

105

SOURCE INFORMATION  
GROUND WATER

Date Form Completed

09/22/04

PWS ID  
01-95-496

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

5 ft off building in the back corner of the L part of the church

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-13-18.56

81-42-22.24

G

GPS File Name: C062715A(2001)

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:

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) 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? Y (Y/N) If no, explain: 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: 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: