

071

### SOURCE INFORMATION GROUND WATER

Date Form Completed

10/05/05

PWS ID  
01-95-413

Assigned

Source Code

Well Name

W01

WELL #1

Code

Source Begin Date

Availability

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

MM / YY

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

G

P

Location of well within the system

left side of building

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-13-38.75

81-42-52.94

D

GPS File Name: U062814B(2000)

### ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned

Entry Point Code

Entry Point Name

E01

kitchen sink

Use Code

Availability

Entry Point Begin Date

Entry Point End Date

C = Ground/Permanent

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

MM / YY

MM / YY

(1st Sample is Due)

Location: kitchen sink

Well Site: Owned or controlled? Y (Y/N) Control Area (100' radius?) N (Y/N) If no, explain: **building 5ft**

Sources of pollution/distance: **septic <100ft, HWY 421 R/W, 50ft**

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) **unk** 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? N (Y/N) If no, explain: **no slab** 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: **UNK** HP: **UNK** Height above floor (pump/casing):          / **6"**

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: