

113

SOURCE INFORMATION

Date Form Completed

GROUND WATER

02/06/04

PWS ID 01-95-505

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

infront of the parsonage

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

GPS File Name: U082516A(2000)

36-14-03.19

81-44-06.48

G

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

MM / YY

MM / YY

(1st Sample is Due)

Location: kitchen of church

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

Sources of pollution/distance:

Surface water within 200'? Y (Y/N) If yes, actual distance 100 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 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? N (Y/N) If no, explain: 1 ft radius Concrete slab cracked? (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: 0,090 (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: