

118

SOURCE INFORMATION
GROUND WATER

Date Form Completed

06/16/03

PWS ID
01-95-514

Assigned

Source Code **W02** Well Name **WELL #2**

Code **G** Source Begin Date MM / YY 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 MOUSE MOUNTAIN TUNNEL

Latitude (N) Longitude (W) How Determined
Deg. Min. Sec. Deg. Min. Sec. G=GPS
36-10-22.54 **81-39-05.28** **D** M=Map
S=Surveyed GPS File Name: **S081313A**
D=Differential GPS

ENTRY POINT INFORMATION System Monitoring? **Y** (Y/N)

Assigned
Entry Point Code **E02** Entry Point Name **WELL HOUSE 2**
Use Code **C** Availability **P** Entry Point Begin Date **06/96** Entry Point End Date
C=Ground/Permanent P=Permanent S=Seasonal MM / YY MM / YY
E=Emergency I=Interim O=Other (1st Sample is Due)

Location: **AFTER TREATMENT IN WELL HOUSE 2, BOTH WELLS ARE TREATED HERE**

Well Site: Owned or controlled? **Y** (Y/N) Control Area (100' radius?) **N** (Y/N) If no, explain: **SOME**
Sources of pollution/distance: **AMUSEMENT RIDES W/IN 100ft, RESTROOMS 100++ft**

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: **EXCELLENT** Type of freeze protection: **ELECTRIC HEATER**
Well: Diameter: **5"** Type: **DRILLED 60's** (Example: Drilled) Yield (gpm) **11** Properly sealed? **Y** (Y,N)
Properly vented? **Y** (Y,N) Casing Depth **50** ft. (If unknown, put "unk")
Screened interval(s): **N/A** Drilling Contractor: **UNK** Date Completed: **1960'S**
Concrete slab >= 3 ft. radius? **Y** (Y/N) If no, explain: _____ Concrete slab cracked? **N** (Y,N)
Total depth (ft.) **200** Open interval: _____ Sample tap?: Before treatment? **Y** (Y/N) After treatment? **Y** (Y/N)
Pumps: Capacity: GPM: **11** HP: **1** Height above floor (pump/casing): _____ / **6"**
Storage: Elevated: _____ Hydro / bladder: **0,090** Ground: _____
(gallons) (gallons) (gallons)
If hydro, pressure relief valves? _____ (Y/N) Coded? _____ (Y,N) Inspector tag? _____ (Y/N)

TREATMENT INFORMATION

Is water treated? **Y** (Y/N)
If other wells are treated here, which ones? **WELL #3** If treated elsewhere, where? _____
DISINFECTION: (Hypochlorination - post (D4210)): **Y** (Y/N)
Chlorinator Make: **LMI** Condition? **GOOD** Capacity: **38.4 gpm@150psi**
Other type of disinfection: _____
Softening: (Ion Exchange (S4600)): _____ (Y/N)
Other treatment: _____
Comments: _____