

SOURCE INFORMATION GROUND WATER

Date Form Completed

09/29/03

PWS ID
01-95-545

Assigned
Source Code **W02** Well Name **WELL #2**

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
across road and up the hill, talk with Mr. Trivette for help.

Latitude (N) **36-16-01.55** Longitude (W) **81-53-02.42** How Determined **G**
G=GPS M=Map S=Surveyed D=Differential GPS
GPS File Name: **B073116A(2001)**

ENTRY POINT INFORMATION System Monitoring? **Y** (Y/N)

Assigned
Entry Point Code **E01** Entry Point Name **kitchen sink in store**

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: **sink in the kitchen area of the store**

Well Site: Owned or controlled? **Y** (Y/N) Control Area (100' radius?) **Y** (Y/N) If no, explain: _____
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? **Y** (Y,N) Free of stored material? **Y** (Y/N)
Condition of house: **good building** Type of freeze protection: **insulation**
Well: Diameter: **6 1/4** Type: **DRILLED** (Example: Drilled) Yield (gpm) **3** Properly sealed? **Y** (Y,N)
Properly vented? **Y** (Y,N) Casing Depth **60** ft. (If unknown, put "unk")
Screened interval(s): _____ Drilling Contractor: **Dewey Wright Reg.#2687** Date Completed: **11/5/00**
Concrete slab >= 3 ft. radius? **Y** (Y/N) If no, explain: _____ Concrete slab cracked? **N** (Y,N)
Total depth (ft.) **340** Open interval: _____ Sample tap?: Before treatment? **-** (Y/N) After treatment? **-** (Y/N)
Pumps: Capacity: GPM: **UNK** HP: **UNK** Height above floor (pump/casing): _____ / _____
Storage: Elevated: _____ (gallons) Hydro / bladder: **5,000** (gallons) Ground: _____ (gallons)
If hydro, pressure relief valves? **Y** (Y/N) Coded? **Y** (Y,N) Inspector tag? **Y** (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: _____