

087

SOURCE INFORMATION
GROUND WATER

Date Form Completed

10/05/05

PWS ID
01-95-446

Assigned

Source Code **W02** Well Name **Well #2**

Code **G** Source Begin Date **MM / YY** Availability **P**
G = Ground P = Permanent
Y = G w/direct influence E = Emergency I = Interim
(GWUDI) S = Seasonal O = Other

Location of well within the system
by the entrance to the right under tile and lid

Latitude (N) **36-10-26.71** Longitude (W) **81-39-39.40** How Determined **D** GPS File Name: **A103116A(2001)**
Deg. Min Sec Deg Min Sec G=GPS
M=Map
S=Surveyed
D=Differential GPS

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

Assigned
Entry Point Code **E01** Entry Point Name **new edition closet sink**

Use Code **C** Availability **P** Entry Point Begin Date **MM / YY** Entry Point End Date **MM / YY**
C=Ground/Permanent P=Permanent S=Seasonal E=Emergency I=Interim O=Other
(1st Sample is Due)

Location: **behind restrooms on bottom floor**

Well Site: Owned or controlled? **Y** (Y/N) Control Area (100' radius?) **N** (Y/N) If no, explain: **road 5ft**
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? **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) **7** Properly sealed? **Y** (Y,N)
Properly vented? **Y** (Y,N) Casing Depth **20** ft. (If unknown, put "unk")
Screened interval(s): Drilling Contractor: **Dewey Reg. #266** Date Completed: **11/18/80**
Concrete slab >= 3 ft. radius? **N** (Y/N) If no, explain: **none** Concrete slab cracked? **-** (Y,N)
Total depth (ft.) **460** 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: