

127

SOURCE INFORMATION GROUND WATER

Date Form Completed

07/14/05

PWS ID
01-95-526

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

north end of property next to room 101

Latitude (N)

Deg. Min Sec

36-12-28.68

Longitude (W)

Deg. Min Sec

81-40-21.51

How Determined

G

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

GPS File Name: U062815C(2000)

ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned

Entry Point Code

W01

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

Entry Point End Date

MM / YY

(1st Sample is Due)

Location: **at well head**

Well Site: Owned or controlled? Y (Y/N) Control Area (100' radius)? N (Y/N) If no, explain: **property line 10ft**

Sources of pollution/distance: **HWY 321 15ft, buried leaking fuel tanks >100ft**

Surface water within 200'? Y (Y/N) If yes, actual distance 120 If yes, bact. samples collected? Y (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: **1/1/72**

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: _____