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North Carolina Department of Environment and Natural Resources
Division of Environmental Health, Public Water Supply Section

SOURCE INFORMATION
GROUND WATER

Date Form Completed: 11/02/04

PWS ID: 01-95-566

Assigned Source Code: W03

Well Name: Well 3 (Cottage B)

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: next to Cottage B

Latitude (N) Deg. Min Sec: 36-08-08.87

Longitude (W) Deg Min Sec: 81-39-31.90

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

GPS File Name: U071217A-2000

ENTRY POINT INFORMATION

System Monitoring? N (Y/N)

Assigned Entry Point Code: E03

Entry Point Name: Well 3

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: well 3

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

Sources of pollution/distance: solid sewer lines to septic tank may be w/in 100' but >50'

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 w/lid Type of freeze protection: insulated

Well: Diameter: 6 1/4" Type: drilled (Example: Drilled) Yield (gpm) 2 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth 20 ft. (If unknown, put "unk")

Screened interval(s): n/a Drilling Contractor: Ray Taylor Well Co. Date Completed: 10/2/1970 (mm-dd-yy)

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

Total depth (ft.) 230 Open interval: n/a Sample tap?: Before treatment? Y (Y/N) After treatment? n/a (Y/N)

Pumps: Capacity: GPM: unk HP: 2.00 Height above floor (pump/casing): ____ / 12"

Storage: Elevated: ____ (gallons) Hydro / bladder: 40buried (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: ____