

147

SOURCE INFORMATION GROUND WATER

Date Form Completed

11/02/04

PWS ID
01-95-566

Assigned

Source Code

W02

Well Name

Well 2 (West of Activity Field)

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

about 150 feet West of Well 1

Latitude (N)

Deg. Min Sec

36-08-15.00

Longitude (W)

Deg. Min Sec

81-39-31.00

How Determined

M

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

GPS File Name: _____

ENTRY POINT INFORMATION

System Monitoring? N (Y/N)

Assigned

Entry Point Code

E01

Entry Point Name

Tap at 1000 gallon hydropneumatic tank

Use Code

C

C=Ground/Permanent

Availability

P

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

Entry Point Begin Date

09-00

MM / YY

(1st Sample is Due)

Entry Point End Date

MM / YY

Location: **spigot on line from wells 1 and 2**

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

Sources of pollution/distance: **none**

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: **poor tile and slab** Type of freeze protection: **none**

Well: Diameter: **6 1/4"** Type: **drilled** (Example: Drilled) Yield (gpm) **3** Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth **67** ft. (If unknown, put "unk")

Screened interval(s): **n/a** Drilling Contractor: **Dewey Wright Well co.** Date Completed: **8/19/1983**

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

Total depth (ft.) **304** Open interval: **n/a** Sample tap?: Before treatment? Y (Y/N) After treatment? **n/a** (Y/N)

Pumps: Capacity: GPM: **unk** HP: **unk** Height above floor (pump/casing): _____ / **6"**

Storage: Elevated: _____ (gallons) Hydro / bladder: _____ (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: _____