

114

SOURCE INFORMATION GROUND WATER

Date Form Completed

02/12/04

Assigned

Source Code

W01

Well Name

WELL #1

PWS ID
01-95-508

Code

Source Begin Date

Availability

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

G

MM / YY

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

P

Location of well within the system

left hand side in back

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-14-02.79

81-33-21.15

G

GPS File Name: B011317A(1999)

ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned

Entry Point Code

E01

Entry Point Name

kitchen sink

Use Code

C

C=Ground/Permanent

Availability

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

P

Entry Point Begin Date

MM / YY

(1st Sample is Due)

Entry Point End Date

MM / YY

Location: kitchen sink

Well Site: Owned or controlled? Y (Y/N) Control Area (100' radius?) N (Y/N) If no, explain: building w/in 50ft

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 tile/lid Type of freeze protection: insulation

Well: Diameter: 6 1/4 Type: drilled (Example: Drilled) Yield (gpm) 12 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? _____ (Y,N)

Total depth (ft.) 124 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: _____