

115

SOURCE INFORMATION GROUND WATER

Date Form Completed

02/27/04

PWS ID
01-95-510

Assigned

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

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

Location of well within the system
behind restaurant

Latitude (N) **36-08-48.66** Longitude (W) **81-47-41.70** How Determined **G**
Deg. Min Sec Deg Min Sec G=GPS
M=Map
S=Surveyed
D=Differential GPS
GPS File Name: **R072614B**

ENTRY POINT INFORMATION

System Monitoring? **Y** (Y/N)

Assigned
Entry Point Code **E01** Entry Point Name **kitchen sink**

Use Code **C** Availability **P** Entry Point Begin Date Entry Point End Date
C=Ground/Permanent P=Permanent S=Seasonal E=Emergency I=Interim O=Other
MM / YY MM / YY
(1st Sample is Due)

Location: **kitchen sink**

Well Site: Owned or controlled? **Y** (Y/N) Control Area (100' radius?) **N** (Y/N) If no, explain: **septic in**
Sources of pollution/distance: **parking lot <100ft, building 10ft**

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** Type of freeze protection: **insulation**

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

Properly vented? **Y** (Y,N) Casing Depth **~60** ft. (If unknown, put "unk")
Screened interval(s): Drilling Contractor: **unk** Date Completed: **1/1/68**

Concrete slab >= 3 ft. radius? **N** (Y/N) If no, explain: **none** 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: