

120

SOURCE INFORMATION
GROUND WATER

Date Form Completed

02/12/04

PWS ID
01-95-515

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 office to the left, upstairs behind pool pump

Latitude (N) **36-09-05.45** Longitude (W) **81-39-32.15** How Determined **G**
Deg. Min Sec Deg Min Sec G=GPS M=Map S=Surveyed D=Differential GPS
 GPS File Name: **A012316A(2001)**

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 (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: **20 ft from pool**
 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) **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: **unk**

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: _____