

134

SOURCE INFORMATION

GROUND WATER

Date Form Completed

02/27/04

01-95-536

PWS ID

Assigned

Source Code

Well Name

W01

WELL #1

Code

Source Begin Date

Availability

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

MM / YY

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

G

P

Location of well within the system

behind restaurant

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

G=GPS

M=Map

S=Surveyed

D=Differential GPS

36-08-48.66

81-47-41.70

G

GPS File Name: R072614B

ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned

Entry Point Code

Entry Point Name

E01

kitchen sink

Use Code

Availability

Entry Point Begin Date

Entry Point End Date

C = Ground/Permanent

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

MM / YY

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: house <100ft

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 Type of freeze protection: insulation

Well: Diameter: 6 1/4 Type: drilled (Example: Drilled) Yield (gpm) 8est 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: 1/1/84

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: