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North Carolina Department of Environment and Natural Resources
Division of Environmental Health, Public Water Supply Section

SOURCE INFORMATION
GROUND WATER

Date Form Completed: 06/19/06

PWS ID: 01-95-427

Assigned Source Code: W01

Well Name: Well #1

Code: G (G = Ground; Y = G w/direct influence (GWUDI))

Source Begin Date (MM / YY):

Availability: P (P = Permanent; E = Emergency; S = Seasonal; I = Interim; O = Other)

Location of well within the system: 200ft uphill of the office building

Latitude (N) Deg. Min Sec: 36-11-59.84

Longitude (W) Deg Min Sec: 81-47-17.31

How Determined: D (G=GPS; M=Map; S=Surveyed; D=Differential GPS)

GPS File Name: U081814C(2000)

ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned Entry Point Code: 001

Entry Point Name: well #1

Use Code: C (C=Ground/Permanent)

Availability: P (P=Permanent; S=Seasonal; E=Emergency; I=Interim; O=Other)

Entry Point Begin Date (MM / YY) (1st Sample is Due):

Entry Point End Date (MM / YY):

Location: 200ft uphill of the office building

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

Sources of pollution/distance:

Surface water within 200'? N (Y/N) If yes, actual distance: If yes, bact. samples collected? 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? Y (Y,N) Free of stored material? Y (Y/N)

Condition of house: good house Type of freeze protection: heater

Well: Diameter: 6 1/4 Type: Drilled (Example: Drilled) Yield (gpm) 10 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 (mm-dd-yy)

Concrete slab >= 3 ft. radius? Y (Y/N) If no, explain: Concrete slab cracked? N (Y,N)

Total depth (ft.) 230+ Open interval: Sample tap?: Before treatment? (Y/N) After treatment? (Y/N)

Pumps: Capacity: GPM: HP: Height above floor (pump/casing): / 6"

Storage: Elevated: (gallons) Hydro / bladder: 0,100 (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: