? DISINFECTION: (Hypochlorination - post (D4210)): (Y/N) Chlorinator Make: Condition? Capacity: Other type of disinfection: Softening: (Ion Exchange (S4600)): (Y/N) Other treatment: Comments: not in use