

136

SOURCE INFORMATION
GROUND WATER

Date Form Completed

02/12/04

PWS ID
01-95-540

Assigned

Source Code Well Name

W01 **WELL #1**

Code

Source Begin Date

Availability

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

MM / YY

P

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

Location of well within the system

behind building on right side

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

G

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

36-09-27.43

81-46-14.19

GPS File Name: **B011316A(1999)**

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: **building 5ft**

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 tile/lid** Type of freeze protection: **insulation**

Well: Diameter: **6 1/4** Type: **drilled** (Example: Drilled) Yield (gpm) **15** Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth **53** ft. (If unknown, put "unk")

Screened interval(s): _____ Drilling Contractor: **Dewey Wright** Date Completed: **10/27/85**

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

Total depth (ft.) **124** 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: _____