

145

SOURCE INFORMATION
GROUND WATER

Date Form Completed

01/31/03

PWS ID
01-95-565

Assigned

Source Code

W01

Well Name

well #1

Code

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

G

Source Begin Date

MM / YY

Availability

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

P

Location of well within the system

behind Cloudwalk Cabin

Latitude (N)

Deg. Min Sec

36-10-44.71

Longitude (W)

Deg. Min Sec

81-48-35.02

How Determined

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

D

GPS File Name: U071213A(2000)

ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned

Entry Point Code

E01

Entry Point Name

kitchen Cloudwalk Cabin

Use Code

C = Ground/Permanent

C

Availability

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

P

Entry Point Begin Date

MM / YY

(1st Sample is Due)

Entry Point End Date

MM / YY

Location: cabin at very top of Mountain

Well Site: Owned or controlled? Y (Y/N) Control Area (100' radius?) N (Y/N) If no, explain: bldg. 50ft

Sources of pollution/distance: parking for 10ft

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: driller (Example: Drilled) Yield (gpm) 5 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth 22 ft. (If unknown, put "unk")

Screened interval(s): [] Drilling Contractor: Dewey Wright Well Co. Date Completed: 3/21/00

Concrete slab >= 3 ft. radius? N (Y/N) If no, explain: none Concrete slab cracked? [] (Y,N)

Total depth (ft.) 760 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: 3(20) (gallons) Ground: 1(1000),1(1200) (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: the ground storage tanks feed the bladder tanks in each of the cabins