

101

SOURCE INFORMATION
GROUND WATER

Date Form Completed

02/27/04

PWS ID
01-95-480

Assigned

Source Code

W01

Well Name

WELL #1

Code

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

G

Source Begin Date

MM / YY

Availability

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

P

Location of well within the system

next to fellowship hall door

Latitude (N)

Deg. Min Sec

36-20-13.75

Longitude (W)

Deg. Min Sec

81-44-25.74

How Determined

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

G

GPS File Name: A012915A (2001)

ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned

Entry Point Code

E01

Entry Point Name

kitchen sink

Use Code

C=Ground/Permanent

C

Availability

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

P

Entry Point Begin Date

MM / YY

(1st Sample is Due)

Entry Point End Date

MM / YY

Location: **kitchen sink**

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

Sources of pollution/distance: **parking 0ft**

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** 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 **61** ft. (If unknown, put "unk")

Screened interval(s): Drilling Contractor: **Dewey Wright** Date Completed: **9/25/86**

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

Total depth (ft.) **104** Open interval: Sample tap?: Before treatment? (Y/N) After treatment? (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? 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: