

### SOURCE INFORMATION GROUND WATER

Date Form Completed

06/19/06

PWS ID  
01-95-481

Assigned

Source Code

Well Name

W02

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

P

Location of well within the system

to the right of well #1 about 40ft

Latitude (N)

Deg. Min Sec

36-11-37.84

Longitude (W)

Deg. Min Sec

81-45-44.91

How Determined

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

D

GPS File Name: U082215A(2000)

### ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned

Entry Point Code

Entry Point Name

ENT

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 tile/lid Type of freeze protection: insulation

Well: Diameter: 6 1/4 Type: Drilled (Example: Drilled) Yield (gpm) 5 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth 20 ft. (If unknown, put "unk")

Screened interval(s):      Drilling Contractor: unk Date Completed: 6/11/1986

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

Total depth (ft.) 165 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: