

072

SOURCE INFORMATION

Date Form Completed

GROUND WATER

10/05/05

Assigned

Source Code

Well Name

W01

Well #1

PWS ID
01-95-414

Code

Source Begin Date

Availability

G = Ground
Y = G w/direct influence (GWUDI)

MM / YY

P

P = Permanent
E = Emergency
S = Seasonal
I = Interim
O = Other

Location of well within the system

behind restaurant

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

D
G=GPS
M=Map
S=Surveyed
D=Differential GPS

36-14-02.12

81-32-48.88

GPS File Name: B072116A(2000)

ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned

Entry Point Code

Entry Point Name

E01

kitchen sink

Use Code

Availability

Entry Point Begin Date

Entry Point End Date

C C=Ground/Permanent

P P=Permanent S=Seasonal
E=Emergency I=Interim O=Other

MM / YY

MM / YY

(1st Sample is Due)

Location: in restaurant kitchen

Well Site: Owned or controlled? Y (Y/N) Control Area (100' radius)? N (Y/N) If no, explain: 5ft property line

Sources of pollution/distance: 5ft to building

Surface water within 200'? N (Y/N) If yes, actual distance If yes, bact. samples collected? (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: good large tile/lid Type of freeze protection: insulation

Well: Diameter: 6 1/4 Type: drilled (Example: Drilled) Yield (gpm) unk Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth unk ft. (If unknown, put "unk")

Screened interval(s): Drilling Contractor: unk Date Completed: unk

Concrete slab >= 3 ft. radius? N (Y/N) If no, explain: none Concrete slab cracked? - (Y,N)

Total depth (ft.) unk Open interval: Sample tap?: Before treatment? (Y/N) After treatment? (Y/N)

Pumps: Capacity: GPM: unk HP: unk Height above floor (pump/casing): / 5"

Storage: Elevated: (gallons) Hydro / bladder: 0,020 (gallons) Ground: (gallons)

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: