

121

SOURCE INFORMATION
GROUND WATER

Date Form Completed

01/17/03

PWS ID
01-95-518

Assigned

Source Code

W01

Well Name

WELL #1

Code

G = Ground
Y = G w/direct influence (GWUDI)

G

Source Begin Date

MM / YY

Availability

P = Permanent
E = Emergency
S = Seasonal
I = Interim
O = Other

P

Location of well within the system

beside the parking lot on the right near the back

Latitude (N)

Deg. Min Sec

36-14-22.41

Longitude (W)

Deg. Min Sec

81-31-38.15

How Determined

G=GPS
M=Map
S=Surveyed
D=Differential GPS

D

GPS File Name: U092017B(2000)

ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned

Entry Point Code

E01

Entry Point Name

kitchen sink

Use Code

C=Ground/Permanent

C

Availability

P=Permanent S=Seasonal
E=Emergency I=Interim O=Other

P

Entry Point Begin Date

06/02

MM / YY

Entry Point End Date

MM / YY

(1st Sample is Due)

Location: kitchen in basement

Well Site: Owned or controlled? Y (Y/N) Control Area (100' radius?) N (Y/N) If no, explain: parking and drive

Sources of pollution/distance: 5ft

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) 20 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth: 60 ft. (If unknown, put "unk")

Screened interval(s): [] Drilling Contractor: Dewey Wright Reg#266 Date Completed: 10/1/80

Concrete slab >= 3 ft. radius? Y (Y/N) If no, explain: [] Concrete slab cracked? N (Y,N)

Total depth (ft.) 104 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: []