

131

SOURCE INFORMATION
GROUND WATER

Date Form Completed

02/06/04

PWS ID
01-95-533

Assigned

Source Code **W01** Well Name **WELL #1**

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
next to parking lot 40 ft to the left of the building

Latitude (N) **36-11-39.08** Longitude (W) **81-44-44.77** How Determined **G**
Deg. Min Sec Deg Min Sec G=GPS M=Map S=Surveyed D=Differential GPS
 GPS File Name: **U072717A(1999)**

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 **MM / YY** Entry Point End Date **MM / YY**
C=Ground/Permanent P=Permanent S=Seasonal E=Emergency I=Interim O=Other
 (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: **building 40ft**
 Sources of pollution/distance: **parking 5ft**

Surface water within 200'? **Y** (Y/N) If yes, actual distance **100** If yes, bact. samples collected? **N** (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) **10** Properly sealed? **Y** (Y,N)
 Properly vented? **Y** (Y,N) Casing Depth **100** ft. (If unknown, put "unk")
 Screened interval(s): _____ Drilling Contractor: **Dewey Wright** Date Completed: **3/20/92**
mm-dd-yy
 Concrete slab >= 3 ft. radius? **N** (Y/N) If no, explain: **none** Concrete slab cracked? _____ (Y,N)
 Total depth (ft.) **145** Open interval: _____ Sample tap?: Before treatment? **Y** (Y/N) After treatment? **Y** (Y/N)
 Pumps: Capacity: GPM: _____ HP: _____ Height above floor (pump/casing): _____ / **6"**
 Storage: Elevated: _____ (gallons) Hydro / bladder: **0,050** (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? **N** If treated elsewhere, where? _____
 DISINFECTION: (Hypochlorination - post (D4210)): **Y** (Y/N)
 Chlorinator Make: **chem tech** Condition? **good** Capacity: _____
 Other type of disinfection: **No**
 Softening: (Ion Exchange (S4600)): **N** (Y/N)
 Other treatment: _____
 Comments: **this well has a liner installed**