086

Division of Environmental Health, Public Water Supply Section

SOURCE INFORMATION
GROUND WATER

Date Form Completed: 10/05/05

PWS ID: 01-95-446

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: behind restaurant

Latitude (N) Deg. Min Sec: 36-10-24.93

Longitude (W) Deg Min Sec: 81-39-48.82

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

GPS File Name: B120315A(1998)

ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned Entry Point Code: E01

Entry Point Name: new edition closet

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: behind the restrooms on bottom floor

Well Site: Owned or controlled? Y (Y/N) Control Area (100' radius?) N (Y/N) If no, explain: ski lift 15ft

Sources of pollution/distance:

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? Y (Y,N) Free of stored material? Y (Y/N)

Condition of house: good building 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: Huffman Date Completed: approx 61 (mm-dd-yy)

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

Total depth (ft.) 147 app 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: 3,000 (gallons) Ground: (gallons)

If hydro, pressure relief valves? Y (Y/N) Coded? Y (Y,N) Inspector tag? Y (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: