

**SOURCE INFORMATION**  
**GROUND WATER**

Date Form Completed

06/16/03

PWS ID  
01-95-514

Assigned  
Source Code W03 Well Name WELL #3

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  
**100ft OFF OF THE PAVED BUS ROAD UP TO MOUSE MOUNTAIN**

Latitude (N) 36-10-19.78 Longitude (W) 81-39-02.69 How Determined G GPS File Name: U080716A  
Deg. Min Sec Deg. Min Sec G=GPS  
M=Map  
S=Surveyed  
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 MM / YY  
C=Ground/Permanent P=Permanent S=Seasonal E=Emergency I=Interim O=Other  
(1st Sample is Due)

Location: **IN WELL HOUSE 2 AFTER TREATMENT OF BOTH WELLS**

Well Site: Owned or controlled? Y (Y/N) Control Area (100' radius)? Y (Y/N) If no, explain: \_\_\_\_\_  
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: **EXCELLENT** Type of freeze protection: **ELEC. HEATER**  
Well: Diameter: 6 1/4 Type: **DRILLED** (Example: Drilled) Yield (gpm) 48 Properly sealed? Y (Y,N)  
Properly vented? Y (Y,N) Casing Depth 42 ft. (If unknown, put "unk")  
Screened interval(s): N/A Drilling Contractor: **UNK** Date Completed: **7/20/1995**  
Concrete slab >= 3 ft. radius? Y (Y/N) If no, explain: \_\_\_\_\_ Concrete slab cracked? N (Y,N)  
Total depth (ft.) 265 Open interval: \_\_\_\_\_ Sample tap?: Before treatment? Y (Y/N) After treatment? Y (Y/N)  
Pumps: Capacity: GPM: 40-50 HP: 7 1/2 Height above floor (pump/casing):      / 6"  
Storage: Elevated:      (gallons) Hydro / bladder: 0,090 (gallons) Ground:      (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 2 If treated elsewhere, where? WELL 2  
DISINFECTION: (Hypochlorination - post (D4210)): Y (Y/N)  
Chlorinator Make: SAME Condition? SAME Capacity: SAME  
Other type of disinfection: \_\_\_\_\_  
Softening: (Ion Exchange (S4600)):      (Y/N)  
Other treatment: \_\_\_\_\_  
Comments: \_\_\_\_\_