

070

### SOURCE INFORMATION GROUND WATER

Date Form Completed

06/04/04

PWS ID  
01-95-410

Assigned

Source Code

W01

Well Name

Well #1

Code

G

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

Source Begin Date

MM / YY

Availability

S

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

Location of well within the system

back right side of church between church and parsonage

Latitude (N)

Deg. Min Sec

36-14-04.91

Longitude (W)

Deg. Min Sec

81-32-57.39

How Determined

G

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

GPS File Name: U011413B

### ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned

Entry Point Code

E01

Entry Point Name

kitchen sink

Use Code

C

C=Ground/Permanent

Availability

S

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

Entry Point Begin Date

MM / YY

(1st Sample is Due)

Entry Point End Date

MM / YY

Location: in church

Well Site: Owned or controlled? Y (Y/N) Control Area (100' radius)? N (Y/N) If no, explain: building <60ft

Sources of pollution/distance: drive 0ft

Surface water within 200'? N (Y/N) If yes, actual distance [ ] If yes, bact. samples collected? N (Y/N)

Adequate slope? Y (Y/N) Flooding? N (Y/N) Site maintained? Y (Y/N)

Well House: Properly drained? N (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" Type: drilled (Example: Drilled) Yield (gpm) 6 Properly sealed? Y (Y,N)

Properly vented? N (Y,N) Casing Depth: 76 ft. (If unknown, put "unk")

Screened interval(s): na Drilling Contractor: Dewey Wright Date Completed: 07/27/80

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

Total depth (ft.) 164 Open interval: - Sample tap?: Before treatment? - (Y/N) After treatment? - (Y/N)

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

Storage: Elevated: [ ] Hydro / bladder: 0,030 (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: