

034

### SOURCE INFORMATION GROUND WATER

Date Form Completed

04/21/07

PWS ID  
30-95-020

Assigned

Source Code

S01

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

**T the left of the church down at the bottom of the hill by the cow pasture**

Latitude (N)

Deg. Min Sec

36-14-12.117

Longitude (W)

Deg. Min Sec

81-33-05.824

How Determined

D

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

GPS File Name: s4/16/2007

### ENTRY POINT INFORMATION

System Monitoring? **N** (Y/N)

Assigned

Entry Point Code

E01

Entry Point Name

**kitchen sink on left**

Use Code

C

C=Ground/Permanent

Availability

P

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

Entry Point Begin Date

06-07

MM / YY

(1st Sample is Due)

Entry Point End Date

MM / YY

Location: **in basement of building**

Well Site: Owned or controlled? **Y** (Y/N) Control Area (100' radius)? **N** (Y/N) If no, explain: **cow pasture 40 ft**

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 tile/lid** Type of freeze protection: **insulation**

Well: Diameter: **6 1/4"** Type: **Drilled** (Example: Drilled) Yield (gpm) **10** 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: **unk**

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