



WATER-RIGHT DOCKET

Blue Ridge Parkway

Docket No: 44

MINOR SYSTEMS.

Preliminary Docket Information

01-18-1996: memorandum: blri docket #44; january 18, 1996

01 /18/96

TO: FILE
FROM: PAUL CHRISTENSEN
RE: BLRI DOCKET # 44

This docket contains documents for 11 different sites. Please make additional dockets for the 11 different sites.

B-RI-44

MINOR SYSTEMS

Docket No

- 44 ~~41~~ Federal Cove Fountain
- 45 ~~42~~ Graveyard Fields Fountain
- 46 ~~43~~ Bull Creek Overlook Fountain
- 47 ~~44~~ Black Mountain Gap Fountain
- 48 ~~45~~ Flat Rock Fountain
- 49 ~~46~~ Fork Ridge Fountain
- 50 ~~47~~ Hickory Springs Fountain
- 51 ~~48~~ Stillhouse Hollow Fountain
- 52 ~~49~~ Jonathan Creek Fountain
- 53 ~~50~~ Roanoke Valley Overlook
- 54 ~~51~~ Headforemost Mountain Fountain

DISCARD

Other Supporting Information

BLUE RIDGE PARKWAY

WATER SYSTEM DATA

AREA Blue Ridge Parkway DATE COLLECTED _____ COLLECTED BY _____)

1. Name of System: Stillhouse Hollow Fountain
2. Location: State Virginia County Rockbridge General Area M.P. 31.4
 Reference to permanent landmark _____
3. Source of Supply: Spring Capacity 1 1/2 gpm
 (Well, spring, stream, impoundment, etc.)
4. Type of System: Gravity
 (Pumped, gravity, etc.)
5. Treatment: None
 (Filtration, Chlorination, Airation, etc.)
6. Distribution Mains: Size 1" Length 90'; Size _____ Length _____
 Size _____ Length _____; Size _____ Length _____
 Size _____ Length _____; Size _____ Length _____
7. Pump Unit: Make _____; Type _____; Model No. _____
 Serial No. _____; Outlet _____ in.; Inlet _____ in.
 (Size) (Size)
8. Power Source: _____ Motor: Make _____; HP _____;
 (Elec., gas, generator)
 Serial No. _____; Voltage _____; Amps _____;
 RPM _____; Type _____; Phase _____;
 Cycles _____; Others _____; Stages _____
9. Control: Automatic _____; Manual _____;
 (Float, Electrobe, Pressure, Time)
 Other _____
 (Explain)

New

10. Pump Design: Capacity _____ gpm _____ gpm
(Actual) (Design)
Head _____ ft. _____ ft.
(Actual) (Design)

11. Pump Housing: Type Const. _____; _____; Size _____
(Walls) (Roof)

12. Storage: _____; Type Const. _____
(Pneumatic, elevated, underground, etc.) (concrete, wood, steel)
Size _____; Capacity _____; Inlet _____ ft. _____ in.
(Elev.) (Size)
Outlet _____ ft. _____ in.; Pressure Setting _____
(Elev.) (Size) (if pneumatic)

13. Distribution: Water Closets _____; Lavatory _____; Urinal _____;
Drinking Fountain 1 _____; Hose Bibs _____; Residences _____;
Other _____; _____;

14. Metered or nonmetered: ~~Nonmetered~~ _____; No. _____; Size _____
No. _____; Size _____
No. _____; Size _____

15. Fire Protection: Fire Hydrants _____; Yard Hydrants _____

16. Water Analysis: _____

17. Condition of System: Inextreme drought conditions flow is so meager
(Repairs needed itemize)
that the fountain is closed.

BLUE RIDGE PARKWAY

WATER SYSTEM DATA

- AREA Blue Ridge Parkway DATE COLLECTED _____ COLLECTED BY _____)
1. Name of System: Hickory Springs Fountain
 2. Location: State Virginia County Augusta General Area M.P. 11.7
Reference to permanent landmark _____
 3. Source of Supply: Spring Capacity _____
(Well, spring, stream, impoundment, etc.)
 4. Type of System: Gravity
(Pumped, gravity, etc.)
 5. Treatment: None
(Filtration, Chlorination, Airation, etc.)
 6. Distribution Mains: Size 1" Length 75'; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
 7. Pump Unit: Make _____; Type _____; Model No. _____
Serial No. _____; Outlet _____ in.; Inlet _____ in.
(Size) (Size)
 8. Power Source: _____ Motor: Make _____; HP _____;
(Elec., gas, generator)
Serial No. _____; Voltage _____; Amos _____;
RPM _____; Type _____; Phase _____;
Cycles _____; Others _____; Stages _____
 9. Control: Automatic _____; Manual _____;
(Float, Electrobe, Pressure, Time)
Other _____
(Explain)

New

10. Pump Design: Capacity _____ gpm _____ gpm
(Actual) (Design)
Head _____ ft. _____ ft.
(Actual) (Design)
11. Pump Housing: Type Const. _____; _____; Size _____
(Walls) (Roof)
12. Storage: _____; Type Const. _____
(Pneumatic, elevated, underground, etc.) (concrete, wood, steel)
Size _____; Capacity _____; Inlet _____ ft. _____ in.
(Elev.) (Size)
Outlet _____ ft. _____ in.; Pressure Setting _____
(Elev.) (Size) (if pneumatic)
13. Distribution: Water Closets _____; Lavatory _____; Urinal _____;
Drinking Fountain 1 _____; Hose Bibs _____; Residences _____;
Other _____; _____; _____
14. Metered or nonmetered: Nonmetered _____; No. _____; Size _____
No. _____; Size _____
No. _____; Size _____
15. Fire Protection: Fire Hydrants _____; Yard Hydrants _____
16. Water Analysis: _____

17. Condition of System: This system has a history of contamination occurring
(Repairs needed itemize)
during protracted dry spells. We are considering installation of
a chlorinator.

BLUE RIDGE PARKWAY

WATER SYSTEM DATA

- AREA Blue Ridge Parkway DATE COLLECTED _____ COLLECTED BY _____)
- Headforemost Mountain Fountain
1. Name of System: _____
2. Location: State Virginia County Bedford General Area H.P. 81.9
- Reference to permanent landmark _____
3. Source of Supply: Spring Capacity 5 gpm
(Well, spring, stream, impoundment, etc.)
4. Type of System: Gravity
(Pumped, gravity, etc.)
5. Treatment: None
(Filtration, Chlorination, Airation, etc.)
6. Distribution Mains: Size 1" Length 70'; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
7. Pump Unit: Make _____; Type _____; Model No. _____
Serial No. _____; Outlet _____ in.; Inlet _____ in.
(Size) (Size)
8. Power Source: _____ Motor: Make _____; HP _____;
(Elec., gas, generator)
Serial No. _____; Voltage _____; Amps _____;
RPM _____; Type _____; Phase _____;
Cycles _____; Others _____; Stages _____
9. Control: Automatic _____; Manual _____;
(Float, Electrobe, Pressure, Time)
Other _____
(Explain)

Now

10. Pump Design: Capacity _____ gpm _____ gpm
(Actual) (Design)

Head _____ ft. _____ ft.
(Actual) (Design)

11. Pump Housing: Type Const. _____; _____; Size _____
 (Walls) (Roof)

12. Storage: _____; Type Const. _____
(Pneumatic, elevated, underground, etc.) (concrete, wood, steel)
Size _____; Capacity _____; Inlet _____ ft. _____ in.
(Elev.) (Size)

Outlet ft. in.; Pressure Setting
(Elev.) (Size) (if pneumatic)

13. Distribution: Water Closets _____; Lavatory _____; Urinal _____;
Drinking Fountain 1 _____; Hose Bibb _____; Residences _____;
Other _____; _____;

14. Metered or nonmetered: Nonmetered; No. _____; Size _____
 No. _____; Size _____
 No. _____; Size _____

15. Fire Protection: Fire Hydrants _____; Yard Hydrants _____

16. Water Analysis: _____

17. Condition of System: This system has a history of contamination
(Repairs needed itemize)
occurring during protracted dry spells. We are considering the
installation of a chlorinator.

BLUE RIDGE PARKWAY

WATER SYSTEM DATA

- AREA Blue Ridge Parkway DATE COLLECTED _____ COLLECTED BY _____)
1. Name of System: Roanoke Valley Overlook (Sec. 1-7)
 2. Location: State Virginia County Roanoke General Area M.P. 129.6
Reference to permanent landmark _____
 3. Source of Supply: Spring Capacity 2 gpm
(Well, spring, stream, impoundment, etc.)
 4. Type of System: Gravity
(Pumped, gravity, etc.)
 5. Treatment: None
(Filtration, Chlorination, Aeration, etc.)
 6. Distribution Mains: Size 1" Length 330'; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
 7. Pump Unit: Make _____; Type _____; Model No. _____
Serial No. _____; Outlet _____ in.; Inlet _____ in.
(Size) (Size)
 8. Power Source: _____ Motor: Make _____; HP _____;
(Elec., gas, generator)
Serial No. _____; Voltage _____; Amps _____;
RPM _____; Type _____; Phase _____;
Cycles _____; Others _____; Stages _____
 9. Control: Automatic _____; Manual _____;
(Float, Electrode, Pressure, Time)
Other _____
(Explain)

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10. Pump Design: Capacity _____ gpm _____ gpm
(Actual) (Design)
Head _____ ft. _____ ft.
(Actual) (Design)

11. Pump Housing: Type Const. _____; _____; Size _____
(Walls) (Roof)

12. Storage: _____; Type Const. _____
(Pneumatic, elevated, underground, etc.) (concrete, wood, steel)
Size _____; Capacity _____; Inlet _____ ft. _____ in.
(Elev.) (Size)
Outlet _____ ft. _____ in.; Pressure Setting _____
(Elev.) (Size) (if pneumatic)

13. Distribution: Water Closets _____; Lavatory _____; Urinal _____;
Drinking Fountain _____; Hose Bibs _____; Residences _____;
Other _____; _____;

14. Metered or nonmetered: Nonmetered; No. _____; Size _____
No. _____; Size _____
No. _____; Size _____

15. Fire Protection: Fire Hydrants _____; Yard Hydrants _____

16. Water Analysis: _____

17. Condition of System: Good
(Repairs needed itemize)

BLUE RIDGE PARKWAY

WATER SYSTEM DATA

- AREA Blue Ridge Parkway DATE COLLECTED _____ COLLECTED BY _____)
- Name of System: Bull Creek Overlook Fountain
 - Location: State North Carolina County Duncombe General Area MP 373.8
Reference to permanent landmark _____
 - Source of Supply: Spring Capacity 2-1/2 gpm
(Well, spring, stream, impoundment, etc.)
 - Type of System: Gravity
(Pumped, gravity, etc.)
 - Treatment: None
(Filtration, Chlorination, Airation, etc.)
 - Distribution Mains: Size 1" Length 176'; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
 - Pump Unit: Make _____; Type _____; Model No. _____
Serial No. _____; Outlet _____ in.; Inlet _____ in.
(Size) (Size)
 - Power Source: _____ Motor: Make _____; HP _____;
(Elec., gas, generator)
Serial No. _____; Voltage _____; Amps _____;
RPM _____; Type _____; Phase _____;
Cycles _____; Others _____; Stages _____
 - Control: Automatic _____; Manual _____;
(Float, Electrode, Pressure, Time)
Other _____
(Explain)

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10. Pump Design: Capacity _____ gpm _____ gpm
(Actual) (Design)
Head _____ ft. _____ ft.
(Actual) (Design)

11. Pump Housing: Type Const. _____; _____; Size _____
(Walls) (Roof)

12. Storage: _____; Type Const. _____
(Pneumatic, elevated, underground, etc.) (concrete, wood, steel)
Size _____; Capacity _____; Inlet _____ ft. _____ in.
(Elev.) (Size)
Outlet _____ ft. _____ in.; Pressure Setting _____
(Elev.) (Size) (if pneumatic)

13. Distribution: Water Closets _____; Lavatory _____; Urinal _____;
Drinking Fountain 1; Hose Bibs _____; Residences _____;
Other _____; _____;

14. Metered or nonmetered: Nonmetered; No. _____; Size _____
No. _____; Size _____
No. _____; Size _____

15. Fire Protection: Fire Hydrants _____; Yard Hydrants _____

16. Water Analysis: _____

17. Condition of System: Good
(Repairs needed itemize)

BLUE RIDGE PARKWAY

WATER SYSTEM DATA

AREA Blue Ridge Parkway DATE COLLECTED _____ COLLECTED BY _____)

1. Name of System: Black Mountain Gap Fountain
2. Location: State North Carolina County Duncombe General Area MP 355.3
Reference to permanent landmark _____
3. Source of Supply: Spring Capacity 1 gpm
(Well, spring, stream, impoundment, etc.)
4. Type of System: Gravity
(Pumped, gravity, etc.)
5. Treatment: None
(Filtration, Chlorination, Airation, etc.)
6. Distribution Mains: Size 1" Length 169'; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
7. Pump Unit: Make _____; Type _____; Model No. _____
Serial No. _____; Outlet _____ in.; Inlet _____ in.
(Size) (Size)
8. Power Source: _____ Motor: Make _____; HP _____;
(Elec., gas, generator)
Serial No. _____; Voltage _____; Amps _____;
RPM _____; Type _____; Phase _____;
Cycles _____; Others _____; Stages _____
9. Control: Automatic _____; Manual _____;
(Float, Electrode, Pressure, Time)
Other _____
(Explain)

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10. Pump Design: Capacity _____ gpm _____ gpm
(Actual) (Design)
Head _____ ft. _____ ft.
(Actual) (Design)
11. Pump Housing: Type Const. _____; _____; Size _____
(Walls) (Roof)
12. Storage: _____; Type Const. _____
(Pneumatic, elevated, underground, etc.) (concrete, wood, steel)
Size _____; Capacity _____; Inlet _____ ft. _____ in.
(Elev.) (Size)
Outlet _____ ft. _____ in.; Pressure Setting _____
(Elev.) (Size) (if pneumatic)
13. Distribution: Water Closets _____; Lavatory _____; Urinal _____;
Drinking Fountain _____; Hose Bibs _____; Residences _____;
Other _____; _____; _____
14. Metered or nonmetered: _____; No. _____; Size _____
No. _____; Size _____
No. _____; Size _____
15. Fire Protection: Fire Hydrants _____; Yard Hydrants _____
16. Water Analysis: _____

17. Condition of System: _____
(Repairs needed itemize)

BLUE RIDGE PARKWAY

WATER SYSTEM DATA

- AREA Blue Ridge Parkway DATE COLLECTED _____ COLLECTED BY _____)
1. Name of System: Flat Rock Fountain
 2. Location: State North Carolina County Avery General Area MP 308.3
Reference to permanent landmark _____
 3. Source of Supply: Spring Capacity 5 gpm
(Well, spring, stream, impoundment, etc.)
 4. Type of System: Gravity
(Pumped, gravity, etc.)
 5. Treatment: None
(Filtration, Chlorination, Airation, etc.)
 6. Distribution Mains: Size 1" Length 246'; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
 7. Pump Unit: Make _____; Type _____; Model No. _____
Serial No. _____; Outlet _____ in.; Inlet _____ in.
(Size) (Size)
 8. Power Source: _____ Motor: Make _____; HP _____;
(Elec., gas, generator)
Serial No. _____; Voltage _____; Amps _____;
RPM _____; Type _____; Phase _____;
Cycles _____; Others _____; Stages _____
 9. Control: Automatic _____; Manual _____;
(Float, Electrode, Pressure, Time)
Other _____
(Explain)

Now

10. Pump Design: Capacity _____ (Actual) _____ (Design) _____ gpm
Head _____ (Actual) _____ (Design) _____ ft.
11. Pump Housing: Type Const. _____; _____; Size _____
(Walls) (Roof)
12. Storage: _____; Type Const. _____
(Pneumatic, elevated, underground, etc.) (concrete, wood, steel)
Size _____; Capacity _____; Inlet _____ ft. _____ in.
(Elev.) (Size)
Outlet _____ ft. _____ in.; Pressure Setting _____
(Elev.) (Size) (if pneumatic)
13. Distribution: Water Closets _____; Lavatory _____; Urinal _____;
Drinking Fountain _____; Hose Bibs _____; Residences _____;
Other _____;
14. Metered or nonmetered: _____; No. _____; Size _____
No. _____; Size _____
No. _____; Size _____
15. Fire Protection: Fire Hydrants _____; Yard Hydrants _____
16. Water Analysis: _____

17. Condition of System: _____
(Repairs needed itemize)

BLUE RIDGE PARKWAY

WATER SYSTEM DATA

- AREA Blue Ridge Parkway DATE COLLECTED _____ COLLECTED BY _____)
1. Name of System: Graveyard Fields Fountain
2. Location: State North Carolina County Waywood General Area MP 413.3
Reference to permanent landmark _____
3. Source of Supply: Spring Capacity 1-1/2 gpm
(Well, spring, stream, impoundment, etc.)
4. Type of System: Gravity
(Pumped, gravity, etc.)
5. Treatment: None
(Filtration, Chlorination, Airation, etc.)
6. Distribution Mains: Size 1" Length 460'; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
7. Pump Unit: Make _____; Type _____; Model No. _____
Serial No. _____; Outlet _____ in.; Inlet _____ in.
(Size) (Size)
8. Power Source: _____ Motor: Make _____; HP _____
(Elec., gas, generator)
Serial No. _____; Voltage _____; Amps _____
RPM _____; Type _____; Phase _____
Cycles _____; Others _____; Stages _____
9. Control: Automatic _____; Manual _____
(Float, Electrode, Pressure, Time)
Other _____
(Explain)
- How

10. Pump Design: Capacity _____ gpm _____ gpm
(Actual) (Design)
Head _____ ft. _____ ft.
(Actual) (Design)
11. Pump Housing: Type Const. _____; _____; Size _____
(Walls) (Roof)
12. Storage: _____; Type Const. _____
(Pneumatic, elevated, underground, etc.) (concrete, wood, steel)
Size _____; Capacity _____; Inlet _____ ft. _____ in.
(Elev.) (Size)
Outlet _____ ft. _____ in.; Pressure Setting _____
(Elev.) (Size) (if pneumatic)
13. Distribution: Water Closets _____; Lavatory _____; Urinal _____;
Drinking Fountain _____; Hose Bibs _____; Residences _____;
Other _____; _____;
14. Metered or nonmetered: Nonmetered; No. _____; Size _____
No. _____; Size _____
No. _____; Size _____
15. Fire Protection: Fire Hydrants _____; Yard Hydrants _____
16. Water Analysis: _____

17. Condition of System: Good
(Repairs needed itemize)

BLUE RIDGE PARKWAY

WATER SYSTEM DATA

- AREA Blue Ridge Parkway DATE COLLECTED _____ COLLECTED BY _____)
1. Name of System: Fed Cove Fountain
 2. Location: State North Carolina County Jackson General Area MP 454.8
Reference to permanent landmark _____
 3. Source of Supply: Spring Capacity 2 gpm
(Well, spring, stream, impoundment, etc.)
 4. Type of System: Gravity
(Pumped, gravity, etc.)
 5. Treatment: None
(Filtration, Chlorination, Airation, etc.)
 6. Distribution Mains: Size 1" Length 197'; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
 7. Pump Unit: Make _____; Type _____; Model No. _____
Serial No. _____; Outlet _____ in.; Inlet _____ in.
(Size) (Size)
 8. Power Source: _____ Motor: Make _____; HP _____
(Elec., gas, generator)
Serial No. _____; Voltage _____; Amps _____;
RPM _____; Type _____; Phase _____;
Cycles _____; Others _____; Stages _____
 9. Control: Automatic _____; Manual _____
(Float, Electrobe, Pressure, Time)
Other _____
(Explain)

New

10. Pump Design: Capacity _____ gpm _____ gpm
(Actual) (Design)
Head _____ ft. _____ ft.
(Actual) (Design)
11. Pump Housing: Type Const. _____; _____; Size _____
(Walls) (Roof)
12. Storage: _____; Type Const. _____
(Pneumatic, elevated, underground, etc.) (concrete, wood, steel)
Size _____; Capacity _____; Inlet _____ ft. _____ in.
(Elev.) (Size)
Outlet _____ ft. _____ in.; Pressure Setting _____
(Elev.) (Size) (if pneumatic)
13. Distribution: Water Closets _____; Lavatory _____; Urinal _____;
Drinking Fountain _____; Hose Bibs _____; Residences _____;
Other _____; _____;
14. Metered or nonmetered: Nonmetered; No. _____; Size _____
No. _____; Size _____
No. _____; Size _____
15. Fire Protection: Fire Hydrants _____; Yard Hydrants _____
16. Water Analysis: _____

17. Condition of System: Good
(Repairs needed itemize)

BLUE RIDGE PARKWAY

WATER SYSTEM DATA

AREA Blue Ridge Parkway DATE COLLECTED _____ COLLECTED BY _____)

1. Name of System: Fork Ridge Fountain
2. Location: State North Carolina County Jackson General Area MP 449.0
Reference to permanent landmark _____
3. Source of Supply: Spring Capacity 2 gpm
(Well, spring, stream, impoundment, etc.)
4. Type of System: Gravity
(Pumped, gravity, etc.)
5. Treatment: None
(Filtration, Chlorination, Airation, etc.)
6. Distribution Mains: Size 1" Length 184'; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
7. Pump Unit: Make _____; Type _____; Model No. _____
Serial No. _____; Outlet _____ in.; Inlet _____ in.
(Size) (Size)
8. Power Source: _____ Motor: Make _____; HP _____;
(Elec., gas, generator)
Serial No. _____; Voltage _____; Amps _____;
RPM _____; Type _____; Phase _____;
Cycles _____; Others _____; Stages _____
9. Control: Automatic _____; Manual _____;
(Float, Electrode, Pressure, Time)
Other _____
(Explain)

New

10. Pump Design: Capacity _____ gpm _____ gpm
(Actual) (Design)
Head _____ ft. _____ ft.
(Actual) (Design)

11. Pump Housing: Type Const. _____; _____; Size _____
(Walls) (Roof)

12. Storage: _____; Type Const. _____
(Pneumatic, elevated, underground, etc.) (concrete, wood, steel)
Size _____; Capacity _____; Inlet _____ ft. _____ in.
(Elev.) (Size)
Outlet _____ ft. _____ in.; Pressure Setting _____
(Elev.) (Size) (if pneumatic)

13. Distribution: Water Closets _____; Lavatory _____; Urinal _____;
Drinking Fountain 1; Hose Bibs _____; Residences _____;
Other _____; _____;

14. Metered or nonmetered: Nonmetered; No. _____; Size _____
No. _____; Size _____
No. _____; Size _____

15. Fire Protection: Fire Hydrants _____; Yard Hydrants _____

16. Water Analysis: _____

17. Condition of System: Good
(Repairs needed itemize)

BLUE RIDGE PARKWAY

WATER SYSTEM DATA

AREA Blue Ridge Parkway DATE COLLECTED _____ COLLECTED BY _____)

1. Name of System: Jonathan Creek Fountain
2. Location: State North Carolina County Jackson General Area MP 456.2
Reference to permanent landmark _____
3. Source of Supply: Spring Capacity 6 gpm
(Well, spring, stream, impoundment, etc.)
4. Type of System: Gravity
(Pumped, gravity, etc.)
5. Treatment: None
(Filtration, Chlorination, Airation, etc.)
6. Distribution Mains: Size 3/4" Length 860'; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
Size _____ Length _____; Size _____ Length _____
7. Pump Unit: Make _____; Type _____; Model No. _____
Serial No. _____; Outlet _____ in.; Inlet _____ in.
(Size) (Size)
8. Power Source: _____ Motor: Make _____; HP _____;
(Elec., gas, generator)
Serial No. _____; Voltage _____; Amps _____;
RPM _____; Type _____; Phase _____;
Cycles _____; Others _____; Stages _____
9. Control: Automatic _____; Manual _____;
(Float, Electrode, Pressure, Time)
Other _____
(Explain)

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10. Pump Design: Capacity _____ gpm _____ gpm
(Actual) (Design)
Head _____ ft. _____ ft.
(Actual) (Design)
11. Pump Housing: Type Const. _____; _____; Size _____
(Walls) (Roof)
12. Storage: _____; Type Const. _____
(Pneumatic, elevated, underground, etc.) (concrete, wood, steel)
Size _____; Capacity _____; Inlet _____ ft. _____ in.
(Elev.) (Size)
Outlet _____ ft. _____ in.; Pressure Setting _____
(Elev.) (Size) (if pneumatic)
13. Distribution: Water Closets _____; Lavatory _____; Urinal _____;
Drinking Fountain _____; Hose Bibs _____; Residences _____;
Other _____; _____;
14. Metered or nonmetered: Nonmetered; No. _____; Size _____
No. _____; Size _____
No. _____; Size _____
15. Fire Protection: Fire Hydrants _____; Yard Hydrants _____
16. Water Analysis: _____

17. Condition of System: Good
(Repairs needed itemize)

Docket Information

Number of Documents in Docket 24

Documents Dated from 1/18/1996 to 1/18/1996

Docket Compiled: 2/8/2011