

098

### SOURCE INFORMATION GROUND WATER

Date Form Completed

09/22/04

PWS ID  
01-95-473

Assigned

Source Code **W01** Well Name **WELL #1**

Code **G** Source Begin Date **MM / YY** Availability **P**  
G = Ground P = Permanent  
Y = G w/direct influence E = Emergency I = Interim  
(GWUDI) S = Seasonal O = Other

Location of well within the system  
**back right of church at bottom of hill**

Latitude (N) **36-12-59.42** Longitude (W) **81-42-43.66** How Determined **G** GPS File Name: **U011415A**  
Deg. Min Sec Deg. Min Sec G=GPS  
M=Map  
S=Surveyed  
D=Differential GPS

### ENTRY POINT INFORMATION

Assigned Entry Point Code **E01** Entry Point Name **kitchen sink** System Monitoring? **Y** (Y/N)

Use Code **C** Availability **P** Entry Point Begin Date **MM / YY** Entry Point End Date **MM / YY**  
C=Ground/Permanent P=Permanent S=Seasonal  
E=Emergency I=Interim O=Other  
(1st Sample is Due)

Location: **kitchen sink**

Well Site: Owned or controlled? **Y** (Y/N) Control Area (100' radius?) **Y** (Y/N) If no, explain: **building 45ft**

Sources of pollution/distance:

Surface water within 200'? **N** (Y/N) If yes, actual distance **MM / YY** If yes, bact. samples collected? **Y** (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) **20** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **25** ft. (If unknown, put "unk")  
Screened interval(s): **mm-dd-yy** Drilling Contractor: **Dewey Wright** Date Completed: **9/5/78**

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

Total depth (ft.) **84** Open interval: **mm-dd-yy** Sample tap?: Before treatment? **Y** (Y/N) After treatment? **Y** (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? **mm-dd-yy** If treated elsewhere, where? **mm-dd-yy**

DISINFECTION: (Hypochlorination - post (D4210)): **(Y/N)**  
Chlorinator Make: **Condition?** Capacity: **mm-dd-yy**

Other type of disinfection: **mm-dd-yy**

Softening: (Ion Exchange (S4600)): **(Y/N)** Other treatment: **mm-dd-yy**

Comments: **the well is an artesian well at the time of inspection. Water was coming out of the vent pipe**