

099

**SOURCE INFORMATION  
GROUND WATER**

Date Form Completed

09/22/04

PWS ID  
01-95-474

Assigned  
Source Code **W01** Well Name **WELL #1**

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

Location of well within the system  
**buried unsure where it is located**

Latitude (N) **36-16-40.48** Longitude (W) **81-38-12.56** How Determined **G**  
Deg. Min Sec Deg Min Sec G=GPS  
M=Map  
S=Surveyed  
D=Differential GPS  
 GPS File Name: **U011414A**

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

Assigned  
Entry Point Code **E01** Entry Point Name **men's restroom**

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: **men's restroom**

Well Site: Owned or controlled? **Y** (Y/N) Control Area (100' radius?) **N** (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?  (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: **buried** Type of freeze protection: **buried**

Well: Diameter: **6 1/4** Type: **drilled** (Example: Drilled) Yield (gpm) **unk** Properly sealed? **unk** (Y,N)  
 Properly vented? **unk** (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: **buried** Concrete slab cracked?  (Y,N)  
 Total depth (ft.) **UNK** Open interval: \_\_\_\_\_ Sample tap?: Before treatment?  (Y/N) After treatment?  (Y/N)

Pumps: Capacity: GPM: \_\_\_\_\_ HP: \_\_\_\_\_ Height above floor (pump/casing): \_\_\_\_\_ / \_\_\_\_\_  
 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: **WELL LOCATION UNK**