

133

### SOURCE INFORMATION GROUND WATER

Date Form Completed

03/31/05

PWS ID  
01-95-535

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

on left side of entrance drive

Latitude (N)

Deg. Min Sec

36-12-39.70

Longitude (W)

Deg. Min Sec

81-46-35.67

How Determined

G

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

GPS File Name: U051614D (2000)

### ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned

Entry Point Code

005

Entry Point Name

Columbine Restaurant - kitchen

Use Code

C

C=Ground/Permanent

Availability

P

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

Entry Point Begin Date

MM / YY

(1st Sample is Due)

Entry Point End Date

MM / YY

Location: Columbine Restaurant - kitchen

Well Site: Owned or controlled? Y (Y/N) Control Area (100' radius?) N (Y/N) If no, explain: 5' prop line

Sources of pollution/distance: drive 10', building 50'

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: insulated

Well: Diameter: 6 1/4" Type: drilled (Example: Drilled) Yield (gpm) 20 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth 47 ft. (If unknown, put "unk")

Screened interval(s): n/a Drilling Contractor: unk Date Completed: 3/8/1988

Concrete slab >= 3 ft. radius? N (Y/N) If no, explain: too small 4x4 Concrete slab cracked? N (Y,N)

Total depth (ft.) 125 Open interval: Sample tap?: Before treatment? Y (Y/N) After treatment? n/a (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: