

097

SOURCE INFORMATION GROUND WATER

Date Form Completed

05/12/05

PWS ID
01-95-470

Assigned

Source Code

W02

Well Name

Well #2

Code

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

G

Source Begin Date

MM / YY

Availability

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

S

Location of well within the system

between A frame roofed building and top building at top of drive

Latitude (N)

Deg. Min Sec

36-09-36.66

Longitude (W)

Deg. Min Sec

81-37-08.72

How Determined

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

G

GPS File Name: A012315B(2001)

ENTRY POINT INFORMATION

System Monitoring? N (Y/N)

Assigned

Entry Point Code

E01

Entrv Point Name

kitchen sink manager's unit

Use Code

C=C=Ground/Permanent

C

Availability

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

S

Entry Point Begin Date

MM / YY

(1st Sample is Due)

Entry Point End Date

MM / YY

Location: in building with an A frame roof

Well Site: Owned or controlled? Y (Y/N) Control Area (100' radius)? N (Y/N) If no, explain: buildings 10ft

Sources of pollution/distance: driveway 0ft

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

Condition of house: good tile/lid Type of freeze protection: Insulation

Well: Diameter: 6 1/4 Type: drilled (Example: Drilled) Yield (gpm) 8.5 Properly sealed? Y (Y,N)

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

Screened interval(s): na Drilling Contractor: unk Date Completed: 9/23/83

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

Total depth (ft.) 264 Open interval: - Sample tap?: Before treatment? - (Y/N) After treatment? - (Y/N)

Pumps: Capacity: GPM: unk HP: unk Height above floor (pump/casing): / 1ft

Storage: Elevated: [] (gallons) Hydro / bladder: 0,090 (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: GPS information came from ID #01-95-531