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Division of Environmental Health, Public Water Supply Section

SOURCE INFORMATION
GROUND WATER

Date Form Completed: 02/27/04

PWS ID: 01-95-546

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: to the left of the main house in the front yard

Latitude (N) Deg. Min Sec: 36-08-16.75

Longitude (W) Deg Min Sec: 81-42-48.38

How Determined: G (G=GPS; M=Map; S=Surveyed; D=Differential GPS)

GPS File Name: B020318A

ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned Entry Point Code: E01

Entry Point Name: kitchen sink

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: kitchen sink

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? 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) unk 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: 1/1/77 (mm-dd-yy)

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