

SOURCE INFORMATION
GROUND WATER

Date Form Completed

11/04/04

PWS ID
01-95-403

Assigned

Source Code

Well Name

W02

Well #2

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

07-98

P

Location of well within the system

behind fellowship hall up the hill approx 300 yrds near trailer before fence in short building

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

GPS File Name:

36-12-00.00

81-29-00.00

M

ENTRY POINT INFORMATION

System Monitoring? Y (Y/N)

Assigned

Entry Point Code

Entry Point Name

E01

kitchen sink in fellowship hall

Use Code

Availability

Entry Point Begin Date

Entry Point End Date

C = Ground/Permanent

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

07/98

MM / YY

MM / YY

(1st Sample is Due)

Location: in fellowship hall

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

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 tile/lid Type of freeze protection: insulation

Well: Diameter: 6 1/4 Type: drilled (Example: Drilled) Yield (gpm) 15 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth 80 ft. (If unknown, put "unk")

Screened interval(s): Drilling Contractor: Dewey Wright Well Drilling Reg #266 Date Completed: 7/30/98

Concrete slab >= 3 ft. radius? N (Y/N) If no, explain: none Concrete slab cracked? (Y,N)

Total depth (ft.) 105 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: