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North Carolina Department of Environment and Natural Resources
Division of Environmental Health, Public Water Supply Section

SOURCE INFORMATION
GROUND WATER

Date Form Completed: 11/02/04

PWS ID: 01-95-512

Assigned Source Code: W01
Well Name: well #1

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

Location of well within the system: next to store building on east side

Latitude (N) Deg. Min Sec: 36-12-40.51
Longitude (W) Deg Min Sec: 81-46-39.02
How Determined: G (G=GPS; M=Map; S=Surveyed; D=Differential GPS)
GPS File Name: U051615A(2000)

ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned Entry Point Code: WEL
Entry Point Name: well #1

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

Location: at well head

Well Site: Owned or controlled? Y (Y/N) Control Area (100' radius?) N (Y/N) If no, explain: parking 5ft
Sources of pollution/distance: store and other structures w/in 50-100ft, highway 30ft

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) unk 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: 1/1/73 (mm-dd-yy)
Concrete slab >= 3 ft. radius? N (Y/N) If no, explain: no slab Concrete slab cracked? N (Y,N)
Total depth (ft.) unk Open interval: Sample tap?: Before treatment? - (Y/N) After treatment? - (Y/N)
Pumps: Capacity: GPM: UNK HP: UNK Height above floor (pump/casing): ____ / 6
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: