



SOURCE INFORMATION GROUND WATER

Date Form Completed

09/22/04

PWS ID
01-95-436

Assigned

Source Code

W01

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

next to field

Latitude (N)

Deg. Min Sec

36-10-10.27

Longitude (W)

Deg. Min Sec

81-44-46.23

How Determined

G

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

GPS File Name: U101514A

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

P

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

Entry Point Begin Date

12-99

MM / YY

Entry Point End Date

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: river 70 feet

Sources of pollution/distance: field (nitrates possibly)

Surface water within 200'? Y (Y/N) If yes, actual distance 70 If yes, bact. samples collected? N (Y/N)

Adequate slope? Y (Y/N) Flooding? Y (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: poor, tile with broken lid Type of freeze protection: insulated minimal

Well: Diameter: 6 1/4 Type: drilled (Example: Drilled) Yield (gpm) 30est Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth: 40est ft. (If unknown, put "unk")

Screened interval(s): n/a Drilling Contractor: Newman Well Co. Date Completed: 1970's?

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

Total depth (ft.) 120est Open interval: n/a Sample tap?: Before treatment? Y (Y/N) After treatment? n/a (Y,N)

Pumps: Capacity: GPM: unk HP: 3.50 Height above floor (pump/casing): / 18"

Storage: Elevated: (gallons) Hydro / bladder: 0,240 (gallons) Ground: (gallons)

If hydro, pressure relief valves? n/a (Y/N) Coded? n/a (Y,N) Inspector tag? n/a (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: