

100

SOURCE INFORMATION GROUND WATER

Date Form Completed

06/04/04

PWS ID
01-95-477

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

S

Location of well within the system

back left side on hill about 45ft

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-16-12.64

81-46-33.92

G

GPS File Name: U082515B(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

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

MM / YY

MM / YY

(1st Sample is Due)

Location: in church

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

Sources of pollution/distance: road 45ft

Surface water within 200'? Y (Y/N) If yes, actual distance 75ft 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? 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" Type: drilled (Example: Drilled) Yield (gpm) 6 Properly sealed? Y (Y,N)

Properly vented? N (Y,N) Casing Depth 29 ft. (If unknown, put "unk")

Screened interval(s): na Drilling Contractor: Dewey Wright Date Completed: 08/13/98

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

Total depth (ft.) 145 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: 0,030 (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: