

102

SOURCE INFORMATION GROUND WATER

Date Form Completed

06/19/06

01-95-481

PWS ID

Assigned

Source Code

W01

Well Name

Well #1

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

P

Location of well within the system

past the office down the road on the left about 300ft

Latitude (N)

Deg. Min Sec

36-11-37.97

Longitude (W)

Deg. Min Sec

81-45-44.73

How Determined

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

D

GPS File Name: U081814A(2000)

ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned

Entry Point Code

ENT

Entrv Point Name

well house #1

Use Code

C=Ground/Permanent

C

Availability

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

P

Entry Point Begin Date

MM / YY

(1st Sample is Due)

Entry Point End Date

MM / YY

Location: after both wells blend in the well house

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

Sources of pollution/distance: both wells are about 40ft apart

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 well house Type of freeze protection: insulation

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

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

Total depth (ft.) 140 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: 0,160 (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: _____