

**WATER WELL STUDY**  
**of the**  
**CALVERT CITY AREA, KENTUCKY**

**MARSHALL, LIVINGSTON, and McCracken COUNTIES**



**Natural Resources and  
Environmental Protection Cabinet**

**Department for Environmental Protection  
Division of Water**

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## TABLE OF CONTENTS

Preface .....	v
Highlights of the Study .....	vi
Introduction .....	1
General Groundwater Hydrology .....	3
Resource Description .....	3
The Hydrologic Cycle .....	3
Subsurface Water .....	4
Groundwater Occurrence and Movement .....	4
Granular Flow Aquifers .....	5
Fracture Flow Aquifers .....	5
Conduit Flow Aquifers .....	5
Diffuse Flow Aquifers .....	5
Water Wells .....	6
Well Types .....	7
Hand Dug Wells .....	7
Drilled Wells .....	7
Bored Wells .....	8
Springs .....	8
Description of Study Area .....	10
Hydrogeology of the Calvert City Study Area .....	13
Mississippian Bedrock .....	15
Tuscaloosa Formation .....	17
McNairy and Clayton Formations .....	17
Porters Creek Clay .....	18
Continental Deposits .....	18
River Alluvium .....	19

Study Design .....	20
Phase I - Study Plan .....	20
Phase II - Sampling and Analysis .....	21
Discussion of Results .....	23
Bacteriological Results .....	23
Primary Water Quality Results .....	27
Inorganic Results .....	27
Organic Results .....	29
Secondary Water Quality Results .....	31
Conclusions .....	34
Water Quality .....	34
Data Collection and Regulation .....	76
Public Education .....	38
Summary .....	38
Recommendations .....	39
Water Quality .....	39
Data Collection and Regulation .....	40
Public Education .....	41
Bibliography .....	42

List of Figures

Figure 1	Location of the Calvert City Study Area .....	11
Figure 2	Topographic and Geologic Quadrangle Locations for the Calvert City Study Area .....	12
Figure 3	Location of the Mississippi Embayment and Study Area .....	14
Figure 4	Generalized Section of Stratigraphic Units in the Calvert City Study Area .....	16

List of Tables

Table 1	Calvert City Area Domestic Water Wells Exceeding the Recommended Standards for Coliform Bacteria for Private Domestic Water Supplies .....	24
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List of Plates

Plate 1	Calvert City Area Groundwater Study .....	1
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List of Appendices

Appendix A	List of Parameters Used in the Calvert City Water Well Study .....	A-1
Appendix B	Well Inspection and Spring Inventory Reports .....	B-1
Appendix C	Recommended Maximum Contaminant Levels for Domestic Drinking Water Supplies .....	C-1
Appendix D	Water Quality Analysis Reports .....	D-1

## PREFACE

The water well study of the Calvert City area was an intensive survey of private, public, and industrial water wells and springs. The main purpose of this study was to determine the water quality of wells in the area and to assess any impact on water wells outside of the Calvert City Industrial Complex.

Except for one facility, sampling was not conducted at the Calvert City Industrial Complex because of the extensive RCRA and CERCLA (Superfund) studies already conducted at many of the sites. This study was not intended to duplicate those reports.

## Highlights of the Study

- I. Study data showed the following water quality problems: bacterial contamination, localized poor secondary groundwater quality, and isolated problems with primary water quality parameters and volatile organics.
- II. The data suggested that the majority of the problems are a result of poor well construction practices and local hydrogeology.
- III. All hand dug wells sampled in the study were contaminated with coliform bacteria.
- IV. The study indicated that most hand dug wells present a possible health threat to the users because of the difficulty in excluding contaminating surface and soil water from hand dug wells which rarely have watertight casings or wellhead seals.
- V. More than half of the bored wells sampled in the study exceeded the total coliform bacteria criteria, because of the problem of seepage of contaminated surface and near-surface water into the wells.
- VI. Two domestic wells tested exceeded the recommended maximum contaminant level for lead. Testing indicated that the lead contamination was derived from the household plumbing system, not from groundwater.
- VII. Three of the domestic water wells sampled showed nitrate contamination. Because the wells also showed coliform bacteria, but did not show elevated levels of potassium or phosphorus, which are usually associated with fertilizer, the nitrate contamination probably came from human or animal waste, not agricultural fertilizer use.
- VIII. Twenty-five wells exceeded recommended water quality standards for iron and/or manganese, which occur naturally in the groundwater due to local geology.
- VIX. One domestic well contained organic chemicals at levels below recommended drinking water standards. The source of the chemicals was not determined.
- X. The study showed no significant problem from metals, organics, or pesticides in water wells in the study area.
- XI. Groundwater quality in the study area is generally excellent. Efforts should be made to preserve the quality of this resource, especially by upgrading water wells. Groundwater should be considered a viable and important resource for private, public, or industrial use.



## INTRODUCTION

The water well study of the Calvert City area was an intensive survey and sampling program of private, public, and industrial water wells and springs in portions of Marshall, Livingston, and McCracken counties. In July 1987, ninety-two water wells and two springs were inspected. Seventy-six samples were analyzed for a minimum of seventy-nine parameters. The water quality parameters used in the study, water well inspection and spring inventory reports, recommended water quality standards, and results of analyses are listed in Appendices A through D. Locations of the water wells and springs sampled in the study are shown on Plate 1.

The objectives of this study were as follows:

1. to determine if the industrial complex at Calvert City is impacting domestic and public groundwater sources;
2. to obtain scientifically sound data on water wells and springs within the study area;
3. to identify contaminants and possible mechanisms for contamination of water wells and groundwater;
4. to make recommendations for the protection of water wells and the groundwater resource.

Participants in the study with a domestic water well received a copy of the well inspection form, water quality analysis report, and when necessary, recommendations for treatment of their private supply. Participating households were invited to a public meeting on March 13, 1988, at Kentucky Dam Village State Resort Park, Gilbertsville where the sample results were discussed.

Samples were collected from six public water supply systems. Four systems used multiple wells to supply their water treatment facilities. Physical system limitations and time constraints allowed only a composite sample to be taken from these supplies. Composite finished water (treated water) samples and composite raw water (untreated water) samples were taken at three of these water plants. A composite finished water sample only was taken at the fourth water supply system. Each public water supply system received a copy of the water analyses.

Samples were taken from four large production and fire protection wells at an industrial facility in the Calvert City industrial complex. Each well was sampled separately and copies of the analyses were sent to the facility.

The water well study of the Calvert City area was conducted by personnel from the Kentucky Department for Environmental Protection's Division of Water and two graduate students from the University of Kentucky's Department of Geological Sciences. Water quality analyses were performed by the Kentucky Division of Environmental Services. This report was prepared by staff from the Division of Water's Groundwater Branch.

## GENERAL GROUNDWATER HYDROLOGY

The following section defines groundwater and describes its movement and occurrence. The text was modified from the Kentucky Groundwater Protection Strategy (Kentucky Groundwater Advisory Council, 1987).

### Resource Description

Groundwater is subsurface water that occurs beneath the water table in soils and geologic formations that are saturated. More than 98 percent of all available freshwater is groundwater, which is maintained through the hydrologic cycle.

### The Hydrologic Cycle

The hydrologic cycle is a continuous interchange of water between the atmosphere, the earth's surface, and the subsurface. Water vapor accumulates in the atmosphere through evaporation from the land and bodies of water (particularly the oceans), and through transpiration from vegetation. When cooled, this water vapor collects to form clouds which give off moisture in the form of precipitation. Some of this precipitation evaporates back into the atmosphere before it reaches the earth, and some falls directly onto bodies of water or the land surface where it may evaporate again. Some of the precipitation that falls on land is returned to the oceans by surface runoff through a network of progressively larger streams and rivers. The remaining water infiltrates into the ground and is pulled down through the soil by gravity. This water may quickly return to the surface through springs and seeps, or it may continue to percolate down to enter deeper groundwater flow systems. Groundwater generally

travels slowly through pores in soil and rock, moving from areas of high elevation to lowlands (areas of high potential to low potential), and eventually discharges into lakes, streams, and oceans.

### **Subsurface Water**

Water infiltrating into the soil initially passes through the zone of aeration. In this zone, the water is called "soil water" and the pore spaces between the particles of soil are only partially filled with water. A well constructed in the zone of aeration will yield little or no water.

The next region encountered as the water percolates down through the ground is called the zone of saturation. Groundwater occurs in this region, where the pores in soil or rock formations are completely filled with water. Groundwater will flow into a well constructed in this zone. The boundary between the zone of aeration and the zone of saturation is known as the water table.

### **Groundwater Occurrence and Movement**

An aquifer is a geologic formation that yields significant quantities of water to wells or springs. Aquifers may be grouped by major flow characteristics into four main types: granular, fracture, diffuse, and conduit flow aquifers (Quinlan and Ewers, 1985). In a given aquifer, all four flow types may be present; however, one flow type, is usually predominant. The four aquifer types may be better defined as follows:

### Granular Flow Aquifers

Granular flow occurs when water flows around and between grains in rock or sediment. Alluvial wells are located in granular flow aquifers. Sandstones may also act as granular flow aquifers, depending on sediment sorting and size, and cementation. Shales and limestones are usually poor granular flow aquifers.

### Fracture Flow Aquifers

Groundwater movement in fracture flow aquifers occurs predominantly in fractures, joints, bedding planes, and faults. Fracture flow aquifers occur to some degree in most consolidated rock units and are common in shales, sandstones, siltstones, and limestones.

### Conduit Flow Aquifers

Groundwater movement in conduit flow aquifers occurs in conduits or caves. Water movement may be very rapid, with little filtration or dilution. Conduit flow aquifers in Kentucky usually occur in limestone.

### Diffuse Flow Aquifers

Groundwater movement in diffuse flow aquifers occurs in poorly integrated pores, joints, bedding planes, and tubes. This aquifer type may occur in any consolidated rock, with limestones being the most common.

## Water Wells

Water wells are constructed to intersect an aquifer for use as a water supply. A water well is defined by Kentucky law as "any excavation or opening in the surface of the earth that is drilled, cored, bored, washed, driven, jetted, or otherwise constructed . . ." when it is intended for the ". . . removal of water for any purpose." How a water well is constructed can be extremely important to well water quality. Poor construction practices allow surface water to enter the well, causing contamination. Insufficient casing can result in the intermixing of water of differing quality between aquifers, degrading the groundwater. Poorly constructed wells can mask high quality groundwater. This often results in under utilization of an important resource because people perceive that groundwater is of poor quality when the poor quality well water is actually due to poor well construction or maintenance.

Because of improper well construction, contaminated wells appear to be more common than contaminated aquifers. Improperly constructed or maintained wells can act as a direct avenue for pollutants to enter groundwater. This bypasses natural soil filtration and groundwater cleansing. To protect groundwater and water well users, Kentucky requires that all water well drillers be certified by the Natural Resources and Environmental Protection Cabinet prior to constructing or modifying a water well. Kentucky "Water Well Construction Practices and Standards" were established by regulation in August, 1985, to ensure proper well construction. All newly constructed or modified water wells must be in compliance with these standards.

## Well Types

Water wells are usually classified by method of construction. The most common well types include hand dug, drilled, and bored. In the Calvert City study area, all three well types were identified.

◦ **Hand Dug Wells** - are usually constructed by digging a hole with a pick and shovel and removing material by a bucket and rope. These wells are generally shallow and the inside of the well is usually lined with rocks, bricks, or other supporting material to prevent collapse. Hand dug wells are constructed to collect near surface water. This type of construction, however, does not provide an adequate seal at the surface, making hand dug wells susceptible to contamination from surface runoff. A water treatment system (chlorinator or ultraviolet light system) is usually recommended for hand dug wells. Since these wells are of large diameter, the casing should extend above the ground surface and be covered to prevent debris or children from falling into the well.

◦ **Drilled Wells** - are the most common type of new well construction. Cable tool and rotary drilling machines are used to drill water wells to great depths, allowing more efficient use of groundwater resources than hand dug wells. Drilled holes are held open by steel or plastic casing that prevents surface water from entering the well and helps ensure the well is sanitary. State standards require the installation of a minimum of 20 feet of casing in all wells. Additional casing may be required, depending on local geologic and hydrologic conditions. An impermeable material must be used to seal the annulus (the space between the drill hole and the casing) to prevent contaminated surface water from entering the aquifer.

Certain well construction practices are prohibited because these practices can create unsanitary conditions. Constructing buried wellheads (the top of the well) or

completing wellheads in pits have been illegal practices in Kentucky since August, 1985. Buried wellheads increase the potential for groundwater contamination and can actually draw surface and soil water into a well while it is pumping. Well construction regulations require all well casing to extend at least four inches above the ground surface and be capped with an appropriate well seal or cap. Pitless adapters allow the discharge water pipe to exit the well casing below the frost line, yet supply a water tight seal which prevents surface water from entering the well. Buried wellheads also prevent inspection, proper maintenance, disinfection, or sampling of the well, and makes pump repair more difficult and expensive. Drilled water wells usually produce water that requires no disinfection, if they are properly constructed and maintained.

◦ **Bored Wells** - are constructed with a large diameter auger drill or bucket rig and are usually lined with concrete casing. This type of well allows marginal quantity aquifers to be developed and provides a great amount of storage. Bored wells can easily be contaminated if they are not properly sealed or constructed. Holes punched or drilled through the side of the concrete casing, to permit pipes and wires to enter the well, must be watertight. The well cap should be a tight-fitting, reinforced concrete cap at least equal in diameter to the outside diameter of the casing. These measures provide a good seal and prevent rainwater, insects, and animals from falling into the well, and minimize the danger to small children. Bored water wells may require continuous disinfection since the upper casing joints may allow contaminated, near-surface water to enter the well.

### **Springs**

A spring is formed where the water table intersects the land surface. Springs may be defined as seeps which occur in soils, or as gravity springs, alluviated springs, or artesian springs. The latter three spring types are usually associated with limestone and conduit flow



aquifers. Conduit flow springs are usually associated with a karst topography which is common to the limestone areas of Kentucky. Karst is characterized by sinkholes, sinking streams, deranged surface drainage, large springs, and well-integrated subsurface drainage networks (caves). Karst areas are very susceptible to pollution from surface activities and their use as a private water supply should include treatment.

## DESCRIPTION OF STUDY AREA

The water well study of the Calvert City area was conducted in the northeastern portion of the Jackson Purchase area of Kentucky, centered around but not including the chemical/industrial complex at Calvert City (Figure 1). This area includes parts of Marshall, McCracken, and Livingston counties and covers portions of the Paducah East, Little Cypress, Calvert City, Briensburg, Elva, Symsonia, and Melber U.S.G.S. 7½ minute topographic quadrangle maps (Figure 2). The study area is bounded on the south and west by the East Fork of the Clarks River, on the east by U. S. Route 641, and to the north by a line parallel to and three miles north of the Tennessee River (Figure 1). All wells and springs sampled and inspected are within this area except for the North Marshall Water District Plant No. 1 wells, which lie just east of U. S. Route 641, and a control well located five miles southwest of Paducah.

The average temperature in the study area, based on data from the last 30 years, is 59.4°F. The record high temperature was 104°F in July of 1980 and the record low was -7°F in January of 1982. The average precipitation for the same time period was 47.12 inches per year with a mean of 113 precipitation days per year, of which 53 days were thunderstorms (U. S. Department of Commerce, 1982). A 10 year, 24-hour storm event for the area is 5.0 inches of rain (Kentucky Division of Water, 1979). The prevailing wind direction is from the southwest (U. S. Department of Commerce, 1982).

The area is mainly non-agricultural with 96.3% of the work force employed in non-agricultural jobs (Kentucky Department of Economic Development, 1984). Observations in the study area during field sampling indicated very few areas where intensive farming was taking place. Small farms with limited crop acreage and/or livestock seemed to be fairly common. Most heavy industry in the area is located near the Tennessee River where the

# Location of the Calvert City Study Area

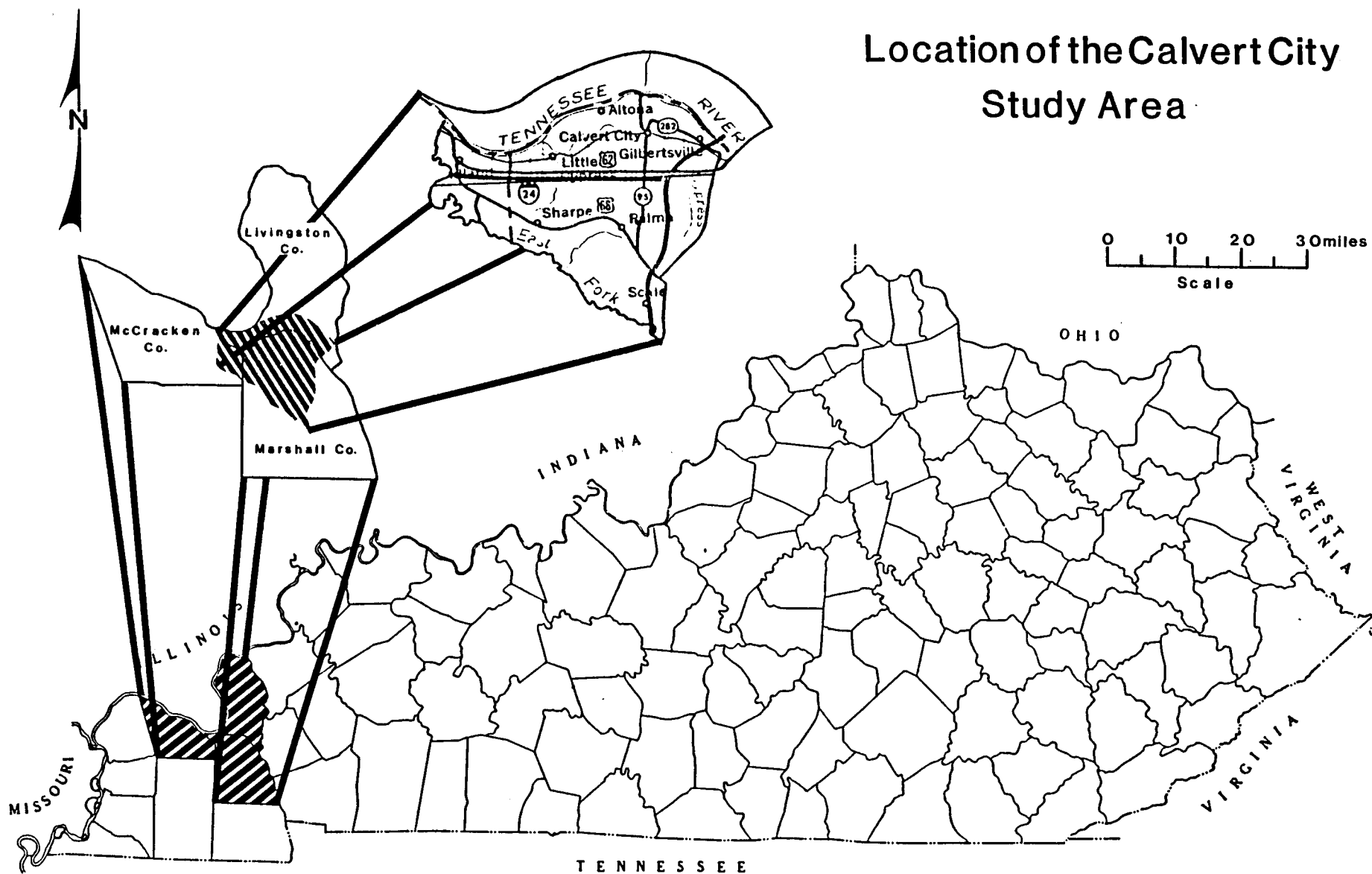


Figure 1

II

Topographic and Geologic  
Quadrangle Locations for  
the Calvert City Study  
Area

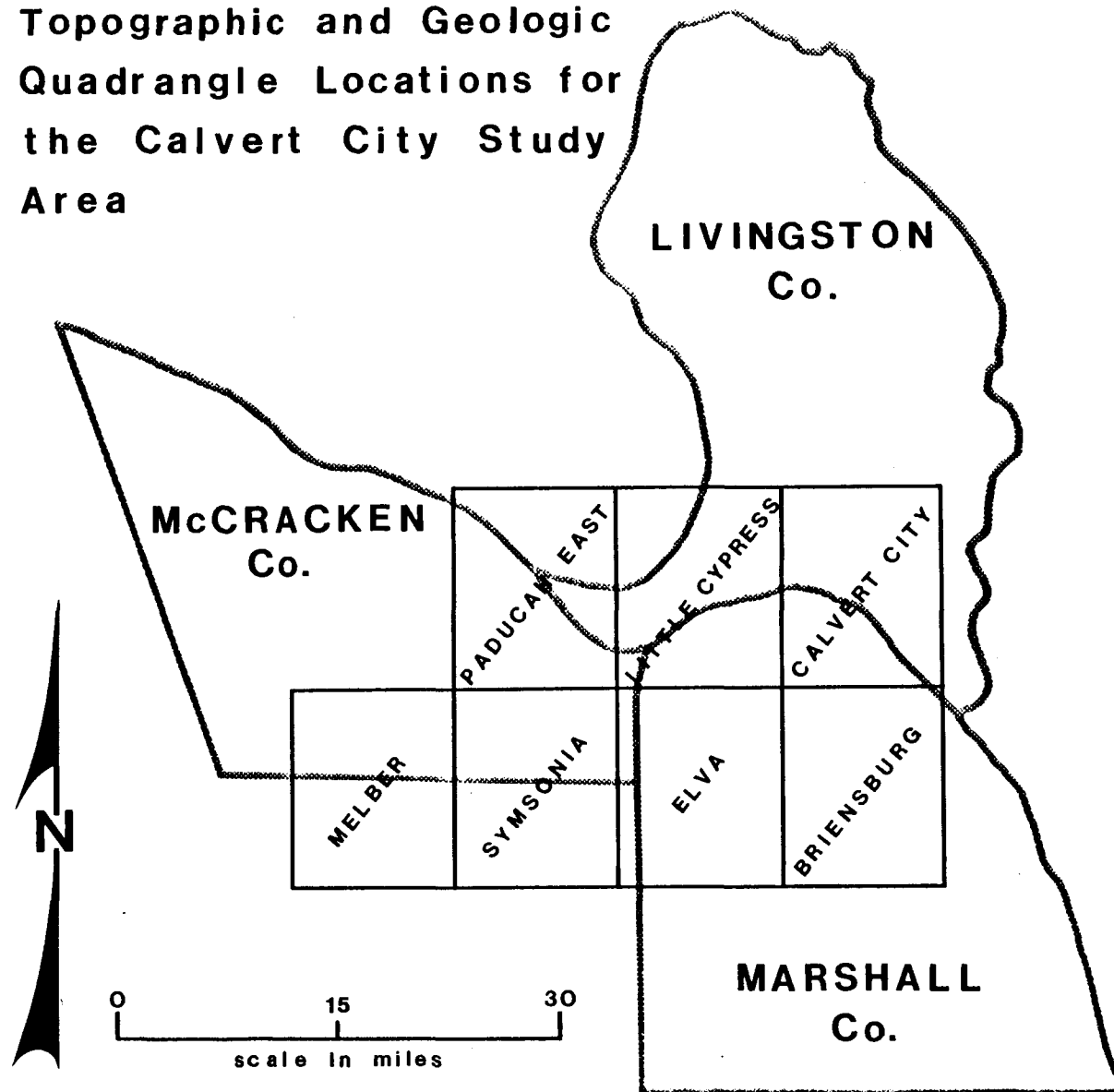


Figure 2

major rail and barge transportation facilities are located. Chemical and manufacturing facilities make up a majority of the industrial base.

### **Hydrogeology of the Calvert City Study Area**

The Jackson Purchase area is located in the northeastern portion of the Mississippi embayment of the Gulf Coastal Plain physiographic province (Figure 3). The Mississippi embayment is a south-plunging syncline whose axis generally parallels the Mississippi River. The area is characterized by Cretaceous and younger unconsolidated sediments unconformably overlying Paleozoic rocks ranging in age from Ordovician to Mississippian. Local relief seldom exceeds 50 feet except near major streams (McDowell, 1986).

Groundwater movement and occurrence in the Calvert City area can be grouped into two basic aquifer types: granular flow systems and fracture flow systems. Granular flow systems occur in the sand, gravel, and clay of the unconsolidated Mississippi Gulf coastal plain sediments. Water occurs between the individual grains of material and moves from areas of highest potential to areas of lowest potential. Under water table conditions, water moves down the gradient of the water table. Discharge of near-surface aquifers occurs at local surface streams, with the major flows trending toward the Tennessee River and the East Fork of the Clarks River (Davis et al., 1973).

Granular flow systems are the aquifer type most commonly used by domestic wells in the study area. Groundwater movement is measured in inches to feet per day for most of these aquifers.

Fracture flow systems occur in consolidated rock units underlying the unconsolidated deposits and in areas north and east of the Tennessee River. In fracture flow systems,

Location of the Mississippi Embayment and Study Area

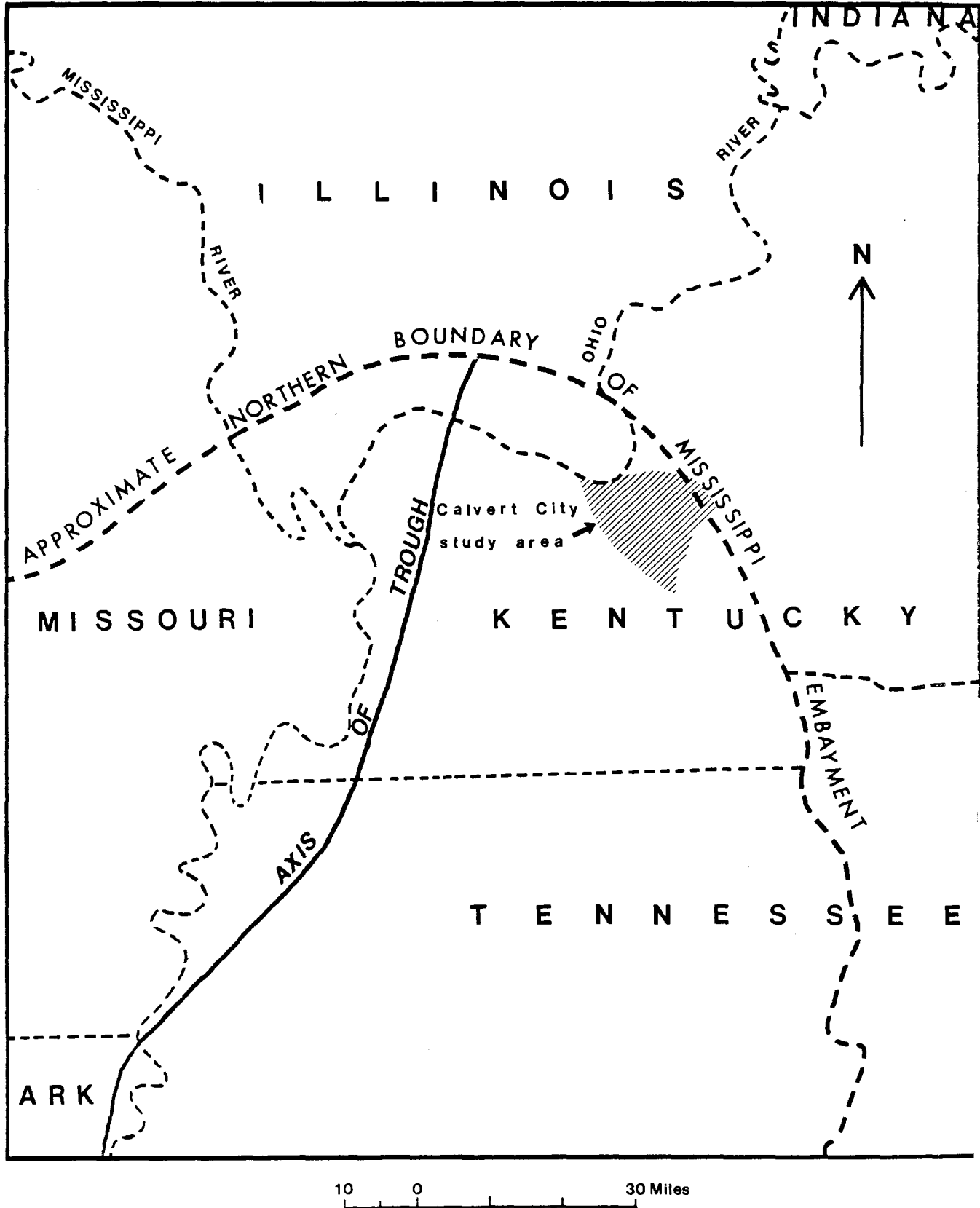


Figure 3

groundwater storage occurs in rock pores as well as in fractures. However, the majority of water produced from these systems is yielded from fractures and joints. Where fracture systems are large and interconnected, well yields can be very large. Two wells at North Marshall Water District Plant No. 1 and one well at the Reidland Water-Sewer District plant use a fracture or conduit flow aquifer in limestone.

The Calvert City study area is characterized by Cretaceous and younger sands, clays, and gravels unconformably overlying limestone and shale of Mississippian age (Figure 4). The Mississippian bedrock was deposited in a generally shallow marine environment. Younger bedrock formations of Late Mississippian and Pennsylvanian age may originally have been deposited on the existing bedrock, but were subsequently removed by erosion. Deposits of Permian through Early Cretaceous ages probably never existed in the study area. After this period of nondeposition and erosion, the Late Cretaceous and younger sediments were deposited. These sediments are largely deltaic and marine in origin (McDowell, 1984).

The following detailed description of the hydrogeology of the study area is summarized from the following references: Amos and Finch (1968), Amos and Wolfe (1966), Brown and Lambert (1963), Davis (1965, 1967), Davis et al. (1971, 1973), Finch (1964, 1968), Lambert (1967), Lambert and Brown (1963), Lambert and MacCary (1964), MacCary (1964), McDowell (1986), McGrain (1970, 1978), Morgan (1964, 1965), Olive (1963, 1966, 1972), Olive and Finch (1969), Pree and Walker (1952), Pree et al. (1957), and Swanson (1970).

### Mississippian Bedrock

Bedrock of Mississippian age underlies the more recent unconsolidated sediments in the study area. The Late Mississippian limestone of the Fort Payne Formation is present in the

GENERALIZED SECTION OF STRATIGRAPHIC UNITS IN THE CALVERT CITY STUDY AREA

SYSTEM	SERIES	GROUP AND FORMATION	LITHOLOGY	THICKNESS (feet)	GEOLOGIC CHARACTER	HYDROGEOLOGIC CHARACTER
QUATERNARY	Holocene	Alluvium		0-200	Brown to gray silt, sand, and gravel; rarely calcareous. Thickest beneath flood plain of the Tennessee River.	Gravel and sand zones along the Tennessee River can support very large yield wells. Water may contain excessive iron levels which require treatment. Basal gravels along the Clarks River can support domestic wells and in some areas maybe able to support small industrial needs.
	Pleistocene	Lacustrine deposits		0-185		
		Loess		0-80	Fine grained lake deposits located in small, scattered patches around the study area.	Sediments are too fine grained and lack the lateral extent in the study area to be considered an aquifer.
		Continental deposits		0-100		
TERTIARY	Miocene (?) and Pliocene	Porters Creek		0-100	Brown to gray silt, intermixed with minor amounts of clay and fine sand; nonstratified blanket-like deposit; locally calcareous and fossiliferous. Thickest in the western portion of the study area.	Not an aquifer. Material is too fine grained to transmit water easily and generally found above the zone of saturation.
		Clay		0-230	Brown to reddish-brown gravel; pebbles dominately chert and subordinately quartz; scattered lenses of clay and sand; unit thins northward and westward.	Gravel generally supplies adequate water for domestic use and some areas may be capable of supporting very large yields. Can have iron levels which require treatment.
	Paleocene	McNairy and Clayton Formations		0-275	Light to dark gray montmorillonitic clay, locally glauconitic; beds of gray to brown micaceous and generally glauconitic sand common in lower and upper parts; intersected at many places by vertical to near-vertical clastic dikes. Conformably overlies the Clayton and McNairy Formations, in most places.	Not an aquifer, although a few wells are known to tap sand zones near the top of the formation. Important confining layer, although clastic dikes are known to penetrate the formation in places.
		Clayton		0-275	Gray to brown interlensing sand and clay, characterized by thin laminae, blebs, and minute lenses of white, clean, very fine micaceous quartz sand; local lignite beds. Lower part dominately light-gray to brown crossbedded quartz sand; carbonized plant remains and iron sulfide nodules common; sparse lenses of chert-pebble and quartz-sand-matrix gravel in lower 50 feet. Unconformably overlies the Tuscaloosa Formation and Paleozoic rocks.	Lower sand zones are excellent aquifers. Upper sand zones are locally perched aquifers and provide sufficient water for domestic use. Perched aquifers tend to have higher levels of iron and may require treatment.
CRETACEOUS	Upper Cretaceous	Clayton		0-275	Pale-gray to pale-orange chert-pebble gravel in a chert-sand, silt, and clay matrix; contains irregularly spaced thin lenses of chert sand, silt, and clay. Formation is exposed as scattered lenses in area bordering Kentucky Lake. Unconformably overlies Paleozoic limestone, chert, and shale.	The chert-sand, silt, and clay matrix has a low permeability and tends to clog well screens. Well yields are generally low.
MISSISSIPPIAN	Mississippian Undrift.	Tuscaloosa Fm.		0-165	Limestone and shale. Early Mississippian aged rocks form the bedrock surface near Kentucky Lake and Middle to Late Mississippian rocks form the bedrock surface near the western border of the study area. Exact contacts have not been delineated and therefore individual formations have not been differentiated.	Water is primarily stored and transmitted through fractures and fracture zones. Wells which intersect fractures can produce large quantities of water while those that do not may not produce enough water for domestic use. Water tends to be hard.
		Mississippian Bedrock		0-500+		

Figure 4



northeastern portion of the study area. To the southeast, progressively younger Mississippian rocks occur at the bedrock surface.

Mississippian bedrock is a fracture flow aquifer system. Limited data are available concerning the Mississippian bedrock aquifer, but a few public water supply wells have intersected fractures or conduits that supply significant amounts of water.

### Tuscaloosa Formation

The Tuscaloosa Formation of Late Cretaceous age consists of chert gravel in a chert sand, silt, and clay matrix. The formation unconformably overlies the Mississippian bedrock. It is difficult to differentiate the Tuscaloosa gravels from the chert rubble at the top of the Mississippian bedrock. The formation is known to be present only near Kentucky Lake. Because of the chert sand, silt, and clay matrix, the formation has a low permeability and well yields are low.

### McNairy and Clayton Formations

The McNairy and Clayton Formations of Late Cretaceous to Early Paleocene age are composed of clay, sand, and gravel. The McNairy Formation is thinnest in the northeastern portion of the study area, becoming progressively thicker to the west and south. The amount of clay within the formation is greatest in the northwest portion of the study area, with the sand content increasing to the south and east. The Clayton Formation, consisting mostly of clay, overlies the McNairy Formation in some areas. It is a very thin unit and is not lithologically separable from clays of the McNairy Formation. Therefore, the two formations are undifferentiated.

A layer of fine sand generally present near the bottom of the McNairy Formation may yield over 100 gpm. The quality of water is generally good, although iron may be a problem in some areas. Water movement in this unit is generally toward the major surface streams in the area.

### Porters Creek Clay

The Porters Creek Clay of Late Paleocene age overlies the Clayton and McNairy Formations in the southwest portion of the study area. The formation is composed of light gray to black clay with 10 to 20 feet of glauconitic clay and sand at the base.

The Porters Creek Clay is generally not considered an aquifer. It usually makes a cap for the underlying Clayton and McNairy Formations and forms a virtually impermeable base for aquifers above. Sand-filled fractures (clastic dikes), however, allow some vertical water movement through the formation, contributing to recharge of underlying sediments. Some sand lenses in the upper part of the formation have yielded water to domestic bored and dug wells.

### Continental Deposits

Continental deposits of Miocene(?) and Pliocene age cover most of the Jackson Purchase with a veneer of gravel, sand, and clay. This formation is believed to be derived from small, braided streams. The continental deposits in the study area vary in thickness from 0 to 100 feet. In many areas, this formation is thick enough to provide significant amounts of quality water.

## River Alluvium

In the Calvert City area, the Tennessee River alluvium is a major aquifer that is 1 to 2 miles wide and 10 miles long. Average thickness of the alluvium is 80 to 100 feet. According to Finch (1968), the top 10 to 35 feet of alluvial material consists mostly of clay and silt. The intermediate zone is 10 to 30 feet of fine to medium sand with locally occurring clay layers. The bottom portion of the alluvium consists of 30 to 50 feet of gravelly sand and sandy gravel. The alluvium overlies limestone of Mississippian age.

The sand and gravel zones generally produce more than 1,000 gpm where the thickness exceeds 50 feet (Davis et. al, 1971). The natural water quality is generally good except for high concentrations of iron; consequently, it must be treated for most uses. Groundwater flow in this formation is toward the Tennessee River.

## STUDY DESIGN

The water well study of the Calvert City area consisted of two phases: Phase I - Study Plan and Phase II - Sampling and Analysis. Phases I and II are briefly outlined below:

### Phase I - Study Plan

The study plan developed by the Groundwater Branch of the Division of Water, included the following seven parts:

1. Identification of Sampling Sites - Springs and wells in the Calvert City area were identified through information from U. S. Geological Survey data, a review of water well records, and interviews with local water well drillers.
2. Selection of Sampling Sites - Ninety-two wells and two springs were identified for inclusion in this study (Plate 1). Wells selected included a variety of construction types (drilled, hand dug, and bored) with locations distributed uniformly throughout the study area. Participation by domestic well owners was voluntary.
3. Field Testing of Well Inspection Form - A well inspection form, to be used statewide to document physical well characteristics, was field tested during the study.
4. Field Testing of Spring Inventory Form - A spring inventory form, to be used statewide to document physical spring characteristics, was field tested during the study.

5. Selection of Water Quality Parameters - Seventy-nine water quality parameters were selected for analysis for all water wells and springs sampled in the study area. Additional water quality parameters were selected for analysis for some wells during the initial sampling period to test for potential contaminants, or during resampling to document known contaminants and/or their source. A total of 147 water quality parameters were selected for analysis in the study (Appendix A).
  
6. Development of a Quality Assurance Plan - Field sampling protocols incorporated the quality control measures defined in the U. S. Environmental Protection Agency manual "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods (SW-846)" (1986b).
  
7. Field Staff Training - The Department for Environmental Protection developed and implemented a training program for field staff involved in the study. Background information on groundwater hydrology, topographic map reading, well construction standards and techniques, study methodology, inspection procedures, field coordination, sample reporting/shipment, and data notification were included in the training.

## **Phase II - Sampling and Analysis**

1. Well Inspection and Sampling - Personnel from the Division of Water and two graduate students from the University of Kentucky, Department of Geological Sciences, conducted 94 inspections and collected 76 samples from the selected water wells and springs. Well inspection forms were completed for each water well inspected and spring inventory forms were completed for each spring inspected (Appendix B).

2. Water Quality Analyses - Water wells and springs were sampled for microbiologic and chemical parameters (Appendix A).
3. Water Quality Recommendations - Chemical water quality results from each well were compared to standards set in the Safe Drinking Water Act of 1977 (with 1986 amendments). Microbiological standards were obtained from the World Health Organization (1984a, 1984b, 1985) and the American Public Health Association et. al. (1987). World Health Organization microbiological standards were more applicable to this study because a majority of the water wells were used for private domestic purposes and had no treatment systems. All recommended water quality standards are listed in Appendix C.
4. Water Well Resampling - Wells not meeting primary chemical water quality recommendations (Appendix D) received a follow-up inspection by field staff and additional water samples were collected. These samples were analyzed for the specific contaminants and additional parameters to determine the possible contamination source(s) and better characterize the groundwater chemistry.
5. Notification of Test Results - Test results were mailed to the water well owner/user. Recommendations on domestic well rehabilitation and/or treatment accompanied test results when necessary.
6. Public Meeting - A public meeting was held to discuss water quality analysis questions with those individuals who participated in the survey.

## DISCUSSION OF RESULTS

Data collected for the water well study of the Calvert City area were compiled, organized, and analyzed by the Groundwater Branch of the Kentucky Division of Water. Several trends and limitations of the study data were identified. Information obtained from this study will be placed in the Division's groundwater data base and used to improve future studies.

The results of the data from this study indicate the following water quality problems: bacterial contamination, localized poor secondary groundwater quality, and isolated problems with primary water quality parameters and volatile organics. At this level of investigation, none of the analyses indicate unsolvable natural or man-made pollution problems. The data suggest the majority of the problems encountered are a result of poor well construction practices and local hydrogeology.

### Bacteriological Results

Bacteria is the most common private domestic water well contaminant and the water quality problem of greatest concern in the study area. Thirty-four percent (21 of 62) of all private domestic water wells sampled during the study exceeded the coliform bacteria criteria. In this study, wells that equal or exceed 1 colony per 100 ml for fecal coliform, or 4 colonies per 100 ml for total coliform, were defined as contaminated. The World Health Organization (WHO) has recommended these standards for private domestic water supplies (Appendix C). Fecal coliform are non-spore forming bacteria residing in the intestinal track of warm-blooded animals and are excreted in large numbers in feces. The average number of coliforms per gram of feces is 50 million (Hammer, 1975). Total coliform are also non-spore forming bacteria and are found in soils as well as the gut cavities of cold- and warm-blooded

animals. Both coliforms are used as indicators for the potential occurrence of pathogenic organisms.

An analysis of bacteriological results for the private domestic water wells sampled is listed by county and by well construction method in Table 1. Results for each well are listed in Appendix D.

There is a strong positive correlation between the well construction method and bacterial contamination. One-hundred percent (6 of 6) of the hand dug wells and 57 percent (8 of 14) of the bored wells sampled exceeded the recommended coliform bacteria standards, while only 17 percent (7 of 42) of the drilled wells showed bacterial contamination. Three of the six hand dug wells exceeded the recommended coliform bacteria standard for both total and fecal coliform. No bored wells and only one drilled well exceeded the recommended fecal coliform bacteria standard. Hand dug wells had a significantly higher average coliform count than bored wells which in turn had a significantly higher average count than drilled wells.

There is also a positive correlation between bacterial contamination and the type of wellhead completion. Two of the six hand dug wells sampled in the study were completed below the ground surface and both exceeded the recommended total coliform bacteria standard. Three of the fourteen bored wells sampled in the study were completed at the ground surface or in a well pit below the ground surface. All three wells were contaminated with total coliform bacteria. Interestingly, only 30 percent (3 of 10) of the drilled wells which had buried wellheads were contaminated. This percentage of contaminated wells, however, was almost twice the average contamination rate for drilled wells sampled in the study. Of the seven drilled wells which exceeded the recommended coliform bacteria standards, three wells were buried or completed below the ground in a well pit and two wells were completed above the ground but did not have a sanitary seal installed or the seal was improperly installed.



Table 1. Private domestic water wells in the study area exceeding the recommended standards for coliform bacteria for private domestic water supplies\*

County	Drilling Method	Number of Sampled Wells in County	Number of Sampled Wells Exceeding Bacteria Criteria	
			Number	Percent
McCracken	Hand Dug	0	0	0%
	Drilled	3	1	33%
	Bored	4	3	75%
Subtotal		7	4	57%
Livingston	Hand Dug	0	0	0%
	Drilled	15	2	13%
	Bored	0	0	0%
Subtotal		15	2	13%
Marshall	Hand Dug	6	6	100%
	Drilled	24	4	17%
	Bored	10	5	50%
Subtotal		40	15	37.5%
Subtotal	Hand Dug	6	6	100%
	Drilled	42	7	17%
	Bored	14	8	57%
Total		62	21	34%

\*Coliform Bacteria Standards: Total Coliform -  $\leq 4$  colonies per 100 ml or Fecal Coliform -  $\leq 1$  colony per 100 ml.

4 E coli + Fecal  
 21  
 21 / 4.0  
 21  
 190  
 189  
 100

One well was completed above the ground and apparently properly sealed. There was a concrete pad around the top of the well, however, so it was not possible to determine if the annular space was properly sealed. It was not determinable if the seventh well was completed above the ground surface or if it was properly sealed.

Hand dug and bored wells are more susceptible to bacterial contamination than drilled wells because of the difficulty in obtaining a watertight seal at the surface or near-surface. Bored wells are prone to contamination from near-surface waters because the casing joints are not watertight. This allows surface runoff or near-surface waters, which may be contaminated, to enter the well. The water well construction standards now require the annulus of all bored wells to be grouted to a depth of at least ten feet with concrete. Unfortunately, no bored wells sampled for this study were constructed under the new standards, so the effectiveness of the new construction standards could not be determined.

Seven domestic wells and one public water supply well included in this study were drilled since Kentucky established the Water Well Drillers Certification Program and the water well construction standards. It is significant that all eight wells tested negative for coliform bacteria.

All 22 public water supply wells and the 4 industrial wells tested negative for both total and fecal coliform bacteria. The spring (AKGWA #0000-5018) equaled the total coliform bacteria criteria of 4 colonies per 100 ml, but tested negative for fecal coliform bacteria.

## Primary Water Quality Results

### Inorganic Results

Three well (AKGWA #'s 0000-5006, -5021, and -5036) samples initially equaled or exceeded the recommended maximum contaminant level for lead (0.05 mg/l). Each well was resampled to determine if the lead source was the plumbing system or the groundwater. A sample was taken immediately after turning on the tap. A second sample was taken after letting the water run for five minutes. In addition to lead, samples were analyzed for copper, zinc, fluoride, calcium, magnesium, sodium, chloride, sulfate, pH, acidity, and alkalinity to help determine the contamination source and better characterize the groundwater chemistry. Contamination from the plumbing system is suspected in two of the homes (AKGWA #'s 0000-5006 and -5036) because lead levels (0.003 mg/l and 0.169 mg/l, respectively) detected in the samples taken immediately after the water was turned on were significantly higher than lead levels (0.002 mg/l and 0.007 mg/l, respectively) detected in the samples taken after the water had run for five minutes. Both homes showed the same response relative to copper and zinc, indicating the piping and lead solder joints were being corroded. The homeowners were notified that they either needed to let the water run for a few minutes before using it for drinking and cooking, or to replace the copper piping that has lead solder joints. Both samples from the third well (AKGWA #0000-5021) had no detectable lead. This home had all plastic piping, so it is suspected that the acid ampule used for preserving the initial sample was contaminated with lead.

Nitrate was detected in five well samples at concentrations equal to or greater than the recommended maximum contaminant level for nitrate (10 mg/l). Four of these wells (AKGWA #'s 0000-5015, -5026, -5046, and -5066) were resampled to verify the results. The fifth well (AKGWA #0000-5052) was not resampled because the pump had broken and the well was not being used for domestic purposes. In an attempt to determine whether the nitrate

source was agricultural (fertilizer) or from human or animal waste, and to better determine the groundwater chemistry, the wells were resampled and analyzed for nitrate-nitrogen, total Kjeldahl nitrogen, ammonia-nitrogen, potassium, phosphorus, calcium, magnesium, sodium, chloride, sulfate, acidity, alkalinity, and pH. One sample (AKGWA #0000-5026) indicated a nitrate-nitrogen concentration of 0.065 mg/l, well below the recommended maximum contaminant level (10 mg/l). It is believed that nitric acid, used as a preservative for heavy metal samples, contaminated the original sample. The other three well samples showed concentrations of nitrate-nitrogen greater than 10 mg/l. The concentrations for Kjeldahl nitrogen, ammonia-nitrogen, phosphorus, and potassium were at low levels or below detection. This suggests the nitrate source is due to human or animal waste rather than fertilizer use. Two of these wells (AKGWA #0000-5046 and -5066) also exceeded the coliform bacteria criteria. Wells #0000-5015 and -5046 are bored wells and are susceptible to contamination. Well #0000-5066 had no well cap or sanitary seal installed. Nitrate contamination is apparently related to well construction in these wells. Each homeowner was notified of the resampling results. Each well owner was advised to have their well inspected by a Kentucky certified water well driller to determine and, if necessary, correct any well construction deficiencies which may be causing contaminated water to enter the well. Water treatment techniques were also suggested.

Selenium concentrations in two wells (AKGWA #'s 0000-5006 and -5089) equalled or exceeded (0.033 mg/l and 0.010 mg/l, respectively) the recommended maximum contaminant level (0.01 mg/l). Well #0000-5006 was resampled for selenium and found to be below the detection limit of 0.010 mg/l. EPA has investigated the selenium standard and a new standard for selenium has been recommended and should be incorporated into the standards set by the Safe Drinking Water Act in the near future. Both wells with initially elevated selenium levels were below the proposed new standard (0.045 mg/l) and it is believed that no problem exists at these levels.

All other primary inorganic parameters listed in Appendix A were within recommended standards.

### Organic Results

Water samples were analyzed for over 64 organic compounds as part of the study. Results are listed in Appendix D. Three wells (AKGWA #'s 0000-5005, 0000-5006, and 0000-5008) tested positive for very low levels of methylene chloride. Each of these wells was resampled and analyzed for methylene chloride and 68 other organic chemicals. All organics were found to be below the detection limit in the second samples. Methylene chloride is commonly used as a laboratory extraction solvent. Therefore, the original positives may be attributed to cross contamination in the laboratory.

One domestic well (AKGWA #0000-5066) in Livingston County indicated a concentration of 0.001 mg/l for 1,1-dichloroethene and 0.007 mg/l for 1,1,1, trichloroethane. These concentrations are below the recommended maximum contaminant levels of 0.007 mg/l for 1,1-dichloroethene and 0.20 mg/l for 1,1,1 trichloroethane. This well was resampled and the presence of 1,1-dichloroethene (0.0036 mg/l) and 1,1,1 trichloroethane (0.019 mg/l) were confirmed, along with carbon tetrachloride (0.0029 mg/l). The three organic chemicals detected during the second sampling were all below the recommended maximum contaminant levels (0.005 mg/l for carbon tetrachloride). The source of the low levels of organics is not known. Septic tank additives, paint remover, or chemical degreasers placed in the septic system are possible sources. The well lacks a well cap or sanitary seal so airborne contaminants from the Calvert City industrial complex, located upwind directly across the Tennessee River, may be drawn into the well during pumping. It is possible that fallout from air pollution may be a nonpoint source of contamination.

Three industrial wells located in the Calvert City industrial complex, (AKGWA #'s 0000-5090, -5091, and -5092) tested positive for one or more organic compounds. Two of these wells (AKGWA #'s 0000-5090 and -5091) tested positive for vinyl chloride (0.001 mg/l and 0.003 mg/l, respectively), two wells (AKGWA #'s 0000-5090 and -5092) tested positive for 1,1-dichloroethane (0.002 mg/l for both), and one well (AKGWA #0000-5090) tested positive for 1,1-dichloroethene (0.003 mg/l). The recommended maximum contaminant level for vinyl chloride is 0.002 mg/l and for 1,1-dichloroethene it is 0.007 mg/l. There is no recommended maximum contaminant level for 1,1 dichloroethane. One well (AKGWA #0000-5091) exceeded (0.003 mg/l) the recommended maximum contaminant level for vinyl chloride. The organic compounds detected in the other wells were at low concentrations and below the recommended maximum contaminant levels when applicable. These water wells are not used as a drinking water supply.

Trihalomethanes were detected in water samples from four domestic wells (AKGWA #'s 0000-0747, -5057, -5060, and -5085), three public water supply systems (Reidland Water-Sewer District, North Marshall Water District #1, and the Calvert Drive-In Theater (AKGWA #0000-5095)), and one industrial well (AKGWA #0000-5091). All four domestic wells, the industrial well, and the Calvert Drive-In Theater well tested positive for chloroform. Dibromochloromethane and bromoform were detected in the finished water sample from the Reidland Water-Sewer District's wells. Chloroform and bromodichloromethane were detected in the finished water sample from the North Marshall Water District #1's wells.

Trihalomethanes are usually formed as a byproduct of the chlorination process and are dependent, in part, on the level of organic material in the water being chlorinated. For public drinking water supplies, the yearly average for total trihalomethanes must be less than 0.1 mg/l. No well exceeded the recommended average level for trihalomethanes for the sampling period. The wells should be sampled quarterly and the results averaged for a one year period before it can be determined if the well water exceeds the recommended maximum

contaminant level for trihalomethanes. Sampling of this nature is beyond the scope of this study. Either a change in the chlorination process or switching to another disinfection process (ultraviolet light for domestic wells) may reduce trihalomethane formation if it is found to be a problem.

All other organic parameters listed in Appendix A were below detection limits.

### Secondary Water Quality Results

Secondary water quality recommendations are based on utility and aesthetics rather than health criteria. Water exceeding a secondary water quality recommendation usually has a taste, odor, color, corrosion, or scale problem. In the study area, 74 percent (46 of 62) of the private domestic wells sampled, 100 percent (4 of 4) of the industrial wells, and raw water samples from 67 percent (4 of 6) of the public water supply systems exceeded one or more secondary water quality recommendations.

Twenty-nine percent (18 of 62) of the private domestic wells, 100 percent (4 of 4) of the industrial wells, and the raw water samples from 50 percent (3 of 6) of the public water supply systems sampled (Reidland Water-Sewer District, Ledbetter Water District, and Calvert City Municipal Water) exceeded the recommended maximum level for total iron (0.3 mg/l). Eighteen percent (11 of 62) of the private domestic wells sampled, 75 percent (3 of 4) of the industrial wells, and the raw water samples from the three public water supply systems listed above exceeded the recommended maximum level for manganese (0.05 mg/l). The finished water samples from the three public water supply systems were below the standard for both iron and manganese, so these parameters are not of concern for system users. Iron and manganese may pose an aesthetic problem, but do not present a health risk. Iron is associated with a red discoloration of water and can stain clothes and fixtures at levels above 1.0 mg/l. Manganese, like iron, is relatively soluble in water. Manganese is often associated with a

black staining of clothes and fixtures. Iron and manganese may be treated by oxidation and filtration or ion exchange (water softener) systems.

Eight percent (5 of 62) of the private domestic wells (AKGWA #'s 0000-5025, -5031, -5052, -5064, and -5084) and 25 percent (1 of 4) of the industrial wells (AKGWA #0000-5092) exceeded the recommended secondary water quality standard (500 mg/l) for total dissolved solids (TDS). TDS is a measure of the total material dissolved in a solution. Depending on the concentration and minerals present, elevated concentrations of TDS may have a laxative effect on some persons. Elevated TDS also indicates hard water, which may cause problems with the cleaning action of detergents and cause scale buildup in the plumbing. TDS can be treated with reverse osmosis or an ion exchange system.

One private domestic well (AKGWA #0000-5084) had a sulfate concentration of 602 mg/l which exceeded the recommended maximum level for sulfate (250 mg/l). Sulfate can induce a laxative effect on some people. Treatment for wells with high sulfate include deionization or ion exchange systems. This well also exceeded the coliform bacteria criteria, the recommended maximum contaminant level for total dissolved solids, and had an elevated nitrate concentration. This is a bored well which is susceptible to contamination of this nature. The data indicates this well is being adversely impacted by human or animal waste.

Of the 62 private domestic wells sampled, 50 percent were below the recommended minimum secondary water quality standard for pH (6.5 S.U.). In addition, one industrial well (AKGWA #0000-5090) and the Calvert City Drive-In Theater well (AKGWA #0000-5095) were slightly below the recommended minimum standard for pH. The recommended secondary water quality standard for pH was established to prevent corrosion and scale buildup in pipes and plumbing fixtures. Low pH water can cause iron, copper, lead, and other metals in



plumbing to be leached into the water. Copper plumbing with improperly lead-soldered joints can be a serious health problem if low pH water is in use. Slightly acidic water used in properly installed copper, plastic, or steel pipe poses little or no health problem. (Note: carbonated beverages such as soda pop, beer, etc. are 100 to over 1,000 times more acidic than the average area pH of 6).

## CONCLUSIONS

The results of the data from the water well study of the Calvert City area indicate the following water quality problems: bacterial contamination, localized poor secondary groundwater quality, and isolated problems with primary water quality parameters and volatile organics. At this level of investigation, none of the analyses indicate unsolvable natural or man-made pollution problems. The data suggest the majority of the problems encountered are a result of poor well construction practices and local hydrogeology.

### Water Quality

Bacterial contamination of water wells is related to the method of well construction and the type of wellhead completion. One hundred percent (6 of 6) of the hand dug wells sampled in the study area were contaminated with coliform bacteria. Hand dug wells are six times more likely to be contaminated, and at a higher average coliform count, than drilled wells. Difficulty in excluding surface and soil water from hand dug wells is the most likely cause of bacterial contamination. Hand dug wells rarely have watertight casings or wellhead seals. Based on the results of this study, most hand dug wells present a possible health threat to the well owner and his/her family. Upgrading, replacing, or treating hand dug wells is necessary to correct this problem. Proper maintenance, including periodic chlorination, is also recommended to prevent future problems.

Fifty-seven percent (8 of 14) of the bored wells sampled in the study area exceeded the recommended total coliform bacteria standard. Like hand dug wells, a watertight seal is difficult to attain in the upper portion of bored wells. This is due principally to the manner in which bored wells are constructed. The concrete casing is joined in two-foot sections and the joints are not watertight. This allows contaminated surface and near-surface waters to seep through the joints and contaminate the well. Upgrading bored wells to meet state standards

(i.e., grouting the annular space to a depth of at least 10 feet and extending the casing above the ground surface) would probably reduce the problem. Replacing or treating bored wells would also reduce or eliminate contamination. Proper maintenance, including routine shock chlorination, is recommended to prevent future problems.

Significantly, all hand dug and bored wells completed below the ground surface were contaminated with bacteria. Compliance with state water well construction standards would require the casing in these wells to be extended at least four inches above ground level and capped to prevent surface water from entering the wells. Modification of these wells may reduce or eliminate bacterial contamination problems.

Seventeen percent (7 of 42) of the drilled wells sampled in the study area also indicated bacterial contamination. This problem is likely due to improper well construction methods that allow contaminated surface or soil water to enter the well. A number of the inspected wells had buried wellheads so the actual condition of the wells could not be determined. Drilled wells with buried wellheads, however, were twice as likely to be contaminated as drilled wells where the casing extended above the ground surface.

In addition to preventing inspection and increasing the potential for contamination, buried wellheads prevent proper maintenance, disinfection, or sampling of the well, and make pump repair more difficult and expensive. In the past, wellheads were commonly buried to prevent freezing of the discharge pipe. The use of a pitless adapter, however, makes this practice obsolete. State regulations require all new and modified water wells to be completed at least four inches above the ground surface. Upgrading or replacing these wells to meet state standards (i.e., installing more casing, raising the top of the well casing above ground, installing a proper well seal or cap) should reduce bacterial contamination. The majority of

wells which appeared to be properly constructed and had proper wellhead seals did not have a bacterial contamination problem. Proper maintenance, including periodic chlorination, would also help prevent future problems.

Two domestic water wells exceeded the recommended maximum contaminant level for lead. Based on additional testing, it was concluded that the lead contamination was derived from the household plumbing system, not from groundwater.

Three of the sixty-two domestic water wells sampled showed nitrate contamination. The nitrate source is believed to be human or animal waste, not agricultural fertilizer use. This conclusion is supported in two wells by the presence of coliform bacteria. In addition, none of the wells had elevated levels of potassium or phosphorous, usually associated with fertilizer. Two wells are bored wells which are susceptible to contamination from polluted near-surface waters; the third well did not have a well cap or sanitary seal installed. The nitrate contamination in these wells is believed to be related to well construction.

In the study area, elevated levels of iron and manganese occur naturally in the groundwater due to local geology. Twenty-five wells exceeded recommended water quality standards for iron and/or manganese. This problem may be reduced by modifying wells to case off waters with high concentrations of iron and manganese. When it is not possible to modify the well, a treatment system which may include aeration, chlorination, and filtration, is recommended.

One domestic well contained organic chemicals, but levels were below recommended drinking water standards. It was beyond the scope of this report to identify the source; however, septic tank degreasers, paint strippers or other compounds could have resulted in contamination of the well. Another possible source of organics may be from

airborne contaminants from the Calvert City industrial complex. This well also exceeded recommended levels for nitrates, iron, and total coliform, suggesting the well is not properly constructed and is being adversely impacted by human or animal waste. Further study is recommended.

There was no significant problem from metals, organics, or pesticides in water wells in the study area and it appears that agricultural activities have a limited impact on groundwater in the study area.

### **Data Collection and Regulation**

Those wells that were apparently properly constructed usually had no contamination problem. Eight wells included in this study were drilled since the Water Well Drillers Certification Program began and none had a contamination problem. This suggests that the Water Well Drillers Certification Program is having, and will continue to have, a significant positive impact on future well water quality. Requiring a certified water well driller to construct, modify, or plug water wells ensures a quality product to the well owner. Kentucky's "Water Well Construction Practices and Standards" ensure that water wells are properly constructed, preventing contamination and avoiding health hazards.

The use of full-time inspectors with educational background and training in hydrogeology would improve the volume and quality of data collected. The Kentucky Water Management Plan (Kentucky Division of Water, 1987) and the Kentucky Groundwater Protection Strategy (Kentucky Groundwater Advisory Council, 1987) specifically addressed this issue and recommended hiring inspectors for data collection, investigation of groundwater quality problems, assistance to the public on groundwater concerns, and enforcement of the Water Well Drillers Certification Program.

## Public Education

Public interest in the study was very limited. A public meeting was held at Kentucky Dam Village to discuss study results with the study participants. All participants were notified of the meeting; however, only five families attended the discussion. An educational program to enhance public awareness of groundwater and its potential to be contaminated is highly recommended. Such an effort would explain how surface activities can affect groundwater quality.

## Summary

Groundwater quality in the study area is generally excellent. Efforts should be made to preserve the quality of this resource, especially by upgrading water wells. Groundwater should be considered a viable and important resource for private, public, or industrial use.

## RECOMMENDATIONS

The following recommendations have been developed from this study.

### Water Quality

Based on well inspections and analysis of water quality results, it is recommended that:

- o All wells throughout the state be sampled by the well owners for fecal and/or total coliform bacteria on a six month to one year basis.
- o All hand dug wells be either modified, replaced with drilled wells, or be equipped with an appropriate water treatment system to meet recommended water quality standards.
- o All bored and drilled wells not meeting construction and/or quality standards be modified, replaced, or equipped with an appropriate water treatment system.
- o Further study be conducted to determine the source of contaminants in well #0000-5066.
- o The four domestic wells which tested positive for trihalomethanes should be sampled quarterly for one year by the well owners and tested for trihalomethanes. The results should then be averaged for the year to determine if the wells exceed the recommended maximum contaminant level for trihalomethanes. It is further recommended that all private domestic water wells which use chlorination for water treatment be sampled and tested for trihalomethanes by the well owners.

- The Division of Water (Groundwater Branch) in cooperation with the Cabinet for Human Resources (Division of Food and Sanitation) review the use of septic tank degreasing agents and their impact on groundwater.
- Domestic water well users initiate a groundwater protection plan for their wells as described in "A Handbook for the Kentucky Water Well User."

### **Data Collection and Regulation**

In the area of data collection and regulation, it is recommended that:

- The Water Well Drillers Certification Program within the Division of Water be expanded to include inspection personnel. Tasks should include inspection and sampling of new and old water wells, investigation of well problems, public education and driller training, response to environmental problems involving groundwater, liaison and support with other state programs, and collection of groundwater data. This study confirms the need for inspection personnel as proposed in the Kentucky Water Management Plan (Kentucky Division of Water, 1987).
- Further water well studies be conducted in other areas of the state to assist decision makers in groundwater protection and public health issues.



## Public Education

In the area of public education, it is recommended that:

- o An in-depth groundwater and water well public education program be initiated that includes material on standards for water well construction and maintenance, water treatment and testing, and groundwater protection.
  
- o Pump installers be notified that the practice of cutting off well casing below the ground surface is illegal, adversely affects the quality of groundwater, and poses a health hazard to well owners and their families.

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Water Well Study of the Calvert City Area, Kentucky

**APPENDIX A**

**List of Parameters Used in the Calvert City Area Study**

August 1988

## APPENDIX A

### List of Parameters Used in the Calvert City Water Well Study

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#### Microbiologic Parameters

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- |                                 |                      |
|---------------------------------|----------------------|
| - Total Coliform Density        | - Fecal Streptococci |
| - Fecal Coliform                | - <u>E. coli</u>     |
| - Presence/Absence for Coliform | - Enterococci        |
| - Heterotrophic Plate Count     |                      |

---

#### Chemical Parameters

---

- |                          |                                       |
|--------------------------|---------------------------------------|
| - Alkalinity             | - Bromoform                           |
| - pH                     | - Tetrachloroethene                   |
| - Dissolved Solids       | - Chlorobenzene                       |
| - Sulfate                | - Benzene                             |
| - Nitrate                | - Toluene                             |
| - Hardness (total)       | - Ethyl benzene                       |
| - Chloride               | - o-Xylene                            |
| - Iron                   | - m-Xylene                            |
| - Manganese              | - p-Xylene                            |
| - Arsenic                | - Total Xylenes                       |
| - Ammonia-Nitrogen       | - Styrene                             |
| - Kjeldahl Nitrogen      | - o-Chlorotoluene                     |
| - Phosphorus             | - Hexachlorobenzene                   |
| - Calcium                | - Hexachlorocyclohexane, alpha isomer |
| - Magnesium              | - Hexachlorocyclohexane, beta isomer  |
| - Potassium              | - Hexachlorocyclohexane, gamma isomer |
| - Sodium                 | - Hexachlorocyclohexane, delta isomer |
| - Barium                 | - Heptachlor                          |
| - Cadmium                | - Aldrin                              |
| - Fluoride               | - Heptachlor Epoxide                  |
| - Copper                 | - Oxychlorane                         |
| - Zinc                   | - trans-Chlordane                     |
| - Chromium               | - cis-Chlordane                       |
| - Lead                   | - trans-Nonachlor                     |
| - Mercury                | - alpha-Chlordene                     |
| - Selenium               | - beta-Chlordene                      |
| - Silver                 | - gamma-Chlordene                     |
| - Methylene Chloride     | - cis-Nonachlor                       |
| - 1,2-Dichloroethene     | - O,P'-DDE                            |
| - Chloroform             | - P,P'-DDE                            |
| - 1,2-Dichloroethane     | - Dieldrin                            |
| - 1,1,1-Trichloroethane  | - Endrin                              |
| - Carbon Tetrachloride   | - O,P'-DDD                            |
| - Bromodichloromethane   | - P,P'-DDD                            |
| - Trichloroethene        | - O,P'-DDT                            |
| - 1,2-Dichloropropane    | - P,P'-DDT                            |
| - Dibromochloromethane   | - Total DDT                           |
| - Chloroethylvinyl ether | - Methoxychlor                        |

## Appendix A continued

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### Chemical Parameters

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- Mirex
- Endosulfan I
- Endosulfan II
- Endosulfan Sulfate
- Endrin Aldehyde
- Endrin Ketone
- Toxaphene
- Aroclor 1016
- Aroclor 1221
- Aroclor 1232
- Aroclor 1242
- Aroclor 1248
- Aroclor 1254
- Aroclor 1260
- Aroclor 1262
- Aroclor 1268
- 1,1, Dichloroethane
- Chlordené
- Chloromethane
- Bromomethane
- Vinyl Chloride
- Chloroethane
- Acetone
- Carbon Disulfide
- Trichlorofluoromethane
- trans-1,2-Dichloroethene
- 2-Butanone
- Vinyl Acetate
- cis-1,3-Dichloropropene
- 1,1,2-Trichloroethane
- trans-1,3-Dichloropropene
- 2-Chloroethylvinylether
- 4-Methyl-2-Pentanone
- 2-Hexanone
- 1,1,2,2-Tetrachloroethane
- 2,2-Dichloropropane
- 1,1-Dichloropropene
- Dibromomethane
- 1,3-Dichloropropane
- 1,2-Dibromoethane (EDB)
- 1-Chlorohexane
- 1,1,1,2-Tetrachloroethane
- 1,3 + 1,4-Xylenes
- 1,2-Xylene
- Isopropylbenzene (Cumene)
- Bromobenzene
- 1,2,3-Trichloropropane
- n-Propylbenzene
- 2-Chlorotoluene
- 3-Chlorotoluene
- 4-Chlorotoluene
- 1,3,5-Trimethylbenzene
- tert-Butylbenzene
- 1,2,4-Trimethylbenzene
- sec-Butylbenzene
- 1,3-Dichlorobenzene
- 1,4-Dichlorobenzene
- Isopropyl toluene (Cymene)
- 1,2-Dichlorobenzene
- n-Butylbenzene
- 1,2-Dibromo-3-chloropropane (DBCP)
- 1,2,4-Trichlorobenzene
- Hexachlorobutadiene
- 1,2,3-Trichlorobenzene

Water Well Study of the Calvert City Area, Kentucky

**APPENDIX B**

**Water Well Inspection and Spring Inventory Reports**

August 1988



## APPENDIX B

### Water Well Inspection and Spring Inventory Reports

Water well inspection and spring inventory reports are a separate attachment to the Calvert City area study report. This appendix contains the water well inspection and spring inventory reports completed at the time of sampling. The reports are compiled in order by AKGWA number. Specific addresses and telephone numbers for home owners have been removed from the inspection forms. The water well inspection and spring inventory forms were designed by the Division of Water, Groundwater Branch.

Copies of Appendix B may be obtained from the Groundwater Branch, Kentucky Division of Water, Frankfort Office Park, 18 Reilly Road, Frankfort, Kentucky 40601, (502) 564-3410.

Water Well Study of the Calvert City Area, Kentucky

**APPENDIX C**

**Recommended Maximum Contaminant Levels for  
Domestic Drinking Water Supplies**

August 1988

## APPENDIX C

### Recommended Maximum Contaminant Levels for Domestic Drinking Water Supplies

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#### Primary Water Quality Recommendations<sup>1</sup>

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##### Inorganic Water Quality Recommendations

<u>Parameter</u>	<u>Maximum Contaminant Level (milligrams per liter)</u>
Arsenic	0.05
Barium	1.0
Cadmium	0.010
Chromium	0.05
Lead	0.05
Mercury	0.002
Nitrate (as N)	10.0
Selenium	0.01
Silver	0.05

##### Organic Chemical Water Quality Recommendations

<u>Chlorinated Hydrocarbon Contaminants</u>	<u>Level, milligrams per liter</u>
Endrin (1,2,3,4, 10, 10-hexachloro-6,7-epoxy-1,4,4a,5,6,7,8, 8a-octa hydro-1, 4-endo, endo-5, 8-dimethano naphthalene)	0.0002
Lindane (1,2,3,4,5, 6-hexachloro-cyclohexane, gamma isomer)	0.004
Methoxychlor (1,1,1-Trichloro-2, 2-bis (p-methoxyphenyl) ethane).	0.1
Toxaphene (C10H10C18-Technical Chlorinated Camphene, 67-69 percent chlorine).	0.005
Chlorophenoxy:	
2,4-D (2,4-Dichlorophenoxyacetic acid).	0.1
2,4,5-TP Silvex (2,4,5,-Trichloro-phenoxypropionic acid).	0.01

<u>Volatile Organic Contaminants</u>	<u>Maximum Contaminant Level (milligrams per liter)</u>
Benzene	0.005
Vinyl Chloride	0.002
Carbon Tetrachloride	0.005
1,2-Dichloroethane	0.005
Trichloroethylene	0.005
1,1-Dichloroethylene	0.007
1,1,1-Trichloroethane	0.20
p-Dichlorobenzene	0.75

---

**Secondary Water Quality Recommendations<sup>2</sup>**

---

<u>Parameter</u>	<u>Maximum Contaminant Level (milligrams per liter)</u>
Chloride	250.0
Iron	0.3
Manganese	0.05
Sulfate	250.0
Total Dissolved Solids	500.0

---

**Microbiological Water Quality Recommendations<sup>3</sup>**

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<u>Name</u>	<u>Maximum Contaminant Level (per 100 ml)</u>
Fecal Coliform	1 colony
Total Coliform	4 colonies

<sup>1</sup>Recommendations are based on human health criteria.

<sup>2</sup>Recommendations are based on water quality aesthetics.

<sup>3</sup>Recommendations are based on human health criteria from the World Health Organization.

Water Well Study of the Calvert City Area, Kentucky

**APPENDIX D**

**Water Quality Analysis Reports**

August 1988

## APPENDIX D

### Water Quality Analysis Reports

All the water quality analysis reports are included in Appendix D, which is a separate attachment to the Calvert City area study report. All analyses were performed by the Division of Environmental Services (NREPC). The reports are in order by AKGWA number. Reports for resampled wells immediately follow the original report.

Copies of Appendix D may be obtained from the Groundwater Branch, Kentucky Division of Water, Frankfort Office Park, 18 Reilly Road, Frankfort, Kentucky 40601, (502) 564-3410.

**CALVERT CITY AREA GROUNDWATER STUDY**

**WATER WELL INSPECTION FORMS**

**APPENDIX A**

**JULY 1987**

**NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WATER  
DIVISION OF ENVIRONMENTAL SERVICES**





# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 0515

DATE OF INSPECTION \_\_\_\_\_

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Elva

ELEVATION 410

LATITUDE 36° 56' 57"

LONGITUDE 88° 25' 56"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 6/2/86

WHO CONSTRUCTED WELL? Keith Starks

ADDRESS Box 130 A

Almo, KY 42020

TOTAL DEPTH 70 FT. reported

IS THE CASING ABOVE GROUND  YES, 20 IN.  NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Concrete</u>	<u>24"</u>	<u>Above ground</u>	<u>to water</u>	<u>2 1/8"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	<u>0</u>	<u>70</u>	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used back fill  no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump 1 yr  no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: 60 FT. below surface - reported

PUMP TYPE:  jet  submersible  turbine  other

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  unknown

STATIC WATER LEVEL? 40 ft. below surface, measured  can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

No to best of owners recollection. Send him one.

COMMENTS Casing Extends to bottom of well, water enters through joints

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

DISTRIBUTION YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:

KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME Holt Mike \_\_\_\_\_  
LAST FIRST MI

ADDRESS Rt 6, Box 455-1

CITY Reston STATE KY ZIP CODE 42025

OWNER'S PHONE ( ) No phone

## INSPECTOR

NAME leo David P \_\_\_\_\_  
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 4

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

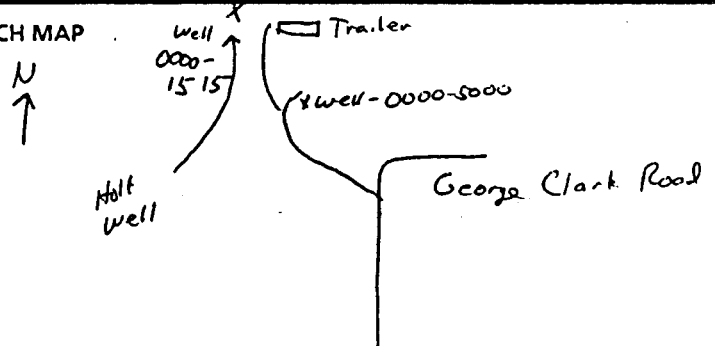
YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

David Pheas

DATE

7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 0747

DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Elva

ELEVATION 450

LATITUDE 36° 59' 20"

LONGITUDE 88° 22' 34"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Manning Marie \_\_\_\_\_  
LAST FIRST MI

ADDRESS Route 2

CITY Calvert City STATE Ky ZIP CODE 42029

OWNER'S PHONE (\_\_\_\_) N/A

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 4/21/87

WHO CONSTRUCTED WELL? Jerry D. Jones

ADDRESS P.O. Box 7723

Paducah, KY 42002

TOTAL DEPTH 135 FT.

IS THE CASING ABOVE GROUND  YES, 2" IN.  
 NO See Below

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4 1/2"</u>	<u>Surface</u>	<u>710</u>	<u>1/4</u>
2. <u>PVC shroud</u>	<u>4"</u>	<u>110</u>	<u>130</u>	
3. _____				
4. _____				

IS THE ANNULUS SEALED?  Yes, material used  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump new  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 80 ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

## INSPECTOR

NAME Leo David \_\_\_\_\_  
LAST FIRST MI ID #     

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

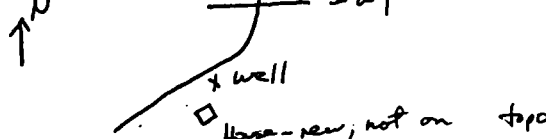
YES     NO IF NO, DESCRIBE VIOLATIONS Appears to be in compliance if the stick-up above the concrete is adequate.

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES    NO

### REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



COMMENTS well surrounded by cement slab,  
PVC rises 1" above slab  
Seal inside of PVC rise - could not remove

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

*[Handwritten Signature]*

DATE

7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-1107  
 DATE OF INSPECTION 7-15-87

## WELL LOCATION

COUNTY MARSHALL  
 QUADRANGLE MAP LITTLE CYPRESS  
 ELEVATION 390'  
 LATITUDE 37° 01' 39"  
 LONGITUDE 88° 22' 53"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 4-17-86  
 WHO CONSTRUCTED WELL? Roy Bingham  
 ADDRESS Box 111  
Kuttawa Ky 42055  
 TOTAL DEPTH 110 FT.  
 IS THE CASING ABOVE GROUND  YES, 6 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4"</u>	<u>0</u>	<u>110</u>	
2.				
3.				
4.				

IS THE ANNULUS SEALED?  yes, material used cuttings  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: 90 FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
1/2 horsepower     unknown

STATIC WATER LEVEL? 40 ft. below surface. Reported  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
Receipt

COMMENTS  
Static water level 40ft from drillers log 4-86

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME NORMAN LARRY  
LAST FIRST MI  
 ADDRESS PO Box 727  
 CITY CALVERT CITY STATE KY ZIP CODE 42029  
 OWNER'S PHONE (502) 395-4259

INSPECTOR NAME SHANKS MARGARET       
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

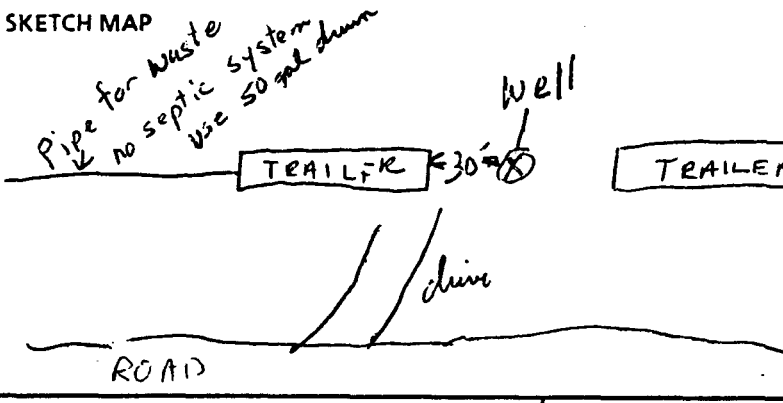
WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 4  
 NUMBER OF HOUSEHOLDS SERVED: 2  
 PWSID # \_\_\_\_\_

TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
 WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE Margaret Shanks    DATE 7-15-87  
 1-87    PRINTED WITH STATE FUNDS    DEP4051

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 2006  
 DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY LIVINGSTON  
 QUADRANGLE MAP CALVERT CITY  
 ELEVATION 490'  
 LATITUDE 37-05'43" N  
 LONGITUDE 88 16' 27" W  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME MUFFLIN DEBBIE  
LAST FIRST MI  
 ADDRESS Box 263A PARADISE Rd.  
 CITY GRAND RIVERS STATE KY ZIP CODE 42045  
 OWNER'S PHONE (502) 928-2668

## INSPECTOR

NAME TRIMBLE DAVID   
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 5/8/86  
 WHO CONSTRUCTED WELL? BILL FONDAN  
 ADDRESS P.O. Box 398  
Smithland, KY 42081  
 TOTAL DEPTH 120 FT.  
 IS THE CASING ABOVE GROUND  YES, 12 IN.  
 NO

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 1

NUMBER OF HOUSEHOLDS SERVED: 1

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>STEEL</u>	<u>6 1/8</u>	<u>0</u>	<u>106'</u>	
2. <u>SPON. HD</u>		<u>106</u>	<u>120</u>	
3. _____				
4. _____				

IS THE ANNULUS SEALED?  Yes, material used clay  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  Yes, age of pump 1yr.  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: 105 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown  no sure

STATIC WATER LEVEL? 80 ft. below surface.  
 can't be measured  not measured

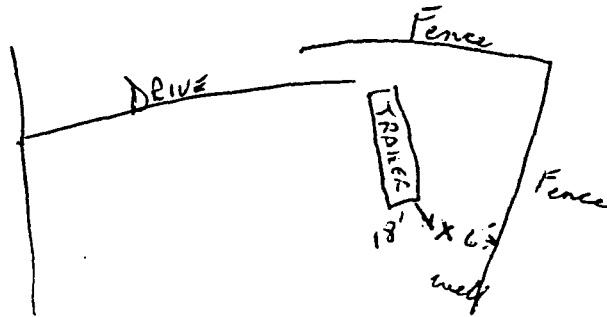
DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER Calvert City GW Study

## SKETCH MAP



COMMENTS White plastic well cover will be installed later this week.

2 photos, 1 slide

Formally Chuck Beyerly well

## SIGNATURE OF PERSON REPORTING SITE

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES 1

David Trimble

## DATE

7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER: 0000 -- 2038  
 DATE OF INSPECTION: 7/14/87

## WELL LOCATION

COUNTY: LIVINGSTON  
 QUADRANGLE MAP: CAUVERT CITY  
 ELEVATION: 478  
 LATITUDE: 37 05 45" N  
 LONGITUDE: 88 18 17" W  
 UTM GRID ZONE:  
 NORTHING:  
 EASTING:

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED: 8/22/85  
 WHO CONSTRUCTED WELL?: BILL FONDAW  
 ADDRESS: P.O. Box 398  
SAITHLAND, KY 42081  
 TOTAL DEPTH: 147 FT.  
 IS THE CASING ABOVE GROUND  YES, 6-8 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Black</u>	<u>6</u>	<u>0</u>	<u>147'</u>	
2. <u>Steel</u>				
3.				
4.				

IS THE ANNULUS SEALED?  Yes, material used  
 no  
 WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN     OTHER  
 DOES THE WELL HAVE A PUMP?  Yes, age of pump 2 yrs  
 no  
 DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.  
 PUMP TYPE:  jet  submersible  turbine  other 3/4 HP  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown  
 STATIC WATER LEVEL? 40 ft. below surface, Drillers form  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS: Didn't know if log available  
Could not see well in well  
house covered with installation  
pump data unknown  
Well try put on inside on well  
house on door sill  
(2 photos)

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME: SHUMAKER JAMES  
LAST FIRST MI  
 ADDRESS: NEWBERN - PARADISE Rd  
Rt. 1, Box 135-B  
 CITY: GRAND RIVERS STATE: KY ZIP CODE: \_\_\_\_\_  
 OWNER'S PHONE: (502) 928-2503

## INSPECTOR

NAME: TRIMBLE DAVID   
LAST FIRST MI ID #  
 AGENCY:  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

2

## NUMBER OF HOUSEHOLDS SERVED:

1

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

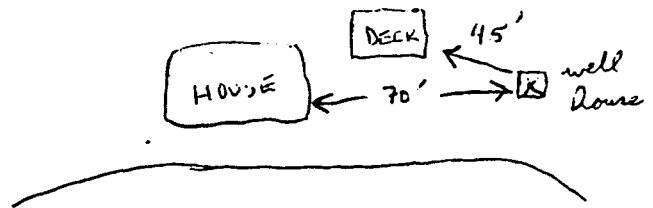
IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS UNKNOWN

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING

OTHER: CAUVERT CITY GW STUDY

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

David Trimble

DATE

7/14/87

**KENTUCKY WELL INSPECTION FORM**

AKGWA NUMBER 0000 -- 2039  
DATE OF INSPECTION 7/22/87

**WELL LOCATION**

COUNTY Livingston  
QUADRANGLE MAP Little Cypress  
ELEVATION 240  
LATITUDE 37° 04' 25"  
LONGITUDE 88° 27' 15"  
UTM GRID ZONE  
NORTHING  
EASTING  
PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

**WELL CHARACTERISTICS:**

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED 11/8/85  
WHO CONSTRUCTED WELL? Bill Fordan  
ADDRESS PO Box 398  
Smithland, KY 42081  
TOTAL DEPTH 128 reported FT.  
IS THE CASING ABOVE GROUND  YES, 14 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>PVC</u>	<u>4</u>	<u>0</u>	<u>118</u>	<u>-</u>
2. <u>PVC slotted</u>	<u>4</u>	<u>118</u>	<u>128</u>	
3.				
4.				

IS THE ANNULUS SEALED?  yes, material used backfill cuttings  
 no  
WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER  
DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: 100 FT.  
PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
ELECTRIC CONNECTION FOR PUMP:  wire, 110V,  3 wire, 220V  
 unknown Drill bits lost  
STATIC WATER LEVEL? 45 ft. below surface, couldn't be measured  
 not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
Yes

COMMENTS Water Softener bypassed for sample

AKGWA tag was home-made - could not find the real one.

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME Myrick Kenny  
LAST FIRST MI  
ADDRESS Box 156 Lockhart Rd Rt 1  
CITY Leadbetter STATE KY ZIP CODE 42058  
OWNER'S PHONE (502) 928-2086

INSPECTOR NAME Leo David P ID # [ ] [ ] [ ] [ ]  
LAST FIRST MI  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

**WELL USE:**

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: 5

PWSID # \_\_\_\_\_

**TYPE OF TREATMENT SYSTEM:**

- NONE Bypass Available
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

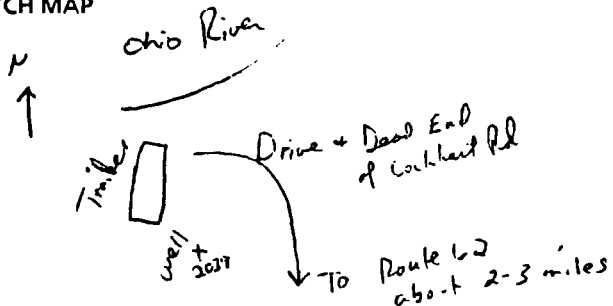
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)  
\_\_\_\_\_  
\_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

**SKETCH MAP**



SIGNATURE OF PERSON REPORTING SITE  
[Signature]

DATE

7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 2040

DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY LIVINGSTON

QUADRANGLE MAP CALVERT CITY

ELEVATION 440 4205

LATITUDE 37 05 43 N

LONGITUDE 88 20 50 W

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 12-13-85

WHO CONSTRUCTED WELL? Bill Fordlaw

ADDRESS PO Box 398

Smithland, Ky.

TOTAL DEPTH 115 FT.

IS THE CASING ABOVE GROUND  YES, 12 IN.

NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>6"</u>	<u>0</u>	<u>24'</u>	<u>.188</u>
2. <u>(Black)</u>				
3.				
4.				

IS THE ANNULUS SEALED?  Yes, material used clay

no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL

OPEN     OTHER

DOES THE WELL HAVE A PUMP?  Yes, age of pump 1yr.

no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: 105 FT.

PUMP TYPE:  Jet  submersible  turbine  other

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

unknown

STATIC WATER LEVEL? 60 ft. below surface,

can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENTS Sanitary seal wrong size

ordered one with right size, will

result.

Hit water at 83'

14-16 gpm

Got muddy water - dewatered nearly

cleared up about 1/2 hr later

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME MEADE JERRY

LAST FIRST MI

ADDRESS Rt. 1

CITY Smithland STATE KY ZIP CODE 42081

OWNER'S PHONE (502) 928-2954

## INSPECTOR

NAME TRIMBLE DAVID

LAST FIRST MI

ID #

AGENCY  CHR  DOW  OTHER

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

5

## NUMBER OF HOUSEHOLDS SERVED:

1

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

### WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)

lot of minerals - scale problem

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

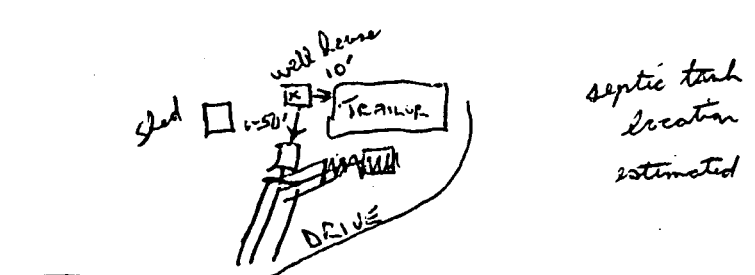
## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES    NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING

OTHER Calvert City G.W. Study

## SKETCH MAP



## SIGNATURE OF PERSON REPORTING SITE

David Trimble

## DATE

7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 2506  
 DATE OF INSPECTION 7/14/87

## WELL LOCATION

COUNTY LIVINGSTON  
 QUADRANGLE MAP PADUCAH EAST  
 ELEVATION 326  
 LATITUDE 37° 03' 00"  
 LONGITUDE 88° 32' 14"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 5/22/86  
 WHO CONSTRUCTED WELL? Jerry Jones 0002  
 ADDRESS US 60 West  
Paducah, KY  
 TOTAL DEPTH 165 FT.  
 IS THE CASING ABOVE GROUND  YES, 24 IN. 18  
 NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET.BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4</u>	<u>0</u>	<u>160</u>	<u>drillers</u>
2. _____	_____	_____	_____	<u>log</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no  
 WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER  
 DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no  
 DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: 50 FT.  
 PUMP TYPE:  jet  submersible  turbine  other  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown  
 STATIC WATER LEVEL? -15 ft. below surface, Drillers Log  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
drillers log

COMMENTS chlorinator, water  
WATER SOFTENER

sample after these

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES 1

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
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 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME MERCHANT'S GRAIN, INC.  
 LAST HOLLAND FIRST DON MI MI  
 ADDRESS P.O. Box 150  
 CITY LEDBETTER STATE KY ZIP CODE \_\_\_\_\_  
 OWNER'S PHONE (\_\_\_\_) \_\_\_\_\_

INSPECTOR NAME SITANKS & TRIMBLE ID # \_\_\_\_\_  
 LAST SITANKS FIRST TRIMBLE MI \_\_\_\_\_  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

up 25  
(ave. 9)  
 NUMBER OF HOUSEHOLDS SERVED: \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

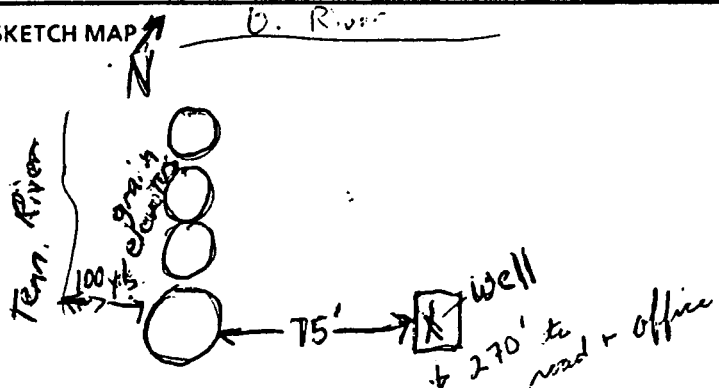
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)  
BACTERIA + IRON

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER CALUCKT CITY GRWTR STUDY

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Margaret Shum

DATE

7-14-87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5000

DATE OF INSPECTION \_\_\_\_\_

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Elva

ELEVATION -380

LATITUDE 36° 56' 54"

LONGITUDE 88° 25' 55"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Duncan Charles  
LAST FIRST MI

ADDRESS Rt 6, Box 495

CITY Benton, KY STATE KY ZIP CODE 42025

OWNER'S PHONE (502) 898-7924

## INSPECTOR

NAME bo David P        
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 1980 or '81

WHO CONSTRUCTED WELL? Pearson well Drilling

ADDRESS Mayfield, KY

TOTAL DEPTH 72 FT. reported

IS THE CASING ABOVE GROUND  YES, -12 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>PVC</u>	<u>4"</u>	<u>Surface</u>	<u>-</u>	<u>~1/4"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used Sand  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump ~6 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface, reported 20'  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

Records lost in fire.

COMMENTS will add a 2nd house in a year, will still be 6 people  
Pvc well casing thickness reported.  
All info reported

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

DISTRIBUTION: YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED: 6

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

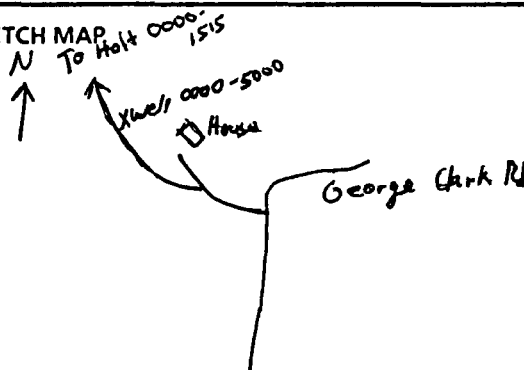
YES  NO IF NO, DESCRIBE VIOLATIONS Unknown -

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

*[Handwritten Signature]*

DATE

7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-0601

DATE OF INSPECTION 7/15/87

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Briensburg

ELEVATION 360

LATITUDE 36° 57' 53"

LONGITUDE 88° 18' 21"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO

DATE WELL COMPLETED 1963

WHO CONSTRUCTED WELL? Starks

ADDRESS \_\_\_\_\_

TOTAL DEPTH 30 ft FT.

IS THE CASING ABOVE GROUND  YES. \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other jet

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
NO

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

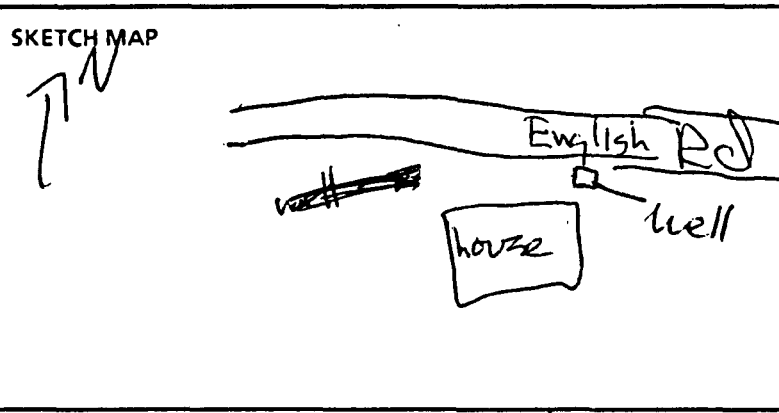
OWNER NAME Bonnell Earl  
LAST FIRST MI  
 ADDRESS Route 1, Box 165  
 CITY Colbertville STATE KY ZIP CODE 42044  
 OWNER'S PHONE 502-362-8158

INSPECTOR William O'Neil Susan Phil  
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>7</u>  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>3</u>  PWSID # _____	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) <u>NO</u>
--	---	---

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE Phillip W. O'Neil DATE 7/15/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5002

DATE OF INSPECTION 7-21-87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Calvert City

ELEVATION 370'

LATITUDE 37° 00' 47"

LONGITUDE 88° 19' 16"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS
- OHIO RIVER ALLUVIUM
- E. COAL FIELD
- W. COAL FIELD
- MISS. PLATEAU
- JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Story Edison  
LAST FIRST MI

ADDRESS Rt. 3 Box 337

CITY Calvert City STATE Ky ZIP CODE 42029

OWNER'S PHONE (502) 345-4329

## INSPECTOR

NAME Sheela Margret □ □ □ □ □  
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 1 1/2 years ago

WHO CONSTRUCTED WELL? Armed pump supply

ADDRESS Reed Road

TOTAL DEPTH 140 FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: Unknown FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

STATIC WATER LEVEL? unknown ft. below surface,  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
NO

COMMENTS good supply according to well owner

large (24" I.D.) concrete casing with concrete (4") cap on top 4" above ground 2' inside in well casing

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

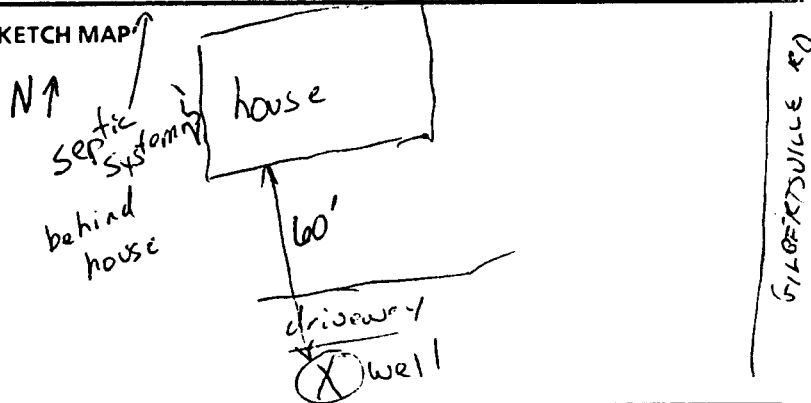
WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER CALVERT CITY STUDY

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Margret Sheela

DATE

7-21-87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5003

DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Elise

ELEVATION ~350

LATITUDE 36° 55' 38"

LONGITUDE 88° 24' 51"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Pace John \_\_\_\_\_  
LAST FIRST MI

ADDRESS Rt 9, Box 155

CITY Benton STATE KY ZIP CODE 42025

OWNER'S PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

## INSPECTOR

NAME Leo David P \_\_\_\_\_  
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

2

## NUMBER OF HOUSEHOLDS SERVED:

1

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)  
 \_\_\_\_\_  
 \_\_\_\_\_

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

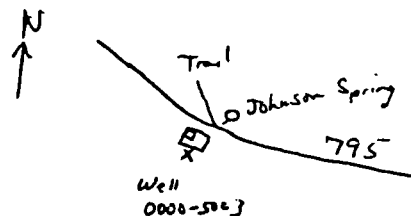
YES  NO IF NO, DESCRIBE VIOLATIONS Gravel backfill

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES NO

### REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

*David P. Pace*

DATE

7/14/87

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED ~1960

WHO CONSTRUCTED WELL? John Pace

ADDRESS \_\_\_\_\_

TOTAL DEPTH 22 FT. reported

IS THE CASING ABOVE GROUND  YES, 48 IN.

NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Concret</u>	<u>24</u>	<u>Above Ground</u>	<u>to 22'</u>	<u>2"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used gravel

no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL

OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_

no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: ~22 FT. reported

PUMP TYPE:  jet  submersible  turbine  other Vacuum

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

unknown

STATIC WATER LEVEL? 6.5 ft. below surface.

can't be measured  not measured

## DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)

\_\_\_\_\_

\_\_\_\_\_

COMMENTS water level visual by looking down well

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5604  
 DATE OF INSPECTION 7/15/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410  
**SHADED AREA FOR OFFICIAL USE ONLY**

**WELL LOCATION**  
 COUNTY Marshall  
 QUADRANGLE MAP Brewster  
 ELEVATION 387  
 LATITUDE 36° 57' 55"  
 LONGITUDE 88° 19' 29"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

**OWNER**  
 NAME Scillion Mike  
LAST FIRST MI  
 ADDRESS Route 7  
 CITY Benton STATE KY ZIP CODE 42025  
 OWNER'S PHONE (area) 502 395 4298

**INSPECTOR** Silverman Susan  
 NAME Adell Phil   
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

**WELL CHARACTERISTICS:**  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 15 yrs.  
 WHO CONSTRUCTED WELL? Jerry Jones  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 165 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET. BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>plastic</u>	<u>4"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no  
 WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER  
 DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: 160 FT.  
 PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
≈ 30  unknown  
 STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
NO

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

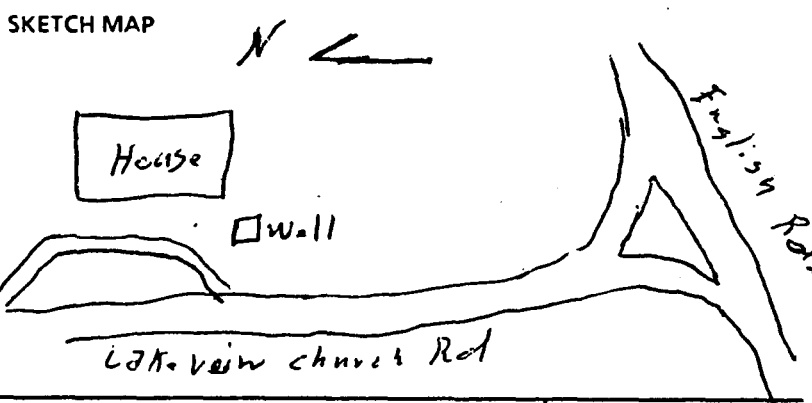
**WELL USE:**  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

**NUMBER OF PEOPLE SERVED:** 5  
**NUMBER OF HOUSEHOLDS SERVED:** 1  
 PWSID # \_\_\_\_\_

**TYPE OF TREATMENT SYSTEM:**  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
 WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) none

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE  
Phillips E. Adell

DATE  
7/15/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5005

DATE OF INSPECTION 7-21-87

## WELL LOCATION

COUNTY MARSHALL

QUADRANGLE MAP CALVERT CITY

ELEVATION 347

LATITUDE 37° 00' 51"

LONGITUDE 88° 19' 10"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

### WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 1961

WHO CONSTRUCTED WELL? CO-MAR

ADDRESS TWIN LAKES

TOTAL DEPTH 213 FT.

IS THE CASING ABOVE GROUND  YES, 3 IN.

24 in concrete pipe, 1 1/2 ft ground  
 NO below

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. PVC	4 in.			
2.				
3.				
4.				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_

no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL

OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump 1961

no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: 175 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

unknown

STATIC WATER LEVEL? 22 ft. below surface. (stated)

can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

### SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Doyle Harry J.

ADDRESS Rt 3 Box 330

CITY CALVERT CITY STATE KY ZIP CODE 42029

OWNER'S PHONE 502-395-4310

INSPECTOR NAME Shanks Margaret ID # \_\_\_\_\_

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

### WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

### TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

### IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

\_\_\_\_\_

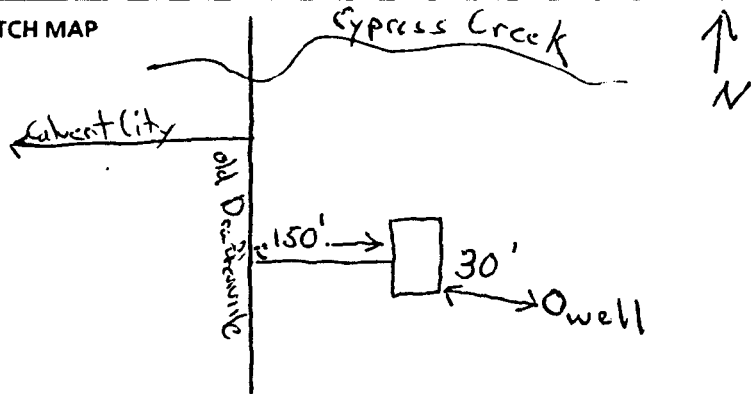
\_\_\_\_\_

### WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES NO

#### REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER CALVERT CITY STUDY

### SKETCH MAP



### COMMENTS NO PROBLEMS

At little hand sample taken

before water softener

Well set down inside outer

24 in concrete pipe, located

1 1/2 ft. below ground. Casing

3 in above this lower part. app.

1 in. of water standing in bottom.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Margaret Shu

DATE

7-21-87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5006

DATE OF INSPECTION 7/21/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Little Cypress  
 ELEVATION 340  
 LATITUDE 37° 01' 44"  
 LONGITUDE 88° 26' 53"  
 UTM GRID ZONE  
 NORTHING  
 EASTING

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO  
 DATE WELL COMPLETED Unknown  
 WHO CONSTRUCTED WELL? Unknown  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH Unknown FT.  
 IS THE CASING ABOVE GROUND  YES, 3 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Concrete</u>	<u>24"</u>	<u>0</u>	<u>?</u>	<u>2"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  Yes, material used concrete  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump unknown  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: unknown FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? unknown below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
No

COMMENTS Concrete floor in pump house  
Well gives yellow stain in sinks  
About 2 1/2 years ago, high water,  
+ shortly after bed test +  
small.

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Sporea Adrian  
LAST FIRST MI.  
 ADDRESS Box 50 B, Rt 1  
 CITY Calvert City STATE Ky ZIP CODE 42029  
 OWNER'S PHONE (502) 395-5187

## INSPECTOR

NAME Leo David P  
LAST FIRST MI. ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

*Do not drink it.*

NUMBER OF PEOPLE SERVED: 3

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

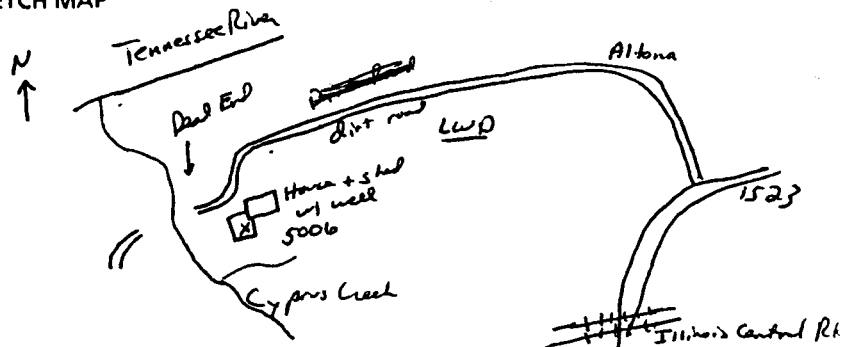
WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

*David P*

DATE

7/21/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5007

DATE OF INSPECTION 7/13/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Bnesberg

ELEVATION 378

LATITUDE 36° 58' 41"

LONGITUDE 88° 19' 19"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS
- OHIO RIVER ALLUVIUM
- E. COAL FIELD
- W. COAL FIELD
- MISS. PLATEAU
- JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 1960/4

WHO CONSTRUCTED WELL? Lawrence Wells

ADDRESS \_\_\_\_\_

TOTAL DEPTH 225 FT.

IS THE CASING ABOVE GROUND  YES  NO

IS THE CASING ABOVE GROUND  YES  NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>well</u>	<u>4"</u>			
2.				
3.				
4.				

IS THE ANNULUS SEALED?  yes, material used

no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL

OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_

no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.

can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENTS hit white sand at 50 feet

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Parrish Paul

ADDRESS Route 7

CITY Benton STATE KY ZIP CODE 42025

OWNER'S PHONE 502 395-7371

INSPECTOR Silverman Odell

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED: 3

NUMBER OF HOUSEHOLDS SERVED: 2

WVSD # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)

black bacteria iron stain

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

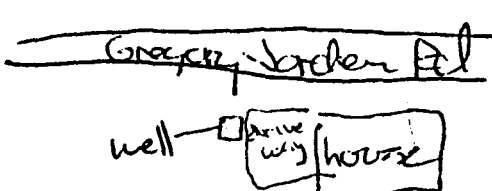
YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phillip R Odell

DATE

7/13/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5008  
DATE OF INSPECTION 7-21-87

### WELL LOCATION

COUNTY Marshall  
QUADRANGLE MAP Calvert City  
ELEVATION 376  
LATITUDE 37° 01' 08"  
LONGITUDE 88° 18' 32"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS
- OHIO RIVER ALLUVIUM
- E. COAL FIELD
- W. COAL FIELD
- MISS. PLATEAU
- JACKSON PURCHASE

### WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED 1973 - approx.  
WHO CONSTRUCTED WELL? unknown  
ADDRESS \_\_\_\_\_

TOTAL DEPTH 100 FT.  
IS THE CASING ABOVE GROUND  YES, 6 IN.  
 NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM TO		CASING WALL THICKNESS
1. <u>PVC</u>	<u>4</u>			
2.				
3.				
4.				

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump 1973  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: unknown FT.

PUMP TYPE:  jet  submersible  turbine  other

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 40 ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
NO

COMMENTS no problems

5134 gallons in meth pad  
to well pump / pump reset  
all depths are stated, not measured

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME Hall Ray  
LAST FIRST MI  
ADDRESS Rt 3 Box 344  
CITY CALVERT CITY STATE KY ZIP CODE 48029  
OWNER'S PHONE ( 1 ) 395-4517

INSPECTOR NAME Shants Margaret  
LAST FIRST MI ID # \_\_\_\_\_  
AGENCY  CHR  DOW  OTHER

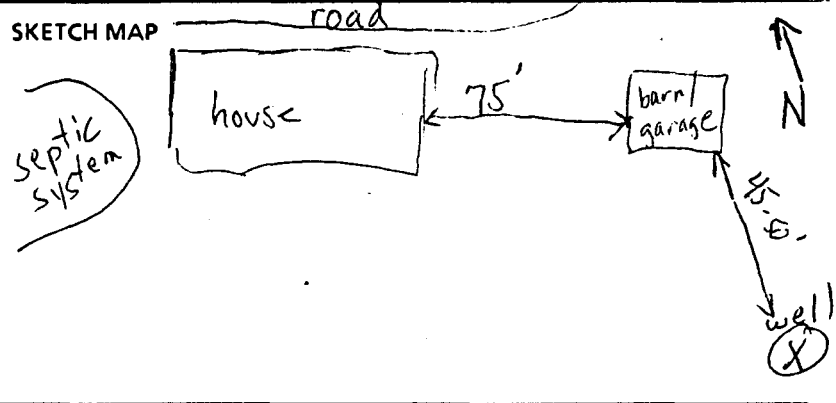
WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2  
NUMBER OF HOUSEHOLDS SERVED: 1  
PWSID # \_\_\_\_\_

TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)  
\_\_\_\_\_  
\_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER CALVERT CITY STUDY



SIGNATURE OF PERSON REPORTING SITE  
Margaret Shanks

DATE  
7-21-87  
DEP4051

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5009

DATE OF INSPECTION 7/21/87

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Little Cypress

ELEVATION 238

LATITUDE 37° 01' 57"

LONGITUDE 88° 24' 44"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO    Unknown

DATE WELL COMPLETED Unknown

WHO CONSTRUCTED WELL? Unknown

ADDRESS \_\_\_\_\_

TOTAL DEPTH Unknown FT.

IS THE CASING ABOVE GROUND     YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?     yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) No

COMMENTS Could not inspect well - owner was not at home. Sample was collected from a house connector to well.

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:     original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Stevenson William  
LAST FIRST MI

ADDRESS Rt 1 Box 53

CITY Calvert City STATE KY ZIP CODE 42029

OWNER'S PHONE (502) 395-7937

## INSPECTOR

NAME Leo David P           
LAST FIRST MI ID #

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED: 8

NUMBER OF HOUSEHOLDS SERVED: 3

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE    Unknown  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

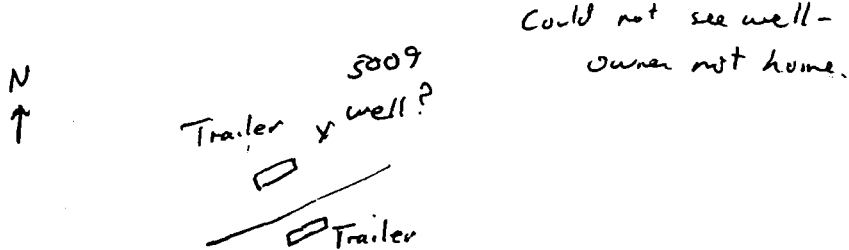
YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES    NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

*[Signature]*

DATE

7/21/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5010  
DATE OF INSPECTION 7/15/87

WELL LOCATION  
COUNTY Marshall  
QUADRANGLE MAP Brensbury  
ELEVATION 460  
LATITUDE 36° 57' 58"  
LONGITUDE 88° 20' 46"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

### WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED 12-15 yrs.  
WHO CONSTRUCTED WELL? Jones (Jerry)  
ADDRESS \_\_\_\_\_

TOTAL DEPTH 167 FT.  
IS THE CASING ABOVE GROUND  YES, 4 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
<u>galv.</u>	<u>4"</u>			

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
NO

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
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KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME Maddox Steve  
LAST FIRST MI  
ADDRESS Route 7  
CITY Benton STATE KY ZIP CODE 42025  
OWNER'S PHONE 502-395-4335

INSPECTOR Silverman Susan  
NAME Oidell Phil ID # \_\_\_\_\_  
LAST FIRST MI  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

### WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

### NUMBER OF PEOPLE SERVED: 4

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

### TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

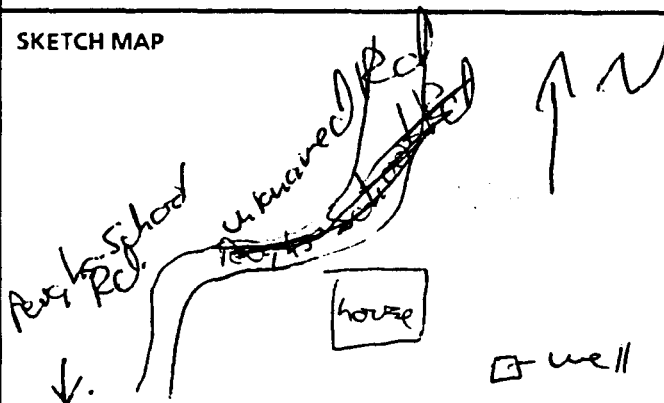
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_  
NO

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

### SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Philipp W. Oidell

DATE

7/15/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5011  
 DATE OF INSPECTION 7-21-87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
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 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

WELL LOCATION  
 COUNTY Marshall  
 QUADRANGLE MAP Calvert City  
 ELEVATION 350  
 LATITUDE 37° 01' 26"  
 LONGITUDE 88° 18' 05"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Williams Wayne  
LAST FIRST MI  
 ADDRESS Rt. 1 Box 76  
 CITY Gilbertsville STATE Ky ZIP CODE 42044  
 OWNER'S PHONE (502) 462-7882

PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

INSPECTOR NAME Lovins Eric E   
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER UK

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES  NO Hand drilled  
 DATE WELL COMPLETED unknown?  
 WHO CONSTRUCTED WELL? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

WELL USE: <input type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input checked="" type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	NUMBER OF PEOPLE SERVED: <u>0</u>	TYPE OF TREATMENT SYSTEM: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) _____
	NUMBER OF HOUSEHOLDS SERVED: <u>0</u>	

TOTAL DEPTH 40 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET.BELOW SURFACE FROM TO	CASING WALL THICKNESS
1. <u>Ceramic</u>	<u>6 in</u>	<u>entire length</u>	
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used  
 no

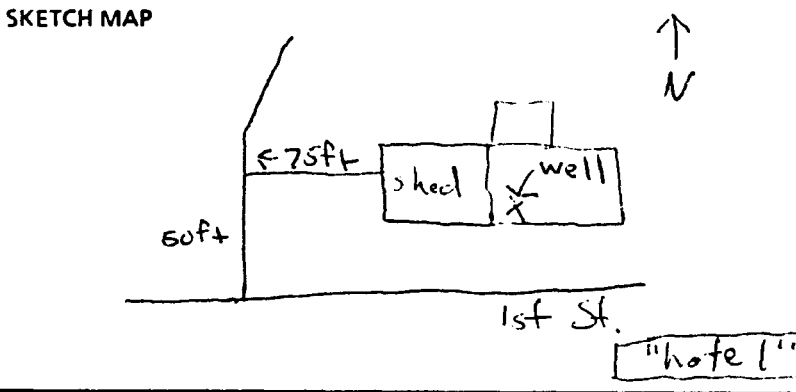
WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_  
 DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.  
 PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown  
 STATIC WATER LEVEL? 30 ft. below surface, 2 approximately  
 can't be measured  not measured

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER CALVERT CITY STUDY

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
no



COMMENTS Measurements were made using rope on a hand pump. Well was abandoned and hadn't been used for 2 yrs.

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE Eric Lovins DATE 7-21-87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5012  
 DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

**SHADED AREA FOR OFFICIAL USE ONLY**

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Little Cyarus  
 ELEVATION ~348  
 LATITUDE 37° 01' 46"  
 LONGITUDE 88° 29' 28"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO Unknown  
 DATE WELL COMPLETED Approx 26 years?  
 WHO CONSTRUCTED WELL? Unknown  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH \_\_\_\_\_ FT.  
 IS THE CASING ABOVE GROUND  YES, 12-14 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Concrete</u>	<u>24</u>	<u>0</u>	<u>?</u>	<u>2"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used backfill  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER See below

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: ? FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? -16 ft. below surface, visible  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
yes

COMMENTS well cap is boards in a cement block shed w/ tarp over roof

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Deitsch Alan  
LAST FIRST MI  
 ADDRESS Rt 1 Box 469  
 CITY Calvert City STATE KY ZIP CODE 42029  
 OWNER'S PHONE (502) 395-7587

INSPECTOR NAME Leo David P  
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 4  
 NUMBER OF HOUSEHOLDS SERVED: 1

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

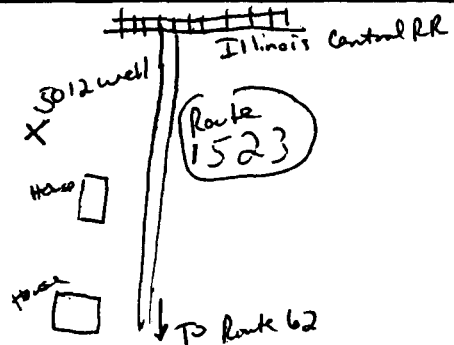
WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe)  
 \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP

N ↑



SIGNATURE OF PERSON REPORTING SITE

*[Handwritten Signature]*

DATE

7/21/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5014  
 DATE OF INSPECTION 7-22-87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410  
**SHADED AREA FOR OFFICIAL USE ONLY**

## WELL LOCATION

COUNTY Livingston  
 QUADRANGLE MAP Little Cypress  
 ELEVATION 345-350  
 LATITUDE 37° 02' 51"  
 LONGITUDE 88° 28' 22"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Lebetta Water District  
LAST FIRST MI  
 ADDRESS PO Box 123  
 CITY Lebetta STATE KY ZIP CODE 42058  
 OWNER'S PHONE (502) 898-3236

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED December 1978  
 WHO CONSTRUCTED WELL? Bill Fendley Drilling Co  
 ADDRESS PO Box 398  
Smithland, KY 40081  
 TOTAL DEPTH 108' FT.  
 IS THE CASING ABOVE GROUND  YES, 14 IN.  
 NO

## INSPECTOR

NAME Leo David P  
LAST FIRST MI ID #       
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>12"</u>	<u>0</u>	<u>80</u>	<u>unknown</u>
2. <u>Screen</u>	<u>12" Screen</u>	<u>80</u>	<u>108</u>	
3. <u>maybe screen</u>				
4. _____				

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

\_\_\_\_\_

## NUMBER OF HOUSEHOLDS SERVED:

810

PWSID # 0700243

## TYPE OF TREATMENT SYSTEM:

- NONE
  - WATER SOFTENER
  - UV
  - CHLORINATION All KMNO<sub>4</sub>
  - AERATION
  - CHARCOAL FILTER
  - SAND FILTER
  - IRON INHIBITOR Auricle
  - OTHER Soda Ash, Manganese
- WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)  
High Iron

IS THE ANNULUS SEALED?  yes, material used best bet  
 no

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

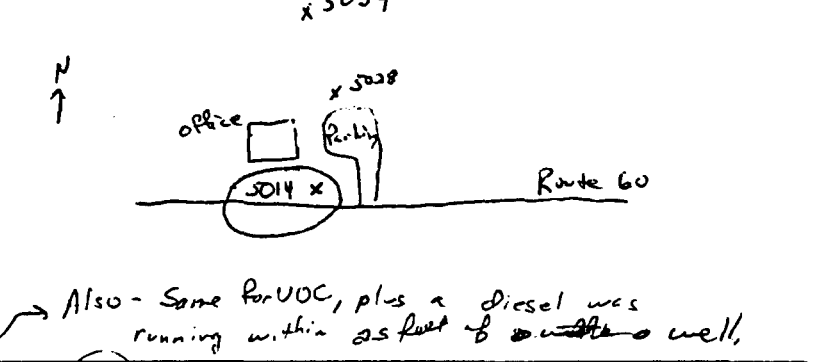
WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_  
 DOES THE WELL HAVE A PUMP?  yes, age of pump ~12 yrs  
 no

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES NO

- REASON FOR INSPECTION (check all that are applicable)
- GENERAL WATER QUALITY ANALYSIS REQUESTED
  - SPECIFIC COMPLAINT INVESTIGATION
  - GENERAL SURVEY
  - AMBIENT GROUNDWATER MONITORING
  - OTHER \_\_\_\_\_

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: 86 FT.  
 PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown 3 phase  
 STATIC WATER LEVEL? ~30 ft. below surface, 3"  
 can't be measured  not measured

## SKETCH MAP



DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
Drillers contract

COMMENTS Well construction details from  
drillers contract  
Two samples - raw untreated  
& finished  
Samples for bacterial analysis  
water pressure was high & shooting,  
& very slow (1-2 minutes) to fill bottles.

## SIGNATURE OF PERSON REPORTING SITE

Leo David P

## DATE

7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5015

DATE OF INSPECTION 7/21/87

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Little Cyprus

ELEVATION 380

LATITUDE 37° 00' 29"

LONGITUDE 88° 23' 21"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO

DATE WELL COMPLETED 1930 - 1932

WHO CONSTRUCTED WELL? Unknown

ADDRESS \_\_\_\_\_

TOTAL DEPTH 52' FT.

IS THE CASING ABOVE GROUND  YES, 12 IN.  NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Concrete</u>	<u>24"</u>	<u>0</u>		
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used backfill?  no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump 4 yrs  no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
LEVEL OF PUMP INTAKE: ~48' FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 38 ft. below surface, reported  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) No

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

DISTRIBUTION: YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME Howard John A  
LAST FIRST MI

ADDRESS Rt 2 Box 140

CITY Calvert City STATE KY ZIP CODE 42029

OWNER'S PHONE (502) 395-7420

## INSPECTOR

NAME Leo David P        
LAST FIRST MI ID #

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

2

## NUMBER OF HOUSEHOLDS SERVED:

1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)  
\_\_\_\_\_  
\_\_\_\_\_

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

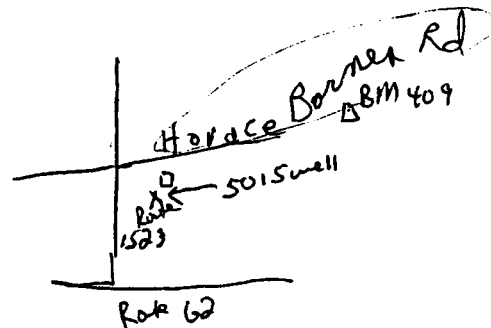
YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES    NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

David P. King

DATE

7/21/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5016  
 DATE OF INSPECTION 7/21/87

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Calvert  
 ELEVATION 335  
 LATITUDE 37° 01' 23"  
 LONGITUDE 88° 20' 58"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

- PHYSIOGRAPHIC OR HYDROLOGIC REGION
- BLUE GRASS
  - OHIO RIVER ALLUVIUM
  - E. COAL FIELD
  - W. COAL FIELD
  - MISS. PLATEAU
  - JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1954  
 WHO CONSTRUCTED WELL? UNK  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 110 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>8"</u>	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS  
Well #1

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

## SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Calvert City Municipal Water  
LAST FIRST MI  
 ADDRESS P.O. Box 36  
 CITY Calvert City STATE KY ZIP CODE 42029  
 OWNER'S PHONE ( 502 ) 375-4020

INSPECTOR Odell, Phillip  
 NAME White, Amber       
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 1000

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER Anthracite coal filters

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

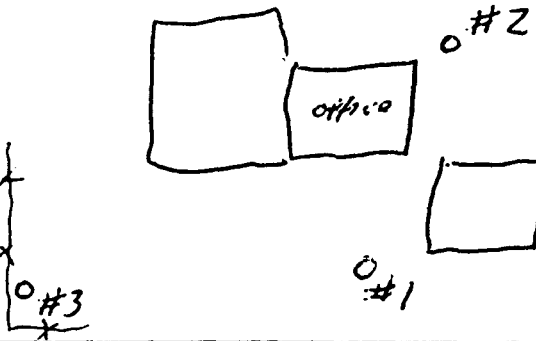
IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phillip V. Odell

DATE

7/21/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5011  
 DATE OF INSPECTION 7-21-87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410  
**SHADED AREA FOR OFFICIAL USE ONLY**

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Calvert City  
 ELEVATION 350 ft.  
 LATITUDE 37° 01' 30"  
 LONGITUDE 88° 17' 59"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Goheen Roberta  
LAST FIRST MI  
 ADDRESS Rt. 1  
 CITY Gilbertsville STATE Ky ZIP CODE 42044  
 OWNER'S PHONE (502) 362-4661

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO Hand drilled  
 DATE WELL COMPLETED ? unknown  
 WHO CONSTRUCTED WELL? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

INSPECTOR NAME Lovins Eric   
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER UK student

TOTAL DEPTH \_\_\_\_\_ FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Ceramic</u>	<u>8.12</u>			
2. _____				
3. _____				
4. _____				

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 1  
 NUMBER OF HOUSEHOLDS SERVED: 1

TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
 WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
unknown  OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump 14 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: 43 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

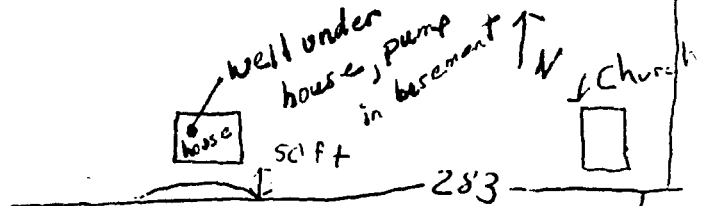
DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) no

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER CALVERT CITY STUDY

COMMENTS well could not be seen, all was sealed, pump located in basement. No place to put number, so no number given to site. did not view well

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE  
Eric Lovins

DATE  
7-21-87

# KENTUCKY SPRING INVENT

0000-5018

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT. Attach a photo copy of a 7.5 minute topographic map with the spring location. KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET, DIVISION. PHONE 1-(502)-564-3410.

Record and  
KY 40601.

DISTRIBUTION: WHITE COPY -- CENTRAL OFFICE    YELLOW COPY -- OWNER    PINK COPY -- INVESTIGATOR  
**SHADED AREA FOR OFFICIAL USE ONLY**

<p><b>SPRING LOCATION</b></p> <p>COUNTY <u>LIVINGSTON</u></p> <p>TOPOGRAPHIC MAP <u>CALVERT CITY</u></p> <p>ELEVATION <u>341</u></p> <p>LATITUDE <u>37° 04' 40"</u></p> <p>LONGITUDE <u>88° 19' 42"</u></p> <p>UTM GRID ZONE _____</p> <p>NORTHING _____</p> <p>EASTING _____</p> <p>PHYSIOGRAPHIC OR HYDROLOGIC REGION</p> <p><input type="checkbox"/> BLUE GRASS    <input type="checkbox"/> OHIO RIVER ALLUVIUM</p> <p><input type="checkbox"/> E. COAL FIELD    <input type="checkbox"/> W. COAL FIELD</p> <p><input checked="" type="checkbox"/> MISS. PLATEAU    <input type="checkbox"/> JACKSON PURCHASE</p> <p>WHICH SIDE OF RIVER OR CREEK (WHEN FACING UPSTREAM)</p> <p><input checked="" type="checkbox"/> RIGHT    <input type="checkbox"/> IN THE STREAM    <input type="checkbox"/> LEFT</p> <p>WATER BODY INTO WHICH SPRING DISCHARGES:</p> <p><u>GUM SPRING BRANCH</u></p>	<p>AKGWA NUMBER <u>0000</u> -- <u>5018</u></p> <p>NAME OF SPRING <u>GUM</u></p> <p>DATE OF INSPECTION <u>7/14/87</u></p> <hr/> <p>OWNER NAME _____ <input checked="" type="checkbox"/> UNKNOWN</p> <p style="text-align: center;">LAST                      FIRST                      MI</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>OWNER'S PHONE ( _____ ) _____</p> <hr/> <p>INVESTIGATOR NAME <u>TRIMBLE DAVID</u>    <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;">LAST                      FIRST                      MI                      ID #</p> <p>AGENCY <input type="checkbox"/> CHR <input checked="" type="checkbox"/> DOW <input type="checkbox"/> OTHER _____</p> <p>ADDRESS <u>18 KELLY ROAD</u></p> <p>CITY <u>FRANKFORT</u> STATE <u>KY</u> ZIP CODE <u>40601</u></p> <p>PHONE ( <u>502</u> ) <u>564-3410</u></p>
<p><b>SPRING CHARACTERISTICS</b></p> <p>A. SPRING TYPE:    <input type="checkbox"/> SEEP    <input type="checkbox"/> BLUEHOLE (ARTISIAN)</p> <p><input checked="" type="checkbox"/> GRAVITY    <input type="checkbox"/> UNKNOWN</p> <p>B. SPRING IS LOCATED IN: <u>Cement culvert spring box</u></p> <p><input type="checkbox"/> ALLUVIUM    <input type="checkbox"/> SOIL    <input type="checkbox"/> ROCK    <input type="checkbox"/> UNKNOWN</p> <p>C. DOES AREA CONTAIN KARST TERRAIN?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN</p> <p>D. IS SPRING ASSOCIATED WITH A CAVE?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN</p> <p>E. ANY UNUSUAL SMELL OR COLOR?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>DESCRIBE (use additional sheets if necessary) _____</p> <p>F. IS LEACHATE EVIDENT IN THE SPRING?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN</p> <p>G. DYE TRACE INFORMATION:</p> <p>HAVE ANY DYE TRACES BEEN RUN TO THIS SITE?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input checked="" type="checkbox"/> UNKNOWN</p> <p>IF YES, WHO CONDUCTED THE DYE TRACE? _____</p> <p>WHEN _____</p> <p>TRACE NUMBER _____</p>	<p><b>SPRING DISCHARGE AND USE</b></p> <p><input checked="" type="checkbox"/> BASE FLOW    <input type="checkbox"/> FLOOD FLOW    <input type="checkbox"/> UNKNOWN</p> <p><input type="checkbox"/> INTERMITTENT    <input checked="" type="checkbox"/> PERENNIAL    <input type="checkbox"/> UNKNOWN</p> <p>SEASON:    <input type="checkbox"/> WET    <input checked="" type="checkbox"/> DRY</p> <p>HAS RATING CURVE BEEN CALCULATED?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN</p> <p>FLOW:</p> <p><input type="checkbox"/> MEASURED    <input type="checkbox"/> ESTIMATED    <input type="checkbox"/> NOT MEASURED</p> <p>IF MEASURED, HOW MEASURED:</p> <p><input type="checkbox"/> WEIR    <input type="checkbox"/> METERED    <input type="checkbox"/> STAFF GAGE    <input type="checkbox"/> OTHER _____</p> <p>IF ESTIMATED:</p> <p><input type="checkbox"/> NO FLOW</p> <p><input type="checkbox"/> LESS THAN 0.1 CFS</p> <p><input type="checkbox"/> 0.1 TO 1.0 CFS</p> <p><input type="checkbox"/> 1.0 CFS TO 10.0 CFS</p> <p><input type="checkbox"/> 10.0 CFS TO 100.0 CFS</p> <p><input type="checkbox"/> GREATER THAN 100.0 CFS</p> <p>SPRING USE:</p> <p><input type="checkbox"/> DOMESTIC</p> <p><input type="checkbox"/> MUNICIPAL</p> <p><input type="checkbox"/> IRRIGATION</p> <p><input type="checkbox"/> INDUSTRIAL</p> <p><input type="checkbox"/> STOCK</p> <p><input checked="" type="checkbox"/> NONE</p> <p><input type="checkbox"/> OTHER _____</p>
<p>REASON FOR INSPECTION (check all that are applicable)</p> <p><input type="checkbox"/> GENERAL WATER QUALITY ANALYSIS REQUESTED</p> <p><input type="checkbox"/> SPECIFIC COMPLAINT INVESTIGATION</p> <p><input type="checkbox"/> GENERAL SURVEY</p> <p><input type="checkbox"/> AMBIENT GROUNDWATER MONITORING</p> <p><input checked="" type="checkbox"/> OTHER <u>Calvert City GN Study</u></p>	<p>WAS WATER QUALITY ANALYSIS DONE?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p>GENERAL COMMENTS <u>Spring box probably put in when road was made. Spring associated w/ 2 faults (at intersection). Some water entering from sand on bottom of spring box.</u></p>	<p>SKETCH MAP</p>
<p><input type="checkbox"/> HAVE YOU INCLUDED ANY ATTACHMENTS?</p> <p>NO. OF PAGES _____</p>	<p>SIGNATURE OF PERSON REPORTING SITE</p> <p><u>David Trimble</u></p>
	<p>DATE</p> <p><u>7/14/87</u></p>

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5019  
DATE OF INSPECTION 7/21/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
QUADRANGLE MAP Calvert City  
ELEVATION 332  
LATITUDE 37° 02' 22"  
LONGITUDE 88° 21' 05"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME Calvert City Municipal Water  
LAST FIRST MI  
ADDRESS P.O. Box 36  
CITY Calvert City STATE Ky ZIP CODE 42029  
OWNER'S PHONE ( 502 ) 395-4020

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED 1964  
WHO CONSTRUCTED WELL? UNK  
ADDRESS \_\_\_\_\_

INSPECTOR Odell, Ph.D.  
NAME White, Amber ID #   
LAST FIRST MI  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 110 FT.  
IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 1000

## TYPE OF TREATMENT SYSTEM:

- NONE
  - WATER SOFTENER
  - UV
  - CHLORINATION
  - AERATION
  - CHARCOAL FILTER
  - SAND FILTER
  - IRON INHIBITOR
  - OTHER Anthracite Coal Filter
- WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>10"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_  
DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

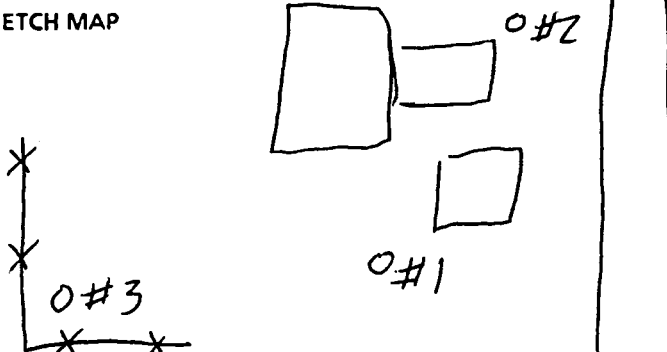
WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## COMMENTS

Well # 3

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Phillip M. Odell

DATE

7/21/87

# KENTUCKY WELL INSPECTION FORM

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

**SHADED AREA FOR OFFICIAL USE ONLY**

AKGWA NUMBER 0000 -- 5020

DATE OF INSPECTION 7/21/87

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Lutton, Finis  
LAST FIRST MI

ADDRESS RT 1 Box 455

CITY Calvert City STATE Mo ZIP CODE 42029

OWNER'S PHONE ( )

INSPECTOR Ocell, Phillip   
 NAME White, Amber   
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Little Cypress

ELEVATION 362

LATITUDE 37° 00' 50"

LONGITUDE 88° 23' 22"

UTM GRID ZONE

NORTHING

EASTING

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS  OHIO RIVER ALLUVIUM
- E. COAL FIELD  W. COAL FIELD
- MISS. PLATEAU  JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 1967

WHO CONSTRUCTED WELL? ST 21 HS

ADDRESS

TOTAL DEPTH 70 FT.

IS THE CASING ABOVE GROUND  YES,      IN.  
 NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET.BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Concrete</u>	<u>24"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  Yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

STATIC WATER LEVEL? 22.5 ft. below surface,  unknown  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS \_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: \_\_\_\_\_

PWSID # \_\_\_\_\_

TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER

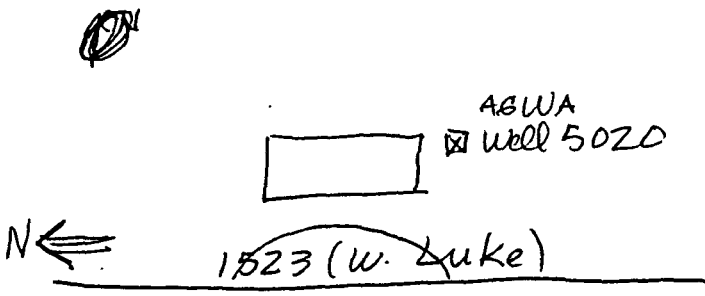
WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

- REASON FOR INSPECTION (check all that are applicable)
- GENERAL WATER QUALITY ANALYSIS REQUESTED
  - SPECIFIC COMPLAINT INVESTIGATION
  - GENERAL SURVEY
  - AMBIENT GROUNDWATER MONITORING
  - OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE  
Phillip M. Ocell

DATE  
7/21/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5021  
 DATE OF INSPECTION 7/15/87

## WELL LOCATION

COUNTY MARSHALL  
 QUADRANGLE MAP LITTLE CYPRESS  
 ELEVATION 376'  
 LATITUDE 37° 00' 52"  
 LONGITUDE 88° 25' 14"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS    OHIO RIVER ALLUVIUM  
 E. COAL FIELD    W. COAL FIELD  
 MISS. PLATEAU    JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?    YES    NO  
 DATE WELL COMPLETED June 1985  
 WHO CONSTRUCTED WELL? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH \_\_\_\_\_ FT.  
 IS THE CASING ABOVE GROUND    YES, 6 IN.  
    NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	CASING WALL THICKNESS TO
1. <u>PVC</u>	<u>4</u>	<u>0</u>	<u>SCH 40?</u>
2. <del>_____</del>	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

IS THE ANNULUS SEALED?    Yes, material used clay  
 no

WELL HEAD (casing top):    WELL CAP    SANITARY SEAL  
 OPEN    OTHER

DOES THE WELL HAVE A PUMP?    Yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?    yes    no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:    jet    submersible    turbine    other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:    2 wire, 110V,    3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured    not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMENTS Call about 6:00 pm on before 8:00 am (Eastern)

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

**SHADED AREA FOR OFFICIAL USE ONLY**  
 CHECK ONE:    original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

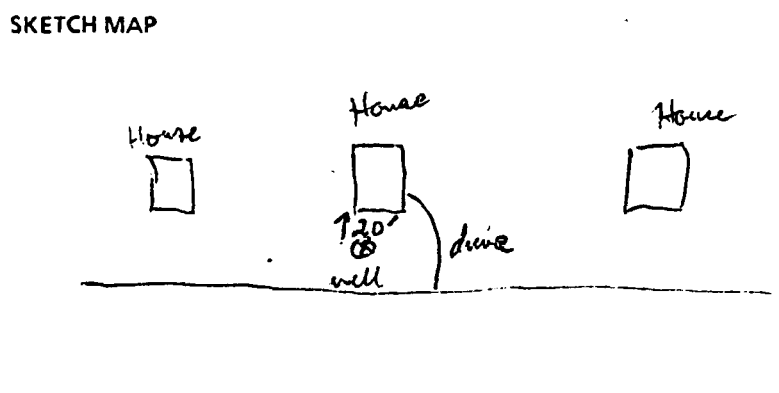
OWNER NAME SCHAEFER SAUNDRA  
LAST FIRST MI  
 ADDRESS P.O. Box 583  
 CITY Calvert City STATE KY ZIP CODE 42029  
 OWNER'S PHONE (502) 395-4673

INSPECTOR NAME TRIMBLE DAVID         
LAST FIRST MI ID #  
 AGENCY    CHR    DOW    OTHER \_\_\_\_\_

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>4</u>  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) _____ _____
--	--	---

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES    NO   IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?    YES    NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER Calvert City Gwi Study



SIGNATURE OF PERSON REPORTING SITE: David Trimble  
 DATE: 7/15/87

HAVE YOU INCLUDED ANY ATTACHMENTS?     
 NO. OF PAGES 1

**KENTUCKY WELL INSPECTION FORM**

AKGWA NUMBER 0000 -- 5022

DATE OF INSPECTION 7/21/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

**SHADED AREA FOR OFFICIAL USE ONLY**

**WELL LOCATION**

COUNTY Marshall

QUADRANGLE MAP Calvert City

ELEVATION 335

LATITUDE 37° 01' 23"

LONGITUDE 88° 21' 02"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

**PHYSIOGRAPHIC OR HYDROLOGIC REGION**

- BLUE GRASS  OHIO RIVER ALLUVIUM
- E. COAL FIELD  W. COAL FIELD
- MISS. PLATEAU  JACKSON PURCHASE

**WELL CHARACTERISTICS:**

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 1954

WHO CONSTRUCTED WELL? WATER

ADDRESS \_\_\_\_\_

TOTAL DEPTH 110 FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET.BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Steel</u>	<u>8"</u>			
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

**COMMENTS**

Well # 2

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME Calvert City Municipal Water  
LAST FIRST MI

ADDRESS P.O. Box 36

CITY Calvert City STATE KY ZIP CODE 42029

OWNER'S PHONE ( 502 ) 395-4020

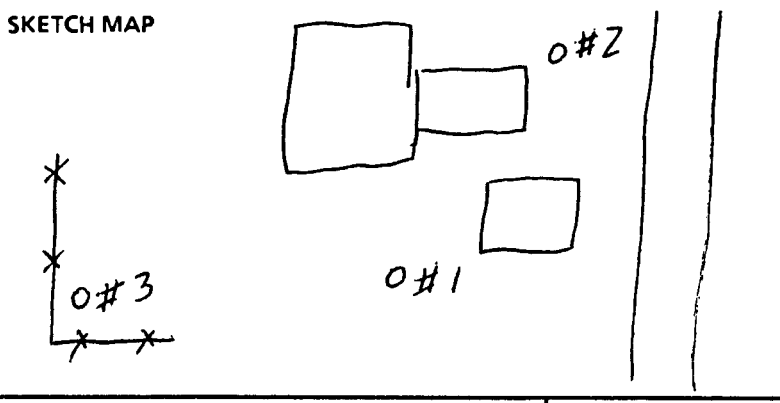
INSPECTOR NAME O'dell, Phillip   
White, Amber LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

<b>WELL USE:</b> <input type="checkbox"/> DOMESTIC <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> _____  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1000</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input checked="" type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input checked="" type="checkbox"/> CHARCOAL FILTER <input checked="" type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input checked="" type="checkbox"/> OTHER <u>Anthracite Coal Filter</u> <small>WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)</small>
--	--	--

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE Phillip W. O'dell DATE 7/21/87

**KENTUCKY WELL INSPECTION FORM**

AKGWA NUMBER 0000-5023  
DATE OF INSPECTION 7/21/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

**SHADED AREA FOR OFFICIAL USE ONLY**

**WELL LOCATION**

COUNTY MARSHALL  
QUADRANGLE MAP LITTLE CYPRESS  
ELEVATION 372  
LATITUDE 37° 01' 18"  
LONGITUDE 88° 23' 27"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_

**PHYSIOGRAPHIC OR HYDROLOGIC REGION**

- BLUE GRASS
- OHIO RIVER ALLUVIUM
- E. COAL FIELD
- W. COAL FIELD
- MISS. PLATEAU
- JACKSON PURCHASE

**WELL CHARACTERISTICS:**

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED \_\_\_\_\_  
WHO CONSTRUCTED WELL? JERRY JONES  
ADDRESS \_\_\_\_\_

TOTAL DEPTH 156 FT.  
IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FET. BELOW SURFACE FROM	TO	CASING WALL THICKNESS
<u>PLASTIC PLASTIC</u>	<u>4 IN</u>			
2.				
3.				
4.				

IS THE ANNULUS SEALED?  Yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

STATIC WATER LEVEL? -35 ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

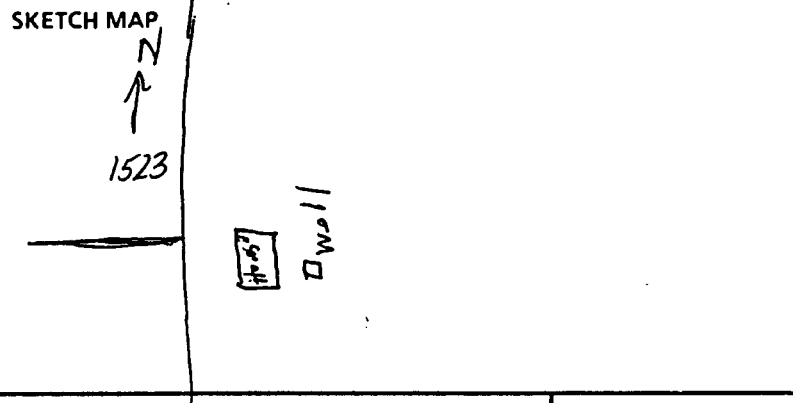
OWNER NAME HALL HARRY T.  
LAST FIRST MI  
ADDRESS RT. 1  
BOX 465  
CITY CAWYET CITY STATE KY ZIP CODE 42029  
OWNER'S PHONE (\_\_\_\_) \_\_\_\_\_

INSPECTOR Odell, Phillip  
NAME White, Amber       
LAST FIRST MI ID #  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>2</u> <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>  PWSID # _____	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ <small>WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)</small> _____ _____
--	---	---

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE Phillip W. Odell DATE 7/21/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5025DATE OF INSPECTION 7/21/87WELL LOCATION  
COUNTY Marshall  
QUADRANGLE MAP Calvert City  
ELEVATION 243  
LATITUDE 37° 01' 37"  
LONGITUDE 88° 22' 06"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_  
PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED UNKNOWN  
WHO CONSTRUCTED WELL? \_\_\_\_\_  
ADDRESS \_\_\_\_\_TOTAL DEPTH ? FT.  
IS THE CASING ABOVE GROUND  YES  NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET.BELOW SURFACE FROM	TO	CASING WALL THICKNESS
<u>Concrete</u>	<u>24"</u>			
2.				
3.				
4.				

IS THE ANNULUS SEALED?  Yes, material used  noWELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHERDOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 noDOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.PUMP TYPE:  Jet  submersible  turbine  other \_\_\_\_\_ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknownSTATIC WATER LEVEL? 35 ft. below surface, Reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)OWNER NAME John White  
LAST FIRST MI  
ADDRESS RT 1 Box 483  
CITY Calvert City STATE KY ZIP CODE 42029  
OWNER'S PHONE ( 502 ) \_\_\_\_\_INSPECTOR NAME Phillip Obell White  
LAST FIRST MI ID # \_\_\_\_\_  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- 
- DOMESTIC
- 
- 
- MUNICIPAL
- 
- 
- IRRIGATION
- 
- 
- INDUSTRIAL
- 
- 
- STOCK
- 
- 
- MONITOR
- 
- 
- ABANDONED
- 
- 
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: \_\_\_\_\_

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

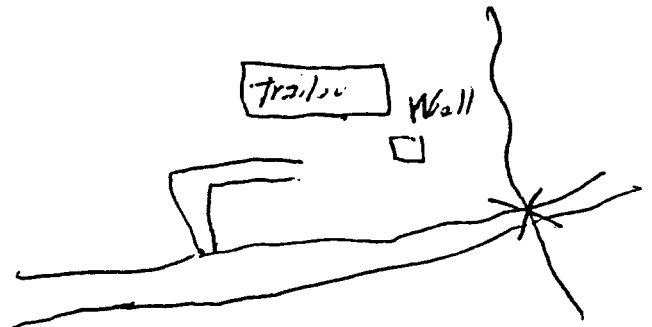
- 
- NONE
- 
- 
- WATER SOFTENER
- 
- 
- UV
- 
- 
- CHLORINATION
- 
- 
- AERATION
- 
- 
- CHARCOAL FILTER
- 
- 
- SAND FILTER
- 
- 
- IRON INHIBITOR
- 
- 
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- 
- GENERAL WATER QUALITY ANALYSIS REQUESTED
- 
- 
- SPECIFIC COMPLAINT INVESTIGATION
- 
- 
- GENERAL SURVEY
- 
- 
- AMBIENT GROUNDWATER MONITORING
- 
- 
- OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phillip Obell

DATE

7/21/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5026

DATE OF INSPECTION \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410

**SHADED AREA FOR OFFICIAL USE ONLY**

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Little Cypress  
 ELEVATION 390  
 LATITUDE 37° 00' 56"  
 LONGITUDE 88° 26' 31"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

- PHYSIOGRAPHIC OR HYDROLOGIC REGION
- BLUE GRASS
  - OHIO RIVER ALLUVIUM
  - E. COAL FIELD
  - W. COAL FIELD
  - MISS. PLATEAU
  - JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED ~1977  
 WHO CONSTRUCTED WELL? James Smith  
 ADDRESS Paducah

TOTAL DEPTH 140 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO Concret Pad

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump 2  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: unknown FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

STATIC WATER LEVEL? unknown ft. below surface,  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
No

COMMENTS Well had a Plastic Hosing over it. Owner did not want it removed - therefore did not inspect well.  
Account tag on outside of cover

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME English Lutka B  
LAST FIRST MI  
 ADDRESS Route 1  
 CITY Calvert City STATE KY ZIP CODE 422  
 OWNER'S PHONE (502) 898-2007

INSPECTOR NAME Leo David P       
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 8

NUMBER OF HOUSEHOLDS SERVED: 3

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

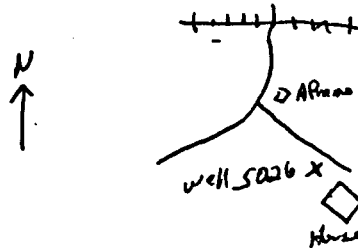
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)  
 \_\_\_\_\_  
 \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

*[Handwritten Signature]*

DATE

7/2/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5028

DATE OF INSPECTION 7/22/87

## WELL LOCATION

COUNTY Livingston

QUADRANGLE MAP Little Cypress

ELEVATION 350 345

LATITUDE 37° 02' 52"

LONGITUDE 88° 28' 22"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO

DATE WELL COMPLETED 1968

WHO CONSTRUCTED WELL? 1968 1968 1968

ADDRESS Unknown

TOTAL DEPTH 112 FT.

IS THE CASING ABOVE GROUND  YES, 6 IN.     NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Shd</u>	<u>12.6"</u>	<u>0</u>	<u>~82</u>	
2. <u>Screen</u>		<u>~82</u>	<u>112</u>	
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used     no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump 8     no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
LEVEL OF PUMP INTAKE: 87 FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown    3 phase 2 inch

STATIC WATER LEVEL? -18 ft. below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) No

COMMENTS Water is untreated and used as a farm supply

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

### SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME Ledbetter Water District

ADDRESS PO Box 123

CITY Ledbetter STATE KY ZIP CODE 40058

OWNER'S PHONE (502) 898-3236

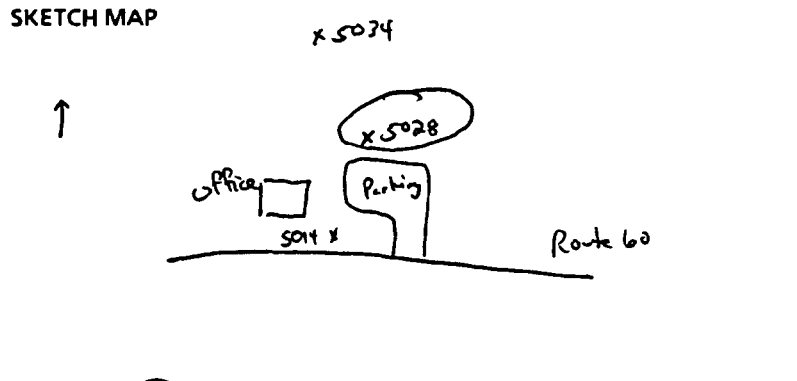
INSPECTOR NAME Leo David P ID #

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

<b>WELL USE:</b> <input type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____ <u>Used as farm supply</u>	<b>NUMBER OF PEOPLE SERVED:</b> _____  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>0</u>  PWSID # _____	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) _____
---	--	--

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE [Signature]

DATE 7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5029  
 DATE OF INSPECTION 7/28/87

## WELL LOCATION

COUNTY LIVINGSTON  
 QUADRANGLE MAP 4th Edition - CALVERT CITY  
 ELEVATION 365  
 LATITUDE 37° 04' 30"  
 LONGITUDE 88° 18' 47"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO  
 DATE WELL COMPLETED ~ 1960?  
 WHO CONSTRUCTED WELL? Fondane Well Drilling  
 ADDRESS Box 310  
Smithland, KY 40081

TOTAL DEPTH 165 FT.

IS THE CASING ABOVE GROUND     YES, 16 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>6"</u>	<u>0</u>	<u>160</u>	<u>3/32</u>
2. <u>Screen</u>	<u>Screening</u>	<u>160</u>	<u>165?</u>	
3. _____				
4. _____				

IS THE ANNULUS SEALED?     yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump ~ 4 years  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no  
 LEVEL OF PUMP INTAKE: 145 FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? ~ 50' ft. below surface. reported  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) No

COMMENTS Very Sandy  
Screen was spread by drilling  
casing into it. (well completed in sand)  
Have seen out of water 2 or 3 times  
and

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:

KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

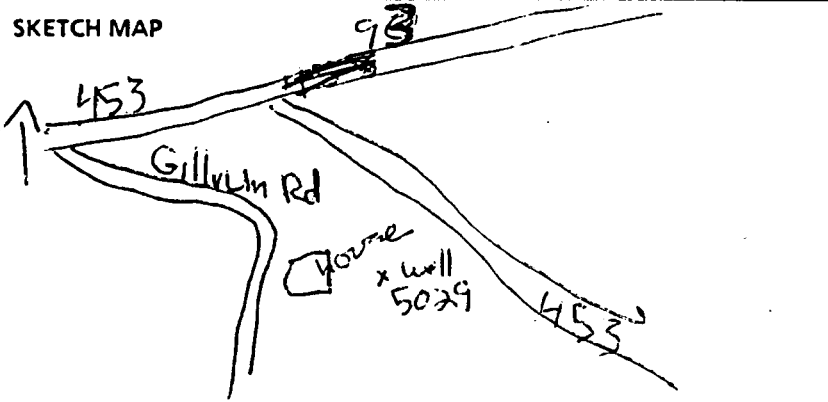
OWNER NAME Gillum Wilburn  
LAST FIRST MI  
 ADDRESS Route Box 119  
 CITY Grand Rapids STATE KY ZIP CODE 42045  
 OWNER'S PHONE (502) 708 2626

INSPECTOR NAME Leo David Silverman Susan   
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>2</u>  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>  PWSID # _____	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) _____
--	---	--

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO IF NO, DESCRIBE VIOLATIONS open well head

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE [Signature]    DATE 7/28/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5031

DATE OF INSPECTION 7/22/87

## WELL LOCATION

COUNTY Livingston

QUADRANGLE MAP Calvert City

ELEVATION 390

LATITUDE 37° 03' 04"

LONGITUDE 88° 17' 47"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Devine Gerald  
LAST FIRST MI

ADDRESS Rt 1 Box 80

CITY Grand River STATE KY ZIP CODE 42045

OWNER'S PHONE (502) 928-2877

## INSPECTOR

NAME Leo David P  
LAST FIRST MI ID #

AGENCY  CHR.  DOW  OTHER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED ~1978

WHO CONSTRUCTED WELL? \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOTAL DEPTH 80 reported FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>6</u>	<u>0</u>		
2. <u>Inner Casing</u>	<u>5</u>			
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump 3 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS Iron content high but not a problem. High calcium.

AKGWA # placed on spigot pipe 2 feet from well

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 11

NUMBER OF HOUSEHOLDS SERVED: 3

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

PWSID # \_\_\_\_\_

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

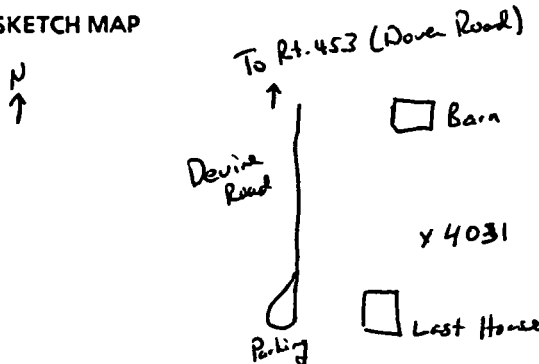
YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Leo David P

DATE

7/23/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5032  
 DATE OF INSPECTION 7/28/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

**SHADED AREA FOR OFFICIAL USE ONLY**

## WELL LOCATION

COUNTY Livingston  
 QUADRANGLE MAP Little Cypress  
 ELEVATION 785  
 LATITUDE 37° 04' 50"  
 LONGITUDE 88° 24' 31"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Niles Cary  
LAST FIRST MI  
 ADDRESS Rt 1 Box 75  
 CITY Smithland STATE KY ZIP CODE 42081  
 OWNER'S PHONE (502) 928-2923

## INSPECTOR

NAME Wendy Sorenson   
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED July, 1979  
 WHO CONSTRUCTED WELL? Bill Fender Well Drilling  
 ADDRESS Box 310  
Smithland KY 42081

TOTAL DEPTH 115 FT.  
 IS THE CASING ABOVE GROUND  YES, 4 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>6"</u>	<u>0</u>		
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  Yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump 1 1/2 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: 110-115 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 120 ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
No

COMMENTS Intersected Sand atop limestone High Iron, hard

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

4

## NUMBER OF HOUSEHOLDS SERVED:

1

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

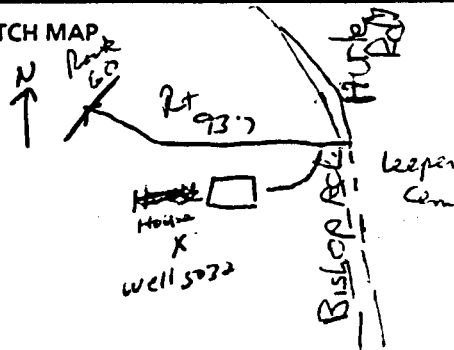
YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

*[Handwritten Signature]*

DATE

7/28/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0900-5034  
 DATE OF INSPECTION 7/22/87

## WELL LOCATION

COUNTY Livingston  
 QUADRANGLE MAP Little Cypress  
 ELEVATION 340-345  
 LATITUDE 37° 02' 55"  
 LONGITUDE 88° 28' 24"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO  
 DATE WELL COMPLETED 1978  
 WHO CONSTRUCTED WELL? B. H. Fordan On High  
 ADDRESS PO Box 398  
Smithland, KY 42081

TOTAL DEPTH 108' Reported FT.  
 IS THE CASING ABOVE GROUND?  YES, 14 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>12"</u>	<u>0</u>	<u>78</u>	<u>Unknown</u>
2. <u>Screen</u>	<u>12"</u>	<u>78</u>	<u>108</u>	
3. <u>Corr</u>				
4. _____				

IS THE ANNULUS SEALED?  Yes, material used  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  Yes, age of pump 12 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: -86 FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown    5 horse

STATIC WATER LEVEL? ~18 ft. below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
Yes - Drillers Contract

COMMENTS Well is used as a backup to the same municipal well  
~~to the same municipal well~~

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

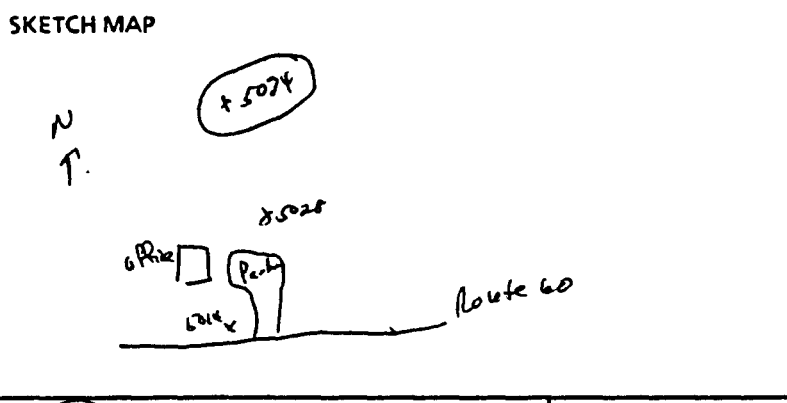
OWNER NAME Leibotta Walter Distort  
LAST FIRST MI  
 ADDRESS PO Box 123  
 CITY Leibotta STATE KY ZIP CODE 42082  
 OWNER'S PHONE (502) 898-3236

INSPECTOR NAME Leo David P       
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

<b>WELL USE:</b> <input type="checkbox"/> DOMESTIC <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____ <u>Backup</u>	<b>NUMBER OF PEOPLE SERVED:</b> _____ <b>NUMBER OF HOUSEHOLDS SERVED:</b> _____ PWSID # <u>0700243</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER <u>Soda Ash, Mn, Fluoride</u> WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) _____
---	--	---

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE [Signature] DATE 7/22/87  
 1-87 PRINTED WITH STATE FUNDS DEP4051

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5035  
 DATE OF INSPECTION 7/22/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

## WELL LOCATION

COUNTY McCracken  
 QUADRANGLE MAP Paducah East  
 ELEVATION 380  
 LATITUDE 37° 01' 03"  
 LONGITUDE 88° 31' 47"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Reidland Water - Sewer District  
 ADDRESS 5514 Reidland Rd.  
 CITY Paducah STATE KY ZIP CODE 42003  
 OWNER'S PHONE (502) 898-2443

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO 5/20/77  
 DATE WELL COMPLETED Aylor Aquaz Services  
 WHO CONSTRUCTED WELL? Aylor Aquaz Services  
 ADDRESS \_\_\_\_\_

INSPECTOR O'dell, Phil  
 NAME Hoffman, Glenn  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 305 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>105321</u>	<u>10"</u>			
2.				
3.				
4.				

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 85 ft. below surface, Reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
H230 Log

<b>WELL USE:</b> <input type="checkbox"/> DOMESTIC <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> _____  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>2172</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input checked="" type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) _____
	PWSID # _____	

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



COMMENTS ID - 305' on bedrock  
W211  
H

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE Phil O'dell DATE 7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5036

DATE OF INSPECTION 7/14/87

## WELL LOCATION

COUNTY Martin

QUADRANGLE MAP Bylansburg

ELEVATION 469

LATITUDE 36° 54' 23"

LONGITUDE 88° 21' 37"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

### WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO

DATE WELL COMPLETED 72 or before

WHO CONSTRUCTED WELL? Starb Brothers

ADDRESS \_\_\_\_\_

TOTAL DEPTH About 100 FT.

IS THE CASING ABOVE GROUND     YES, \_\_\_\_\_ IN.

NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1.				
2.	<u>Below surface</u>			<u>in wall</u>
3.	<u>House</u>			
4.				

IS THE ANNULUS SEALED?     yes, material used \_\_\_\_\_

no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL

OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump \_\_\_\_\_

no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:     jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V

unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,

can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

NO

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:     original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

### OWNER

NAME Ford Kate

LAST FIRST MI

ADDRESS RR # 7

Benton

CITY \_\_\_\_\_ STATE Ky ZIP CODE 42025

OWNER'S PHONE ( 502 ) 527-8886

### INSPECTOR

NAME Odell Phil \_\_\_\_\_

LAST FIRST MI ID #

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

### WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

### NUMBER OF PEOPLE SERVED: 4

NUMBER OF HOUSEHOLDS SERVED: 2

PWSID # \_\_\_\_\_

### TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

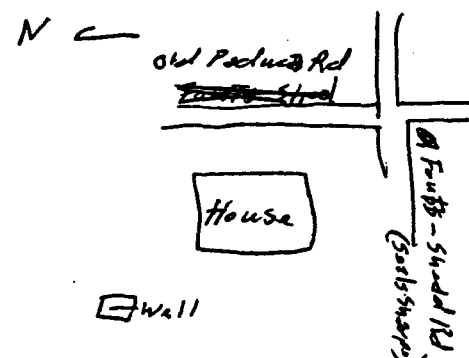
YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?     YES     NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

### SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phillip W. Odell

DATE

7/14/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5037  
 DATE OF INSPECTION 7/22/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

WELL LOCATION  
 COUNTY Madison McCracken  
 QUADRANGLE MAP Paducah East  
 ELEVATION 365  
 LATITUDE 37° 01' 05" N  
 LONGITUDE 88° 31' 37" W  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Reidland water-sewer District  
LAST FIRST MI  
 ADDRESS 5514 Reidland Road  
 CITY Paducah STATE KY ZIP CODE 42003  
 OWNER'S PHONE (502) 898-2443

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1984  
 WHO CONSTRUCTED WELL? Aylor Aqua service  
 ADDRESS \_\_\_\_\_

INSPECTOR O'Dell, Phillip  
 NAME Hoffman, Glenn   
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH \_\_\_\_\_ FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET. BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>8"</u>	<u>0</u>	<u>227</u>	
2. <u>Steel</u>	<u>8"</u>	<u>227</u>	<u>247</u>	<u>screen</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

<b>WELL USE:</b> <input type="checkbox"/> DOMESTIC <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> _____  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>2174</u>  PWSID # _____	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input checked="" type="checkbox"/> UV <input checked="" type="checkbox"/> CHLORINATION <input checked="" type="checkbox"/> AERATION <input checked="" type="checkbox"/> CHARCOAL FILTER <input checked="" type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) _____
--	---	--

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

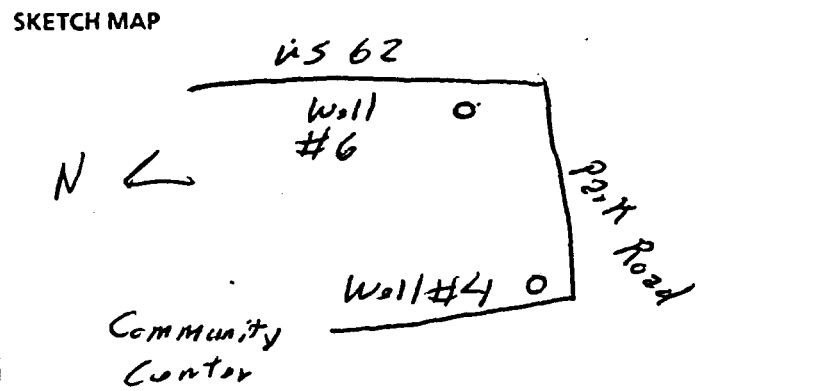
DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 100 ft. below surface. Reported  
 can't be measured  not measured



DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS 0-55 sand gravel & clay  
55-226 Porters creek  
226-270 sand  
TD 270 Bedrock

SIGNATURE OF PERSON REPORTING SITE Phillip O'Dell DATE 7/22/87

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5038  
 DATE OF INSPECTION 7/22/87

## WELL LOCATION

COUNTY McCracken  
 QUADRANGLE MAP Paducah East  
 ELEVATION 340  
 LATITUDE 37° 00' 41"  
 LONGITUDE 88° 31' 15"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 8/11/83  
 WHO CONSTRUCTED WELL? Aylor Aqua Services  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 228 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>5" gal</u>	<u>10"</u>	<u>0</u>	<u>208</u>	_____
2. <u>5" gal</u>	<u>10"</u>	<u>208</u>	<u>228</u>	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  Yes, material used  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V

STATIC WATER LEVEL? 20 ft. below surface. Reported  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

H2S log

COMMENTS TD at Paducah  
at 228

W 3

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

DISTRIBUTION YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Raidland Water-Sewer District  
LAST FIRST MI  
 ADDRESS 5514 Raidland Rd  
 CITY Paducah STATE KY ZIP CODE 42003  
 OWNER'S PHONE ( 502 ) 898-2443

INSPECTOR Oell, Phil  
 NAME Hoffman, Glenn      
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 2/79

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

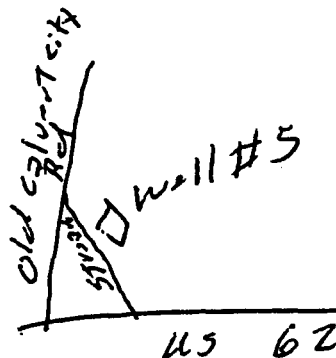
WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Philipp W. Oell

DATE

7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5039

DATE OF INSPECTION 7/14/87

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Briarsburg

ELEVATION 395

LATITUDE 36° 55' 20"

LONGITUDE 88° 21' 30"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO

DATE WELL COMPLETED before 1947

WHO CONSTRUCTED WELL? Unknown

ADDRESS \_\_\_\_\_

TOTAL DEPTH 20 FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Concrete tile 24"</u>				
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  Yes, material used ?  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  Yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other Suction

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 8' ft. below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS \_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME ROUST R.A.  
LAST FIRST MI

ADDRESS RR 7

CITY Benton STATE Ky ZIP CODE 4200 42025

OWNER'S PHONE (502) 527-8335

INSPECTOR Silverman, Sue      
 NAME Odell, Phil      
LAST FIRST MI ID #

AGENCY  CHR     DOW     OTHER

### WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: \_\_\_\_\_

PWSID # \_\_\_\_\_

### TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

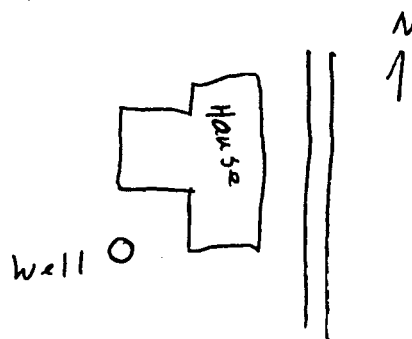
WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe)  
Some Iron

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

### SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE  
Philip R. Odell

DATE  
7/14/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5041

DATE OF INSPECTION 7/22/87

## WELL LOCATION

COUNTY McCracken

QUADRANGLE MAP Paducah East

ELEVATION 398

LATITUDE 37° 00' 58" N

LONGITUDE 88° 31' 53" W

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS
- OHIO RIVER ALLUVIUM
- E. COAL FIELD
- W. COAL FIELD
- MISS. PLATEAU
- JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 4/2/73

WHO CONSTRUCTED WELL? Genson

ADDRESS Newburn Twn

TOTAL DEPTH 323 FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET.BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>SP-01</u>	<u>12"</u>	<u>0-</u>	<u>296</u>	<u>3/8"</u>
2. <u>SP-01</u>	<u>30"</u>	<u>296</u>	<u>323</u>	<u>1/2" R.I.P. Reinforced Screen</u>
3. <u>SP-01</u>	<u>8"</u>			
4. _____				

IS THE ANNULUS SEALED?  Yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 85 ft. below surface, Reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS Td on hydro H at 323 ft

Well #3

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME Reidland Water - Sewer District  
ADDRESS 5514 Reidland Rd  
CITY Paducah STATE KY ZIP CODE 42003  
OWNER'S PHONE (\_\_\_\_) \_\_\_\_\_

INSPECTOR Odell, Phil NAME Hoffman, Glenn  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 2172

## TYPE OF TREATMENT SYSTEM:

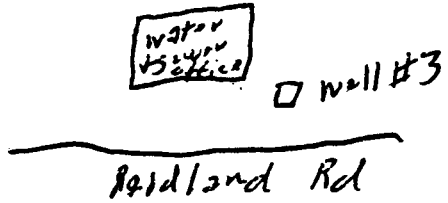
- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phil W. Odell

DATE

7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5042

DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
 COUNTY Marshall  
 QUADRANGLE MAP B membersburg  
 ELEVATION 467  
 LATITUDE 36° 58' 06"  
 LONGITUDE 89° 21' 35"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Kettula Reno  
 ADDRESS PO Box 684  
 CITY Calvert City STATE KY ZIP CODE 42029  
 OWNER'S PHONE (502) 395 4306

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES  NO at least 5 years  
 DATE WELL COMPLETED NO  
 WHO CONSTRUCTED WELL? NO (unknown)  
 ADDRESS \_\_\_\_\_

INSPECTOR NAME Susan Bidell ID # \_\_\_\_\_  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH NO (unknown) FT.  
 IS THE CASING ABOVE GROUND  YES  NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>plastic</u>	<u>4"</u>	<u>?</u>		
2. <u>plastic</u>				
3. _____				
4. _____				

<p>WELL USE:  <input checked="" type="checkbox"/> DOMESTIC  <input type="checkbox"/> MUNICIPAL  <input type="checkbox"/> IRRIGATION  <input type="checkbox"/> INDUSTRIAL  <input type="checkbox"/> STOCK  <input type="checkbox"/> MONITOR  <input type="checkbox"/> ABANDONED  <input type="checkbox"/> OTHER _____</p>	<p>NUMBER OF PEOPLE SERVED: <u>2</u>                  NUMBER OF HOUSEHOLDS SERVED: <u>1</u></p>	<p>TYPE OF TREATMENT SYSTEM:  <input checked="" type="checkbox"/> NONE  <input type="checkbox"/> WATER SOFTENER  <input type="checkbox"/> UV  <input type="checkbox"/> CHLORINATION  <input type="checkbox"/> AERATION  <input checked="" type="checkbox"/> CHARCOAL FILTER  <input type="checkbox"/> SAND FILTER  <input type="checkbox"/> IRON INHIBITOR  <input type="checkbox"/> OTHER <u>under kitchen sink</u></p> <p>WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe)  <u>same as above</u></p>
--	---	---

IS THE ANNULUS SEALED?  yes, material used  no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

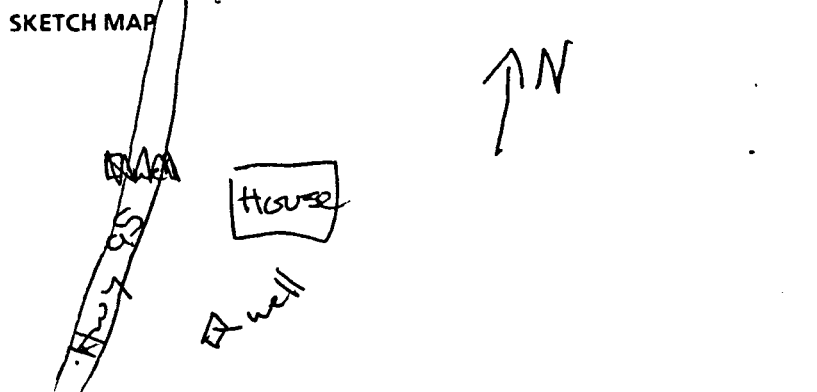
DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured



DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) NO

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE Phillip W. Odell DATE 7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5043

DATE OF INSPECTION 7/22/87

## WELL LOCATION

COUNTY Madison McCracken

QUADRANGLE MAP Paducah East

ELEVATION 390

LATITUDE 37° 01' 00"

LONGITUDE 88° 31' 44"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:

KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Odell, Phillip Reidland Water - Hoffman, Glenn Sewer District

ADDRESS 5514 Reidland Rd

CITY Paducah STATE KY ZIP CODE 42003

OWNER'S PHONE 502 898-2443

INSPECTOR Odell, Phillip  
 NAME Hoffman, Glenn ID # \_\_\_\_\_

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

### WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 2172

### TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

### SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

DATE

Phillip V. Odell 7/22/87

### WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED Oct 24, 196

WHO CONSTRUCTED WELL? EROD Drilling

ADDRESS \_\_\_\_\_

TOTAL DEPTH 535 now 400 FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>57-01</u>	<u>8"</u>	<u>0</u>	<u>313</u>	
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  Yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL

OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  Yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 81 ft. below surface, Reported

can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

Yes, Log

COMMENTS

<u>0 - 37</u>	<u>sand gravel &amp; clay</u>
<u>37 - 75</u>	<u>potter cross</u>
<u>75 - 104</u>	<u>clay &amp; sand</u>
<u>104 - 200</u>	<u>rip clay</u>
<u>200 - 313</u>	<u>sand &amp; clay</u>
<u>313 - 318</u>	<u>5/8 in</u>
<u>TD - 535</u>	

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5044

DATE OF INSPECTION 7/22/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY McCracken

QUADRANGLE MAP EIVA

ELEVATION 415

LATITUDE 36° 59' 14"

LONGITUDE 88° 29' 08"

UTM GRID ZONE 18TUB

NORTHING 111111

EASTING 111111

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO

DATE WELL COMPLETED 1977

WHO CONSTRUCTED WELL? Grain

ADDRESS \_\_\_\_\_

TOTAL DEPTH 110 FT.

IS THE CASING ABOVE GROUND     YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Plastic</u>	<u>4"</u>			
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?     Yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:     jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

CHECK ONE:     original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Alexander, Clifford

ADDRESS RT 1 Box 166

CITY Calvert City STATE KY ZIP CODE 40042029

OWNER'S PHONE (502) 898-3064

## INSPECTOR

NAME O'dell, Phillip   

NAME Huffman, Glenn   

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

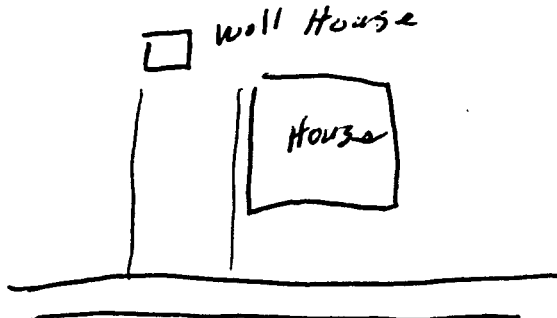
YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?     YES     NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phillip W. O'dell

DATE

7/22/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5045

DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
 COUNTY Marshall  
 QUADRANGLE MAP Brensburg  
 ELEVATION 385  
 LATITUDE 36° 58' 47"  
 LONGITUDE 88° 20' 42"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

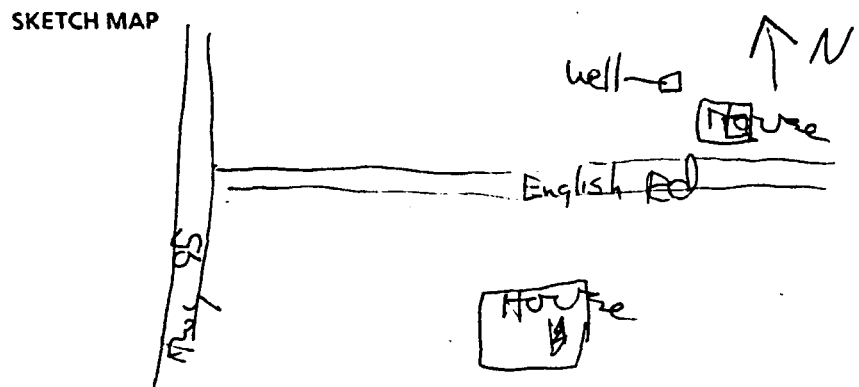
OWNER NAME Kilby Dan  
LAST FIRST MI  
 ADDRESS Route 2, Box 416  
 CITY Cathey City STATE KY ZIP CODE 42029  
 OWNER'S PHONE 502-398-4742

INSPECTOR NAME Phillip Odell Suey Phil   
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

WELL USE: <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	NUMBER OF PEOPLE SERVED: <u>4</u>	TYPE OF TREATMENT SYSTEM: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) <u>NO</u>
	NUMBER OF HOUSEHOLDS SERVED: <u>2</u>	

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE Phillip W. Odell DATE 7/14/87

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED ~ 15 years  
 WHO CONSTRUCTED WELL? Jerry Jones  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 265 FT. FT.  
 IS THE CASING ABOVE GROUND  YES, 10 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>plastic</u>	<u>4"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) NO

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5046  
 DATE OF INSPECTION 7/22/87

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP ELVA  
 ELEVATION 393  
 LATITUDE 36° 58' 36"  
 LONGITUDE 88° 27' 12"  
 UTM GRID ZONE 18RUC  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

- PHYSIOGRAPHIC OR HYDROLOGIC REGION
- BLUE GRASS
  - OHIO RIVER ALLUVIUM
  - E. COAL FIELD
  - W. COAL FIELD
  - MISS. PLATEAU
  - JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1965  
 WHO CONSTRUCTED WELL? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 36 40 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Concrete</u>	<u>24"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 32 ft. below surface, Reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE: 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Davis Sr., William A.  
LAST FIRST MI  
 ADDRESS Rt 6 296  
 CITY Benton STATE KY ZIP CODE 42025  
 OWNER'S PHONE (502) 898-6852

INSPECTOR Odell, Phillip       
LAST FIRST MI ID #  
Hottel, Glenn  
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 4

NUMBER OF HOUSEHOLDS SERVED: 2

PHSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

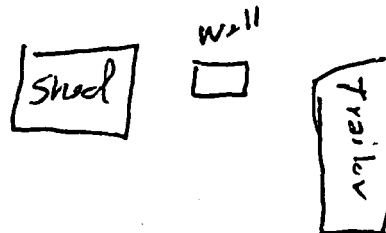
WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phillip M. Odell

DATE

7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5047

DATE OF INSPECTION 7/22/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP EIVA

ELEVATION 432

LATITUDE 36° 58' 43"

LONGITUDE 88° 25' 18"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO

DATE WELL COMPLETED 1968

WHO CONSTRUCTED WELL? Greene

ADDRESS \_\_\_\_\_

TOTAL DEPTH 138 FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET.BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>plastic</u>	<u>4"</u>			
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 98 ft. below surface. Reported  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Phelps O.L.

ADDRESS RT 6 Box 428

CITY Benton STATE NY ZIP CODE 40025

OWNER'S PHONE (502) 898-2015

## INSPECTOR

NAME O'dell, Phillip

NAME Huffman, Glenn

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: 1

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

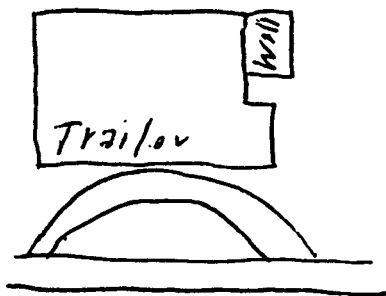
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO

- REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE  
Phillip W. O'dell

DATE  
7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5048

DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY McCracken

QUADRANGLE MAP Brownsville

ELEVATION 392

LATITUDE 36° 57' 45"

LONGITUDE 88° 21' 21"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

### WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO over 15 yrs

DATE WELL COMPLETED unknown

WHO CONSTRUCTED WELL? Jerry Jones

ADDRESS \_\_\_\_\_

TOTAL DEPTH 220 ft. FT.

IS THE CASING ABOVE GROUND  YES, 6 IN.  NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>plastic</u>	<u>4"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  Yes, material used  no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) yes

COMMENTS \_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

### OWNER

NAME King Herman

ADDRESS Route 2, Box 431

CITY Calvert City STATE KY ZIP CODE \_\_\_\_\_

OWNER'S PHONE ( 502 ) 395-4003

### INSPECTOR

NAME Silverman Susan

O'dell Phil      ID # \_\_\_\_\_

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

### WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

### NUMBER OF PEOPLE SERVED:

2

### NUMBER OF HOUSEHOLDS SERVED:

1

### TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) no

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

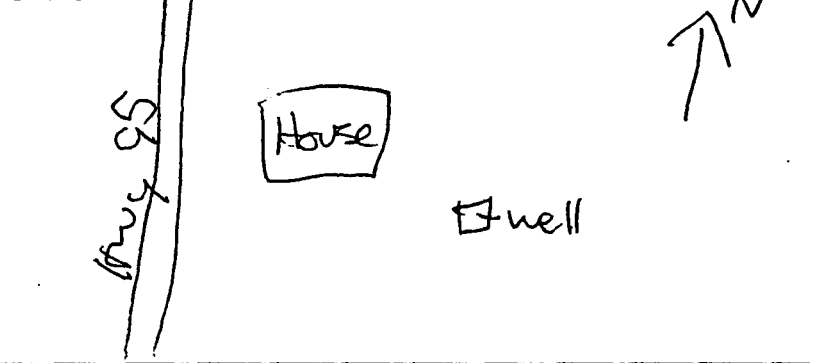
YES     NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

### SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Philipp M. O'dell

DATE

7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5049  
 DATE OF INSPECTION 7/28/87

## WELL LOCATION

COUNTY Livingston  
 QUADRANGLE MAP Calvert City  
 ELEVATION 385  
 LATITUDE 37° 02' 37"  
 LONGITUDE 88° 16' 46"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1956  
 WHO CONSTRUCTED WELL? Unknown  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 184 FT.  
 IS THE CASING ABOVE GROUND  YES  NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>4"</u>	<u>4"</u>			<u>1/2"</u>
2. <u>6"</u>	<u>6"</u>			<u>3/8"</u>
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used brick fill  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 NO TIGHT SEAL ABOVE     OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump 6 yrs.  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: 20 FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 40 ft. below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) no

COMMENTS Drilled - hit water at 117' - but kept going drilling - about 34' of rock at base.

34 feet of rock hit circle with water in it. have old iron pipes - sometimes have mud since installing submersible pump

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

DISTRIBUTION: YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR

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 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Jones Forrest  
LAST FIRST MI  
 ADDRESS Route 1, Box 38  
 CITY Grand Rivers STATE KY ZIP CODE 42045  
 OWNER'S PHONE 502-928-2336

INSPECTOR NAME Leo Silverman Wayne Dusan       
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

7

## NUMBER OF HOUSEHOLDS SERVED:

1

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe)

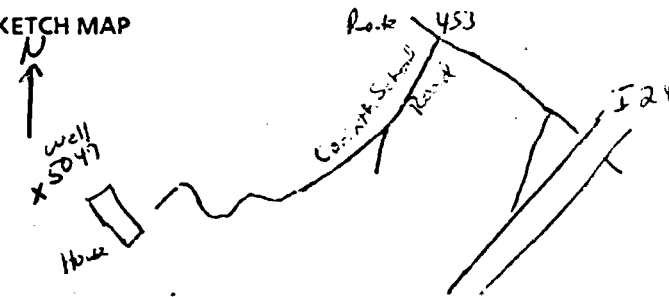
## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES     NO IF NO, DESCRIBE VIOLATIONS Sanitary seal not tight.

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES    NO

REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE [Signature] DATE 7/28/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5050

DATE OF INSPECTION 7/28/87

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Little Cypress

ELEVATION 345

LATITUDE 37° 02' 50"

LONGITUDE 88° 24' 14"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
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KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME LWD Leard Company

ADDRESS PO Box 327

CITY Calvert City STATE Ky ZIP CODE 42027

OWNER'S PHONE (502) 395-8317

INSPECTOR Tripple David C  
 NAME Leo David ID #     

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED unknown

WHO CONSTRUCTED WELL? unknown

ADDRESS \_\_\_\_\_

TOTAL DEPTH ~90 ft FT.

IS THE CASING ABOVE GROUND  YES, 1 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4"</u>	<u>0</u>		<u>3/25"</u>
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used concrete floor in building  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: ~90 FT. ~90 ft reported

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) No

COMMENTS Well supplies streams at River, but is not consumed. It is consumed at household. ~~Will be used for watering grass, etc.~~ - HURDING TO CALVERT CITY WATER - NEXT TWO WEEKS WILL BE USED FOR WATERING GRASS, ETC.

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 3+

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER Sediment Filter

WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe)  
Iron

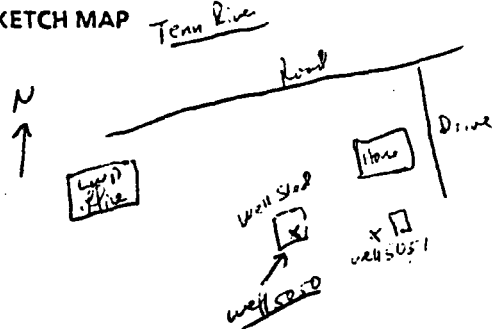
## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES  NO IF NO, DESCRIBE VIOLATIONS Open Top, less than 4" stickup.

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES NO

- REASON FOR INSPECTION (check all that are applicable)
- GENERAL WATER QUALITY ANALYSIS REQUESTED will be taken  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

David Tripple

DATE

7/28/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5051

DATE OF INSPECTION 7/28/87

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Little Cypress

ELEVATION 745

LATITUDE 37° 02' 57"

LONGITUDE 88° 24' 13"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO

DATE WELL COMPLETED unknown

WHO CONSTRUCTED WELL? unknown

ADDRESS \_\_\_\_\_

TOTAL DEPTH unknown FT.

IS THE CASING ABOVE GROUND  YES, 4 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>PVC</u>	<u>4"</u>	<u>0</u>	<u>188</u>	<u>1/8"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  Yes, material used  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER cover

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V     3 wire, 220V

STATIC WATER LEVEL? 32' 3/4" ft. below surface, measured  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
No

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME LWD Land Company LAST FIRST MI

ADDRESS PO Box 327

CITY Calvert City STATE KY ZIP CODE 42029

OWNER'S PHONE (502) \_\_\_\_\_

## INSPECTOR

NAME Triable David LAST FIRST MI ID # \_\_\_\_\_

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 0

NUMBER OF HOUSEHOLDS SERVED: 0

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

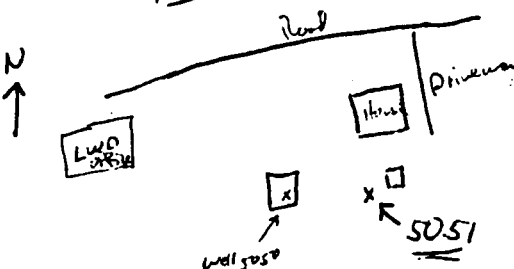
YES     NO IF NO, DESCRIBE VIOLATIONS open well, not properly abandoned

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES    NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



## SIGNATURE OF PERSON REPORTING SITE

[Signature]

## DATE

7/28/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5052  
 DATE OF INSPECTION 7/28/87

## WELL LOCATION

COUNTY MARSHALL  
 QUADRANGLE MAP CALVERT CITY  
 ELEVATION 335'  
 LATITUDE 37° 02' 20"  
 LONGITUDE 88° 21' 12"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:

KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME STOKES Eimer  
LAST FIRST MI

ADDRESS Rt. 1, Box 39

CITY CALVERT CITY STATE KY ZIP CODE 42029

OWNER'S PHONE (502) 395-4212

## INSPECTOR

NAME TRIMBLE David   
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED AT LEAST 50 yrs. ago.  
 WHO CONSTRUCTED WELL? Eimer Stokes  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 32' FT.

IS THE CASING ABOVE GROUND  YES, 30 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>CONCRETE</u>	<u>24</u>	<u>0</u>	<u>32</u>	<u>2"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  Yes, material used clay  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER concrete cap

DOES THE WELL HAVE A PUMP?  yes, age of pump 2 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: 28 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 20 ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) NO

COMMENTS pump not working now; will fix at later

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

DISTRIBUTION (YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR)

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER water garden + stock

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: N/A

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

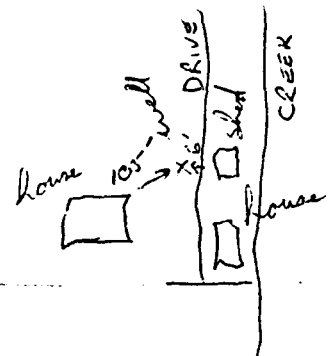
YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

David C. Trimble

DATE

7/28/87





# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5054  
 DATE OF INSPECTION 7-15-87

WELL LOCATION  
 COUNTY MARSHALL LITTLE CYPRESS  
 QUADRANGLE MAP CALVERT CITY  
 ELEVATION 345'  
 LATITUDE 37° 00' 51"  
 LONGITUDE 88° 28' 15"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES     NO  
 DATE WELL COMPLETED 15 years  
 WHO CONSTRUCTED WELL? JERRY JONES  
 ADDRESS PADUCAH KY  
 TOTAL DEPTH 100 FT.  
 IS THE CASING ABOVE GROUND  YES, 6 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4"</u>	<u>0</u>	<u>100'</u>	
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  Yes, material used  
 no  
 WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER  
 DOES THE WELL HAVE A PUMP?  yes, age of pump 15 yrs.  
 no  
 DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: 50 FT. 45  
 PUMP TYPE:  jet     submersible     turbine     other  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown  
 STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
not sure

COMMENTS cement slab around well; old well next to house - concrete culvert with concrete top - not used

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

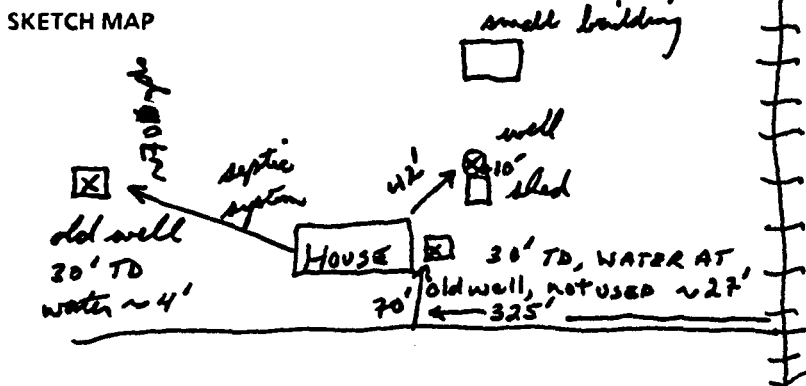
OWNER NAME RUDOLPH THOMAS + ROBERTA  
LAST FIRST MI  
 ADDRESS Rt. 1 Box 85  
 CITY CALVERT CITY STATE KY ZIP CODE 42029  
 OWNER'S PHONE ( 502 ) 898-2002 Wk. 444-6321

INSPECTOR NAME TRIMBLE DAVID       
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

WELL USE: <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	NUMBER OF PEOPLE SERVED: <u>5</u>	TYPE OF TREATMENT SYSTEM: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) _____
	NUMBER OF HOUSEHOLDS SERVED: <u>2</u>	

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS NOT SURE

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER Calvert City GW Study



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES 1

SIGNATURE OF PERSON REPORTING SITE David Trimble    DATE 7/15/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0006-5067

DATE OF INSPECTION 7/15/87

## WELL LOCATION

COUNTY MARSHALL  
 QUADRANGLE MAP CALVERT CITY  
 ELEVATION 348' LITTLE CYPRESS  
 LATITUDE 37° 01' 07"  
 LONGITUDE 88° 26' 52"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

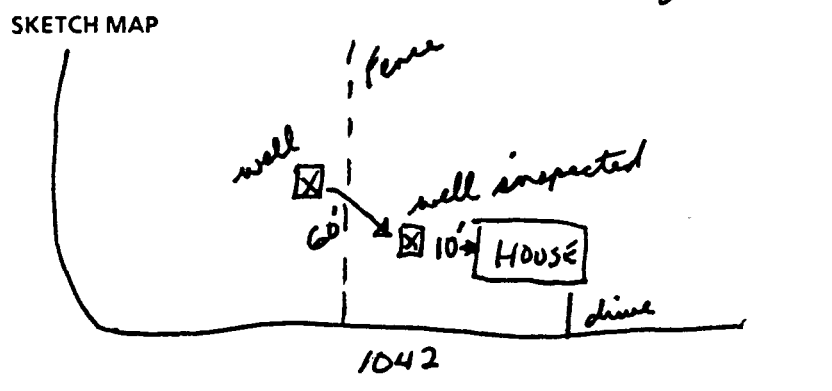
OWNER  
 NAME ALEXANDER, EDWARD  
LAST FIRST MI  
 ADDRESS RT 1 Box 67  
 CITY CALVERT CITY STATE KY ZIP CODE 42029  
 OWNER'S PHONE ( ) 888-7006

INSPECTOR  
 NAME TRIMBLE, DAVID       
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>2</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input checked="" type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input checked="" type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input checked="" type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) <u>bad iron, cloudy water</u>
	<b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>	

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS based on what can be seen

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER Calvert City GW Study



SIGNATURE OF PERSON REPORTING SITE David Trimble DATE 7/15/87

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 15 yrs.  
 WHO CONSTRUCTED WELL? NOT KNOWN  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 30 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Cement</u>	<u>26"</u>	<u>0</u>	<u>30'?</u>	
2. <u>Culvert</u>				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER concrete  
 DOES THE WELL HAVE A PUMP?  yes, age of pump 15 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS water softener; iron remover filter  
well top part on down side (left side) of well house

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5058  
 DATE OF INSPECTION 7/29/87

## WELL LOCATION

COUNTY Livingston  
 QUADRANGLE MAP Little Cypress Redoubt East  
 ELEVATION 240  
 LATITUDE 37° 02' 23"  
 LONGITUDE 88° 30' 30"  
 UTM GRID ZONE 18  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 7/28/87  
 WHO CONSTRUCTED WELL? B. H. Funder Well Drilling  
 ADDRESS Box 310  
Smithland, KY 42081

TOTAL DEPTH 46-53' FT.  
 IS THE CASING ABOVE GROUND  YES, 14 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Pvc</u>	<u>4"</u>	<u>0</u>	<u>46</u>	<u>.25</u>
2. <u>Steel</u>	<u>4"</u>	<u>46</u>	<u>53</u>	
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used cuttings  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump New w/ well.  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: ~46.50 FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
Driller log will be sent

COMMENTS Well finished yesterday, sanitary seal will be placed in a few days  
No septic system yet - owner wants to put in a sewerage pit, but he was advised not to since they are not legal.

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:

KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Cobb Jimmy  
LAST FIRST MI

ADDRESS 321 Chestnut Lake Drive

CITY Leadbetter STATE KY ZIP CODE 42058  
 OWNER'S PHONE ( 502 ) No phone

INSPECTOR NAME Law David P       
LAST FIRST MI ID #

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

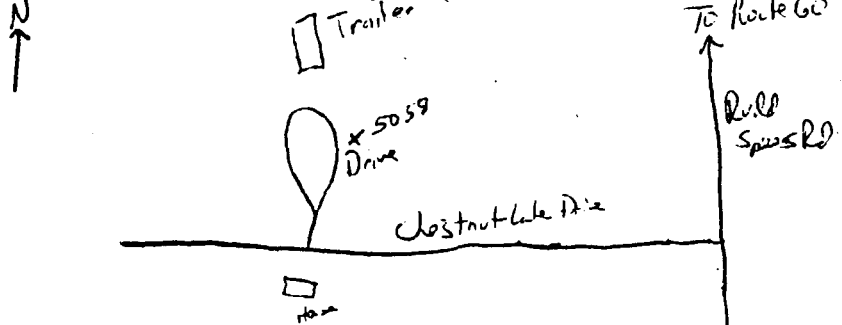
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

*(Handwritten signature)*

DATE

7/29/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5060

DATE OF INSPECTION 7-15-87

## WELL LOCATION

COUNTY MARSHALL

QUADRANGLE MAP ALBERT CITY LITTLE

ELEVATION 350

LATITUDE 37° 01' 07"

LONGITUDE 88° 26' 49"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO

DATE WELL COMPLETED UNKNOWN (15 years?)

WHO CONSTRUCTED WELL? UNKNOWN

ADDRESS \_\_\_\_\_

TOTAL DEPTH 40 FT. ?

IS THE CASING ABOVE GROUND     YES, 24 IN.  
 NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Cement</u>	<u>22"</u>	<u>0</u>	<u>40?</u>	<u>2"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?     YES, material used clay  
 NO

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     YES, age of pump \_\_\_\_\_  
 NO

DOES THE WELL HAVE A PITLESS ADAPTER?     YES     NO

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:     jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 33 ft. below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS send copy to Alexander  
also copy of this results  
send results to Alexander

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:     original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

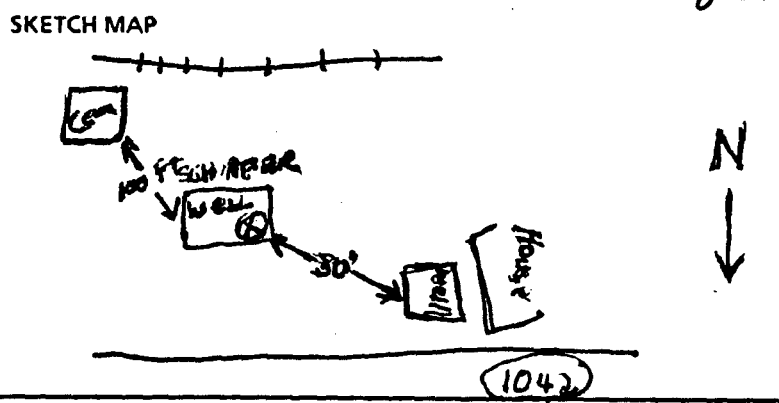
OWNER NAME SCHAFER (Alexander household uses well)  
LAST FIRST MI  
 ADDRESS Rt. 1, Box 66 (?)  
 CITY ALBERT CITY STATE KY ZIP CODE 42029  
 OWNER'S PHONE (\_\_\_\_) \_\_\_\_\_

INSPECTOR NAME SHANKS MARGARET   
LAST FIRST MI ID #  
 AGENCY     CHR     DOW     OTHER \_\_\_\_\_

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>2</u>  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>  PWSID # _____	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) _____
--	---	---

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?     YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER Calverts City GW Study



SIGNATURE OF PERSON REPORTING SITE Margaret Shanks    DATE 7-15-87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5061  
 DATE OF INSPECTION 7/29/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo  
 copy of a 7.5 minute topographic map with the well location clearly  
 marked. Send to:

KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Livingston  
 QUADRANGLE MAP Little Cypress  
 ELEVATION 351  
 LATITUDE 37° 02' 27"  
 LONGITUDE 88° 28' 11"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Dillard Jackie Road Spruce Rd  
LAST FIRST MI  
 ADDRESS Rt 1 Box 207  
 CITY Lebanon STATE KY ZIP CODE 42058  
 OWNER'S PHONE ( 502 ) 898-3701

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1968  
 WHO CONSTRUCTED WELL? Bill Fendau Well Drilling  
 ADDRESS Box 710  
Smithland, KY 42081

INSPECTOR  
 NAME Lee David P □ □ □ □ □  
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH -49 FT.  
 IS THE CASING ABOVE GROUND  YES, 4 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>4</u>	<u>0</u>		
2. _____				
3. _____				
4. _____				

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 4

NUMBER OF HOUSEHOLDS SERVED: 1

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)

IS THE ANNULUS SEALED?  yes, material used cuttings  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER putty

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: unknown FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
no

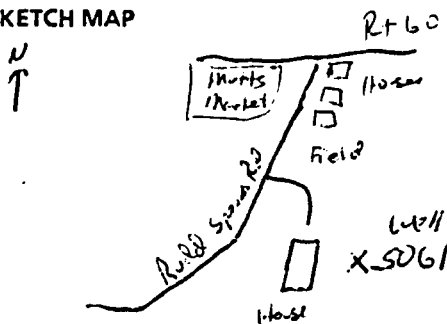
COMMENTS well top is sand plugged with plumbers putty  
Travis - well is located on Tennessee/Ohio River Surface Drainage Divide

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS Plumbers putty seal

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

*[Handwritten Signature]*

DATE

7/29/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5062

DATE OF INSPECTION \_\_\_\_\_

## WELL LOCATION

COUNTY Livingston

QUADRANGLE MAP Little Springs Paducah East

ELEVATION 745

LATITUDE 37° 02' 49"

LONGITUDE 88° 30' 16"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

### WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED before 1967 Correct?

WHO CONSTRUCTED WELL? George Aiken Carroll?

ADDRESS Leadbetter? George Aiken Carroll  
Leadbetter, KY

TOTAL DEPTH 40' reported FT.

IS THE CASING ABOVE GROUND  YES, 12 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET. BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>4</u>	<u>0</u>		
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER Screen

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no

LEVEL OF PUMP INTAKE: Unknown FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V.     3 wire, 220V  
 unknown

STATIC WATER LEVEL? unknown ft. below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS Home is hooked to city water - but this is for drinking + livestock.

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

DISTRIBUTION YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Recor J and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

### SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME Hughes Dale  
LAST FIRST MI

ADDRESS Box 252

CITY Leadbetter STATE KY ZIP CODE 42058  
OWNER'S PHONE ( 502 ) 898-7149

INSPECTOR NAME Low David P  
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

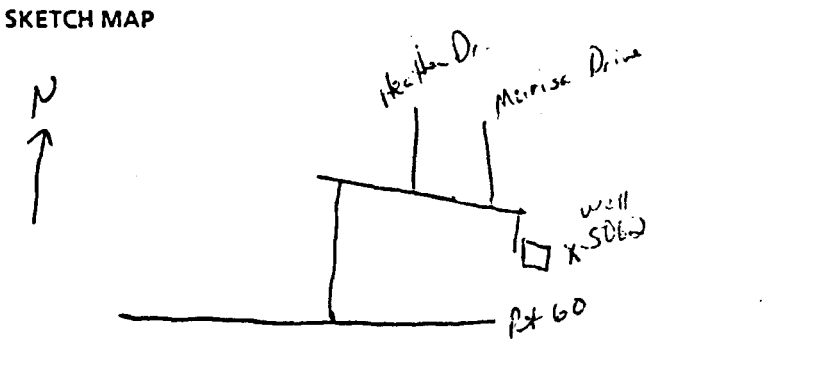
<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>2</u>  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>0</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) _____ _____
---	--	--

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS no well cap

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

REASON FOR INSPECTION (check all that are applicable)

GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE \_\_\_\_\_ DATE 7/29/87

PRINTED WITH STATE FUNDS DEP4051





# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5064  
 DATE OF INSPECTION 7/29/87

## WELL LOCATION

COUNTY Livingston  
 QUADRANGLE MAP Little Cypress  
 ELEVATION 435  
 LATITUDE 37° 04' 28"  
 LONGITUDE 89° 25' 17"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

- PHYSIOGRAPHIC OR HYDROLOGIC REGION
- BLUE GRASS
  - OHIO RIVER ALLUVIUM
  - E. COAL FIELD
  - W. COAL FIELD
  - MISS. PLATEAU
  - JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1974  
 WHO CONSTRUCTED WELL? Bill Fendler Well Drilling  
 ADDRESS Box 710  
Smithland, KY

TOTAL DEPTH 200 FT.  
 IS THE CASING ABOVE GROUND  YES 8 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>6</u>	<u>0</u>	<u>80</u>	<u>0.25</u>
2. <u>Open</u>		<u>80</u>	<u>100</u>	
3. _____				
4. _____				

IS THE ANNULUS SEALED?  Yes, material used clay  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  Yes, age of pump 13 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: -180 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) No

COMMENTS Open portion of well is sandstone about 2 gpm yield

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY.**

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Fendler Bill  
LAST FIRST MI  
 ADDRESS Box 710  
 CITY Smithland STATE KY ZIP CODE 42081  
 OWNER'S PHONE (502) 728-4487

INSPECTOR NAME Low David P  
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER Shop water

## NUMBER OF PEOPLE SERVED: 3

NUMBER OF HOUSEHOLDS SERVED: 0

Use No service connection except a garden hose + used in shop  
 PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

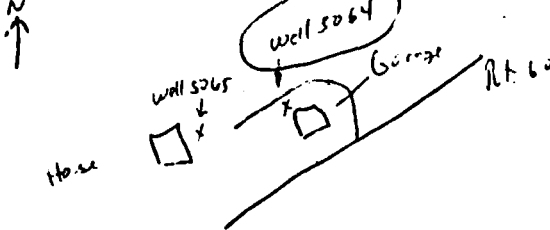
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

- REASON FOR INSPECTION (check all that are applicable)
- GENERAL WATER QUALITY ANALYSIS REQUESTED
  - SPECIFIC COMPLAINT INVESTIGATION
  - GENERAL SURVEY
  - AMBIENT GROUNDWATER MONITORING
  - OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

[Signature]

DATE

7/29/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5065

DATE OF INSPECTION 7/29/87

## WELL LOCATION

COUNTY Livingston

QUADRANGLE MAP Little Cy. p. 2

ELEVATION 145

LATITUDE 37° 04' 30"

LONGITUDE 88° 25' 19"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS  OHIO RIVER ALLUVIUM
- E. COAL FIELD  W. COAL FIELD
- MISS. PLATEAU  JACKSON PURCHASE

### WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1977  
 WHO CONSTRUCTED WELL? Bill Fonder Well Drilling  
 ADDRESS Box 310  
Smithland, KY 42081

TOTAL DEPTH 160 FT.  
 IS THE CASING ABOVE GROUND  YES, 10 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>steel</u>	<u>6</u>	<u>0</u>	<u>21</u>	<u>2188</u>
2. <u>open</u>		<u>21</u>	<u>160</u>	
3.				
4.				

IS THE ANNULUS SEALED?  Yes, material used cutting  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump 1977  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  Yes  no  
 LEVEL OF PUMP INTAKE: 140 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
No

COMMENTS Sandstone - 5' to 150 - w/ fracture near base. 150 to 160 = ls. limestone  
Yield is 10 gpm

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record; and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

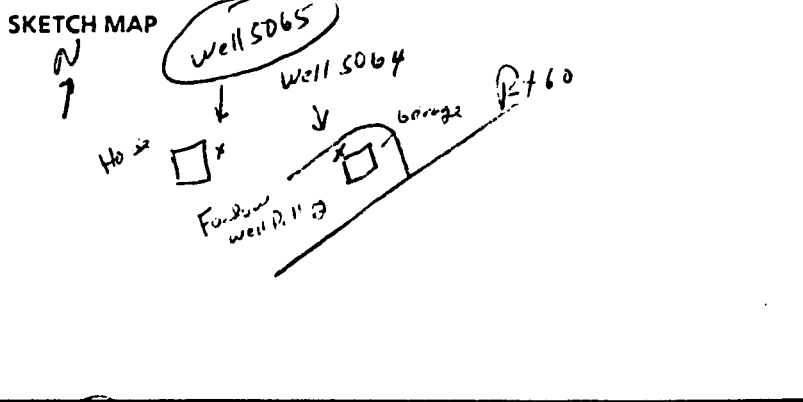
OWNER NAME Fonder B. H.  
LAST FIRST MI  
 ADDRESS Box 310  
 CITY Smithland STATE KY ZIP CODE 42081  
 OWNER'S PHONE (502) 928-4187

INSPECTOR NAME Geo David D 10  
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

WELL USE: <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	NUMBER OF PEOPLE SERVED: <u>4</u>	TYPE OF TREATMENT SYSTEM: <input type="checkbox"/> NONE <input checked="" type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) _____
	NUMBER OF HOUSEHOLDS SERVED: <u>1</u>	

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE [Signature] DATE 7/29/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5066  
 DATE OF INSPECTION 7/22/87

## WELL LOCATION

COUNTY Livingston  
 QUADRANGLE MAP Glenn City  
 ELEVATION 345  
 LATITUDE 37° 04' 10"  
 LONGITUDE 88° 21' 07"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO  
 DATE WELL COMPLETED ~ 1972  
 WHO CONSTRUCTED WELL? Fondaw  
 ADDRESS PO Box 398  
Smithland, KY 42081  
 TOTAL DEPTH 80 reported FT.  
 IS THE CASING ABOVE GROUND  YES, 3 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Steel</u>	<u>6</u>	<u>0</u>	<u>?</u>	<u>3/16"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used back fill  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump 15 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: ~70 FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 30 ft. below surface, measured  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
No

COMMENTS Iron

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Harrington Rodney  
LAST FIRST MI  
 ADDRESS Rt 1 Smithland  
 CITY Smithland STATE KY ZIP CODE 42081  
 OWNER'S PHONE (502) 728-2722

## INSPECTOR

NAME Leo David P  
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

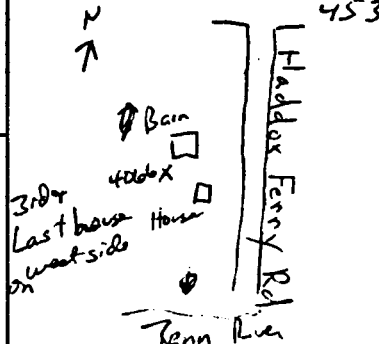
WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Leo David P

DATE

7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5067

DATE OF INSPECTION 5/15/87

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Briensburg

ELEVATION 378

LATITUDE 36° 56' 53"

LONGITUDE 88° 18' 16"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO

DATE WELL COMPLETED 1966

WHO CONSTRUCTED WELL? Layne - Central

ADDRESS \_\_\_\_\_

TOTAL DEPTH 100 ft FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Steel</u>	<u>10"</u>	<u>0</u>	<u>80'</u>	<u>?</u>
2. <u>5.5" steel</u>	<u>10"</u>	<u>80'</u>	<u>100'</u>	<u>screen</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used Cement  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump ?  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 17' ft. below surface, reported  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS 0-60' clay + gravel  
60'-100' white fine sand  
100' TD bedrock

Well # 1    600 gpm  
80' drawdown

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME N. Marshall Water plant # 1  
LAST FIRST MI

ADDRESS RT 7 Box 141

CITY Benton STATE Ky ZIP CODE 42085

OWNER'S PHONE (502) 527-3208

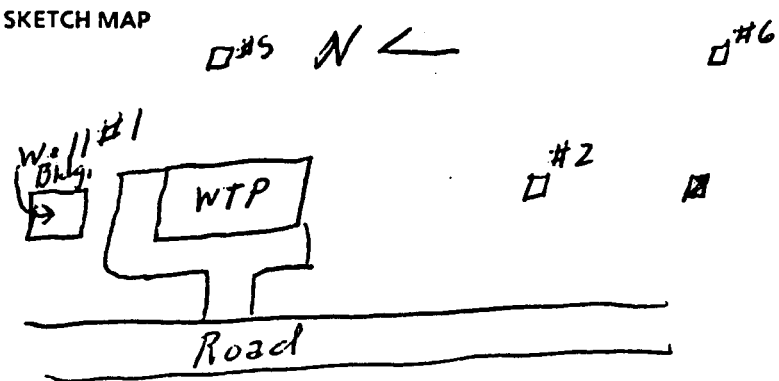
INSPECTOR NAME Odell, Phillip       
Silverman, Susan LAST FIRST MI ID #

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

<b>WELL USE:</b> <input type="checkbox"/> DOMESTIC <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>2</u>  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>3200</u>  PWSID # _____	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input checked="" type="checkbox"/> UV <input checked="" type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input checked="" type="checkbox"/> OTHER <u>Fluoride</u> WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) <u>PH 5.3</u>
--	--	--

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE Phillip M. Odell    DATE 3/15/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5068

DATE OF INSPECTION 5/15/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:

KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Briensburg

ELEVATION 378

LATITUDE 36° 56' 51"

LONGITUDE 88° 18' 16"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO

DATE WELL COMPLETED 1972

WHO CONSTRUCTED WELL? Ahler & Jennings

ADDRESS \_\_\_\_\_

TOTAL DEPTH 100 FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>5" steel</u>	<u>10"</u>	<u>0</u>	<u>70'</u>	<u>?</u>
2. <u>5" steel</u>	<u>10"</u>	<u>70'</u>	<u>100'</u>	<u>screen</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  Yes, material used Cement  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 17' ft. below surface, reported  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS 0-60' clay and gravel  
60-100' fine white sand  
100' TD Bedrock

Well #2    500 gpm  
70' drawdown

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME N, Marshall Water District Plant #1

ADDRESS RT 7 Box 141

CITY Benton STATE KY ZIP CODE 42025

OWNER'S PHONE (502) 527-3208

## INSPECTOR

NAME Odell, Phillip   

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 3200

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER Fluoride

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)

pH 3.3

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

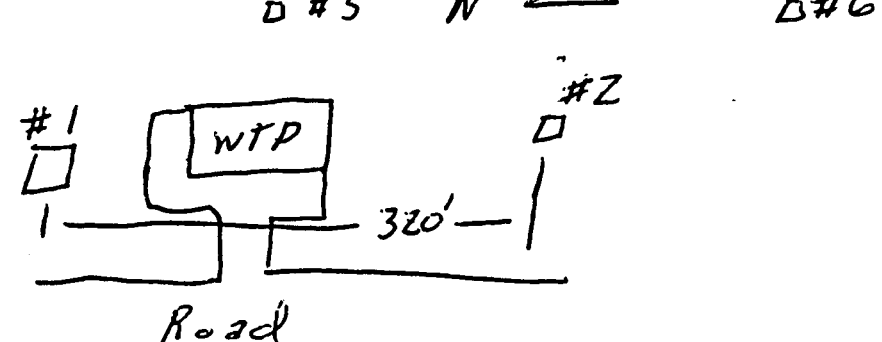
YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phillip W. Odell

DATE

5/13/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5069  
 DATE OF INSPECTION 5/15/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Briarsburg  
 ELEVATION 380  
 LATITUDE 36° 56' 40"  
 LONGITUDE 88° 18' 18"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## CHECK ONE:

- original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME N. Marshall Water District Plant # 1  
LAST FIRST MI  
 ADDRESS Rt 7 Box 141  
 CITY Benton STATE KY ZIP CODE 42025  
 OWNER'S PHONE (502) 527-3208

## INSPECTOR

NAME O'Dell, Phillip       
Sillerman, Susan       
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1978  
 WHO CONSTRUCTED WELL? Ahler & Jennings  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 100 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Steel</u>	<u>12"</u>	<u>0</u>	<u>70'</u>	<u>?</u>
2. <u>Steel</u>	<u>12"</u>	<u>70'</u>	<u>100'</u>	<u>screen</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used Cement  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 17 ft. below surface, reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS 0-60' clay & Gravel  
60'-100' fine white sand  
100' TD Bedrock

Well #3      520 gpm  
70' drawdown

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 3200

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER Fluoride

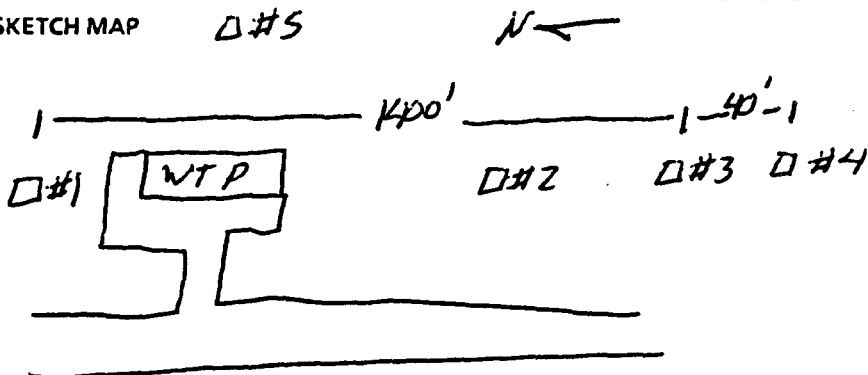
WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe)  
PH 5.3

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phillip W. Odell

DATE

5/15/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5070

DATE OF INSPECTION \_\_\_\_\_

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Briarsburg

ELEVATION 380

LATITUDE 36° 56' 43"

LONGITUDE 88° 18' 16"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO

DATE WELL COMPLETED 1978

WHO CONSTRUCTED WELL? Ahlert & Jennings

ADDRESS \_\_\_\_\_

TOTAL DEPTH 100 FT.

IS THE CASING ABOVE GROUND     YES     NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Plastic</u>	<u>6"</u>	<u>0</u>	<u>70</u>	<u>?</u>
2. <u>Plastic</u>	<u>6"</u>	<u>70</u>	<u>100</u>	<u>Screen</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?     yes, material used     no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL

OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump \_\_\_\_\_

no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:     jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V

unknown

STATIC WATER LEVEL? 17 ft. below surface, reported

can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENTS 0-60' clay & Gravel

60-100' fine white sand  
100 ft TD Bedrock

Well #4    160 gpm

Test well

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:

KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:     Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME N. Marshall Water District Plant #1

LAST FIRST MI

ADDRESS RT 7 Box 141

CITY Beaton STATE Ky ZIP CODE 42025

OWNER'S PHONE (502) 527-3208

## INSPECTOR Odell, Phillip

NAME S. Norman, Susan   

LAST FIRST MI ID #

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONEO  
 OTHER \_\_\_\_\_

Test?

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: \_\_\_\_\_

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

\_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?     YES     NO

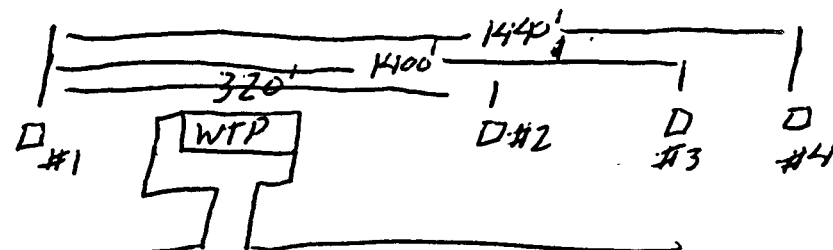
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP

D #5

D #6



SIGNATURE OF PERSON REPORTING SITE

Phillip M. Odell

DATE

5/15/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5071  
 DATE OF INSPECTION 5/15/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo  
 copy of a 7.5 minute topographic map with the well location clearly  
 marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

**WELL LOCATION**  
 COUNTY Marshall  
 QUADRANGLE MAP Briarsburg  
 ELEVATION 378  
 LATITUDE 36° 56' 52"  
 LONGITUDE 88° 18' 14"  
 UTM GRID ZONE  
 NORTHING  
 EASTING  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

**OWNER**  
 NAME N. Marshall Water District Plant #1  
LAST FIRST MI  
 ADDRESS Rt 7 Box 141  
 CITY Benton STATE Ky ZIP CODE 42025  
 OWNER'S PHONE (502) 527-3208

**WELL CHARACTERISTICS:**  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1983  
 WHO CONSTRUCTED WELL? Fondaw  
 ADDRESS \_\_\_\_\_

**INSPECTOR** O'dell, Phillip  
 NAME Silverman, Susan   
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 400' FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

**WELL USE:**  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

**NUMBER OF PEOPLE SERVED:** \_\_\_\_\_  
**NUMBER OF HOUSEHOLDS SERVED:** 3200

**TYPE OF TREATMENT SYSTEM:**  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER Fluoride  
 WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>6"</u>			
2. _____				
3. _____				
4. _____				

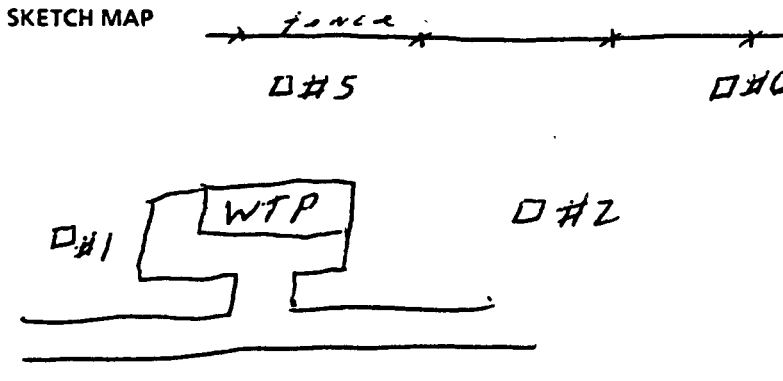
IS THE ANNULUS SEALED?  Yes, material used \_\_\_\_\_  
 no  
 WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_  
 DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.  
 PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown  
 ? STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
yes



COMMENTS 0-100 sandy clay  
100 boulder zone  
100-360 Limestone  
360-387 fractural LS  
387-400 Limestone  
 Well #5 400 TD 200 gpm

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE Phillip W. O'dell DATE 7/15/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5072

DATE OF INSPECTION 7/15/87

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Briansburg

ELEVATION 378

LATITUDE 36° 56' 49"

LONGITUDE 88° 19' 14"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO

DATE WELL COMPLETED \_\_\_\_\_

WHO CONSTRUCTED WELL? Fondaw

ADDRESS \_\_\_\_\_

TOTAL DEPTH 400 FT.

IS THE CASING ABOVE GROUND     YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>8 5/8"</u>			
2. <u>5.5 Steel</u>	<u>7 5/8"</u>			<u>screen</u>
3. _____				
4. _____				

IS THE ANNULUS SEALED?     Yes, material used  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:     jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 27 ft. below surface, reported  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS 0-100' silt & clay  
100' Blue clay zone  
100-367 limestone  
367-387 fractured LS  
387-400 limestone

870 gpm  
106' drawdown

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:     original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME N. Marshall Water District Plant #1

ADDRESS RT 7 Box #1

CITY Benton STATE MO ZIP CODE 64205

OWNER'S PHONE (502) 527-3208

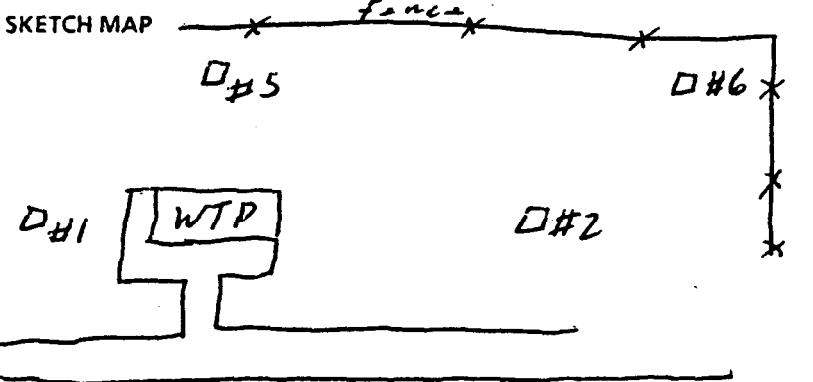
INSPECTOR NAME Odell, Phillip          
Silverman, Susan   

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

<b>WELL USE:</b> <input type="checkbox"/> DOMESTIC <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> _____  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>3200</u>  PWSID # _____	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input checked="" type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input checked="" type="checkbox"/> OTHER <u>Fluoride</u> WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) _____
--	---	---

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?     YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE Phillip V. Odell    DATE 5/15/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER **0000 - 5073**

DATE OF INSPECTION \_\_\_\_\_

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Briansburg

ELEVATION 378

LATITUDE 36° 56' 34"

LONGITUDE 88° 18' 16"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

### WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO

DATE WELL COMPLETED \_\_\_\_\_

WHO CONSTRUCTED WELL? \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOTAL DEPTH 100 FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM TO		CASING WALL THICKNESS
1. <u>Plastic</u>	<u>6"</u>	<u>0</u>	<u>70'</u>	
2. <u>Plastic</u>	<u>6"</u>	<u>70'</u>	<u>100'</u>	<u>screen</u>
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS 0-60' clay & gravel  
60-100' fine white sand  
100' TD Bedrock

Test well #7

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

### OWNER

NAME No Marshall Water District Plant #1

ADDRESS RT 7 Box 149

CITY Benton STATE KY ZIP CODE 42025

OWNER'S PHONE (502) 527-3208

### INSPECTOR

NAME O'Leary, Phillip

AGENCY  CHR     DOW     OTHER

### WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER Test

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: \_\_\_\_\_

PWSID # \_\_\_\_\_

### TYPE OF TREATMENT SYSTEM:

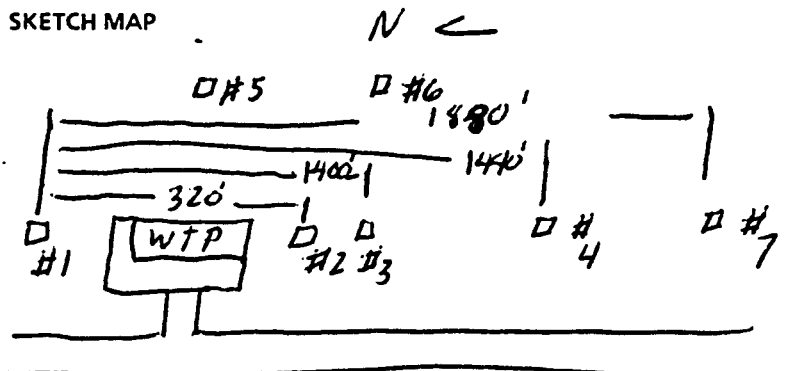
- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
 WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO

- REASON FOR INSPECTION (check all that are applicable)
- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

### SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phillip O'Leary

DATE

7/15/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5074

DATE OF INSPECTION \_\_\_\_\_

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Kriensburg

ELEVATION 397

LATITUDE 36° 56' 21"

LONGITUDE 88° 18' 01"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

### WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO

DATE WELL COMPLETED \_\_\_\_\_

WHO CONSTRUCTED WELL? \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOTAL DEPTH 100 FT.

IS THE CASING ABOVE GROUND     YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>plastic</u>	<u>6"</u>	<u>0</u>	<u>10'</u>	
2. <u>plastic</u>	<u>6"</u>	<u>10'</u>	<u>100'</u>	<u>screen</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?     yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:     jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS 0-60' clay & gravel  
60-100' fine white sand  
100' TD Bedrock

*Test #8*  
*no #8*

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:     Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME N. Marshall Water District Plant #1

ADDRESS RT 7 Box 141

CITY Boon STATE KY ZIP CODE 42025

OWNER'S PHONE (502) 527-3208

INSPECTOR Odeall, Phillip  
 NAME S. Harmon, Susan   

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

### WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER Test

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: \_\_\_\_\_

PWSID # \_\_\_\_\_

### TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

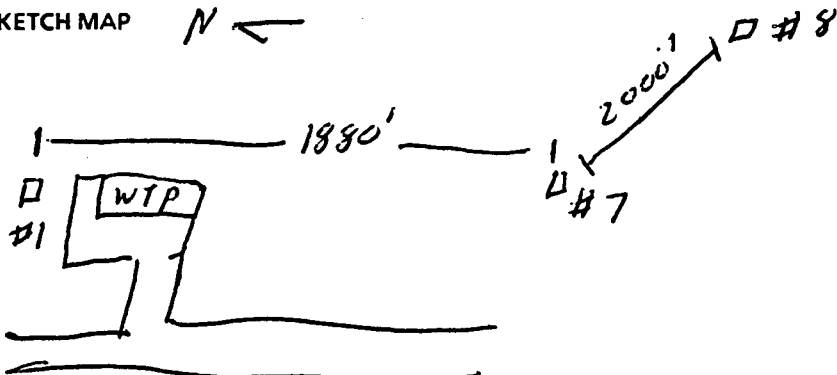
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?     YES     NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

### SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phillip W. Odeall

DATE

7/15/87

# KENTUCKY SPRING INVENTORY FORM

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT. Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the spring location clearly marked.  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET, DIVISION OF WATER  
 PHONE 1-(502)-564-3410.

0000-5078

501

DISTRIBUTION: WHITE COPY -- CENTRAL OFFICE    YELLOW COPY -- OM  
**SHADED AREA FOR OFFICIAL USE:**

**SPRING LOCATION**

COUNTY Marshall

TOPOGRAPHIC MAP Elva

ELEVATION \_\_\_\_\_

LATITUDE 36° 55' 38"

LONGITUDE 88° 24' 47"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

BLUE GRASS     OHIO RIVER ALLUVIUM

E. COAL FIELD     W. COAL FIELD

MISS. PLATEAU     JACKSON PURCHASE

WHICH SIDE OF RIVER OR CREEK (WHEN FACING UPSTREAM)

RIGHT     IN THE STREAM     LEFT

WATER BODY INTO WHICH SPRING DISCHARGES:

Small Swampy Area

**SPRING CHARACTERISTICS**

A. SPRING TYPE:  SEEP     BLUEHOLE (ARTISIAN)  
 GRAVITY     UNKNOWN

B. SPRING IS LOCATED IN:

ALLUVIUM     SOIL     ROCK     UNKNOWN

C. DOES AREA CONTAIN KARST TERRAIN?

YES     NO     UNKNOWN Not in immediate vicinity

D. IS SPRING ASSOCIATED WITH A CAVE?

YES     NO     UNKNOWN

E. ANY UNUSUAL SMELL OR COLOR?

YES     NO

DESCRIBE (use additional sheets if necessary) \_\_\_\_\_

F. IS LEACHATE EVIDENT IN THE SPRING?

YES     NO     UNKNOWN

G. DYE TRACE INFORMATION:

HAVE ANY DYE TRACES BEEN RUN TO THIS SITE?

YES     NO     UNKNOWN

IF YES, WHO CONDUCTED THE DYE TRACE? \_\_\_\_\_

WHEN \_\_\_\_\_

TRACE NUMBER \_\_\_\_\_

REASON FOR INSPECTION (check all that are applicable)

GENERAL WATER QUALITY ANALYSIS REQUESTED

SPECIFIC COMPLAINT INVESTIGATION

GENERAL SURVEY

AMBIENT GROUNDWATER MONITORING

OTHER \_\_\_\_\_

GENERAL COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AKGWA NUMBER 0000 5078

NAME OF SPRING Johnson Spring

DATE OF INSPECTION 7/14/87

OWNER NAME Pace John     UNKNOWN

LAST    FIRST    MI

ADDRESS Rt 9, Box 155

CITY Repton    STATE KY    ZIP CODE 40225

OWNER'S PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

INVESTIGATOR NAME Leo David P   

LAST    FIRST    MI    ID #

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

ADDRESS 18 Rally Rd, Frankfort Office Park

CITY Frankfort    STATE KY    ZIP CODE 40601

PHONE ( 502 ) 564-3410

**SPRING DISCHARGE AND USE**

BASE FLOW     FLOOD FLOW     UNKNOWN

INTERMITTENT     PERENNIAL     UNKNOWN

SEASON:     WET     DRY

HAS RATING CURVE BEEN CALCULATED?

YES     NO     UNKNOWN

FLOW:

MEASURED     ESTIMATED     NOT MEASURED

IF MEASURED, HOW MEASURED:

WEIR     METERED     STAFF GAGE     OTHER \_\_\_\_\_

IF ESTIMATED:

NO FLOW

LESS THAN 0.1 CFS

0.1 TO 1.0 CFS

1.0 CFS TO 10.0 CFS

10.0 CFS TO 100.0 CFS

GREATER THAN 100.0 CFS

SPRING USE:

DOMESTIC

MUNICIPAL

IRRIGATION

INDUSTRIAL

STOCK

NONE

OTHER \_\_\_\_\_

PWSID NUMBER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 0

NUMBER OF HOUSEHOLDS SERVED: 0

SPRING MODIFIED OR IMPROVED WITH:

DAM Tile set over

SPRING BOX Spring

PIPE     PUMP

DATE SPRING MODIFIED: ?

IF MEASURED: \_\_\_\_\_ CFS    DATE \_\_\_\_\_

TYPE OF TREATMENT SYSTEM?

NONE

WATER SOFTENER

UV

CHLORINATION

AERATION

CHARCOAL FILTER

SAND FILTER

IRON INHIBITOR

OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

WAS WATER QUALITY ANALYSIS DONE?     YES     NO

**SKETCH MAP**

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE \_\_\_\_\_

DATE \_\_\_\_\_

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5084DATE OF INSPECTION 7/28/87**WELL LOCATION**COUNTY MCCRACKENQUADRANGLE MAP SYMSONIAELEVATION 345LATITUDE 36° 57' 21"LONGITUDE 88° 33' 26"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

**PHYSIOGRAPHIC OR HYDROLOGIC REGION**

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

**WELL CHARACTERISTICS:**IS THIS A DUG WELL?  YES  NODATE WELL COMPLETED unknownWHO CONSTRUCTED WELL? unknown

ADDRESS \_\_\_\_\_

TOTAL DEPTH 70 FT. statedIS THE CASING ABOVE GROUND?  YES, 8 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
<u>concrete 24"</u>				
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used  
 noWELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHERDOES THE WELL HAVE A PUMP?  yes, age of pump 3 yrs  
 noDOES THE WELL HAVE A PITLESS ADAPTER?  yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknownSTATIC WATER LEVEL? 40 ft. below surface. stated  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

NO**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

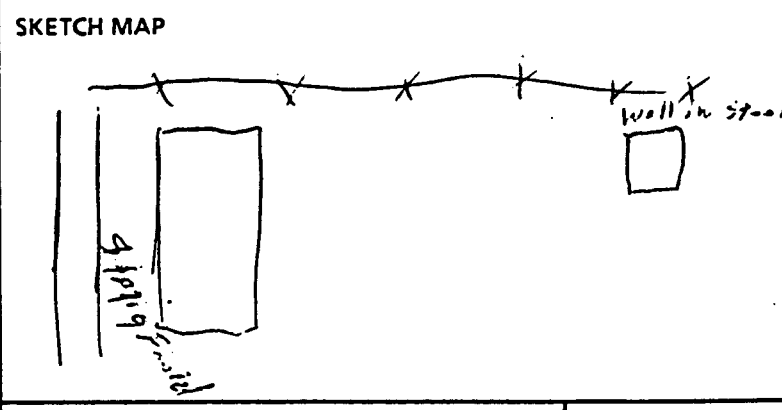
 HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

DISTRIBUTION: YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)OWNER NAME WOOD ONEAL  
LAST FIRST MI  
ADDRESS 620 Shehan  
CITY Paducah STATE \_\_\_\_\_ ZIP CODE 42002  
OWNER'S PHONE (502) 899-6666INSPECTOR Odell, Philip  
NAME 512483, M. August       
LAST FIRST MI ID #  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>3</u> <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>  PWSID # _____	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input checked="" type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input checked="" type="checkbox"/> OTHER <u>reverse osmosis</u> <b>WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)</b> <u>dissolved solids; hard</u>
--	---	--

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_SIGNATURE OF PERSON REPORTING SITE Philip W. Odell DATE 7/28/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5085

DATE OF INSPECTION 7/28/87

## WELL LOCATION

COUNTY Mc Cracken

QUADRANGLE MAP SYMPSONIA

ELEVATION 350

LATITUDE 36° 59' 27"

LONGITUDE 88° 31' 36"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS
- OHIO RIVER ALLUVIUM
- E. COAL FIELD
- W. COAL FIELD
- MISS. PLATEAU
- JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED unknown

WHO CONSTRUCTED WELL? unknown

ADDRESS \_\_\_\_\_

TOTAL DEPTH unknown FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>concrete</u>	<u>24"</u>	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  Yes, material used concrete  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER (see below)

DOES THE WELL HAVE A PUMP?  Yes, age of pump 1 year  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT. unknown

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 15 ft. below surface, measured  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS problems w/ water - sent sample to Colby + DSK - result contaminated w/ sewage (3rd cell)  
piece of board across casing - well inside well house - actual casing below ground level - actual well put - half above ground - concrete blocks

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

DISTRIBUTION (YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR)

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:

KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

## SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

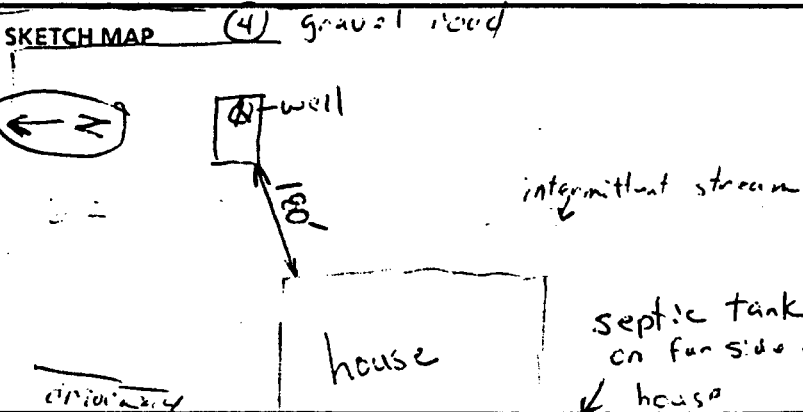
OWNER NAME REESE, BRENDA  
LAST FIRST MI  
ADDRESS 6625 Downy Rd  
CITY Paducah STATE \_\_\_\_\_ ZIP CODE 42003  
OWNER'S PHONE (502) 898-6659

INSPECTOR NAME SHANKS, M. ID # \_\_\_\_\_  
LAST FIRST MI  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>2</u>  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>  PWSID # _____	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) _____
--	---	--

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE Margaret Shanks DATE 7/28-87

when I...  
 1...  
 11...

send list of cert. list...

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5086  
 DATE OF INSPECTION 7-28-87

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Briansburg  
 ELEVATION 390  
 LATITUDE 36° 53' 43"  
 LONGITUDE 88° 21' 05"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG-WELL?  YES     NO  
 DATE WELL COMPLETED UNKNOWN (about 15 years ago)  
 WHO CONSTRUCTED WELL? UNKNOWN (ago)  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH unknown FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>concrete 24 in.</u>				
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 15 ft. below surface. measured  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS NO PROBLEMS; well pit - concrete block

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Rosson Connie  
LAST FIRST MI  
 ADDRESS Rt 7 Happy Hollow Rd.  
 CITY BENTON STATE \_\_\_\_\_ ZIP CODE 40025  
 OWNER'S PHONE (502) 527-3772

INSPECTOR DELL, PHIL  
 NAME STANIS, Margaret       
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 4

NUMBER OF HOUSEHOLDS SERVED: 1

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

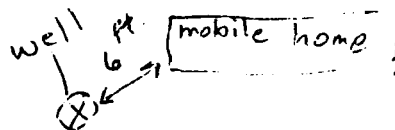
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

SKETCH MAP ROAD  
stream



*not sure of location of septic tank*

SIGNATURE OF PERSON REPORTING SITE

Mont Shee

DATE

7-28-87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5087  
DATE OF INSPECTION 7-28-87

## WELL LOCATION

COUNTY MCCRACKEN

QUADRANGLE MAP SYMSONIA

ELEVATION 327

LATITUDE 36° 57' 50"

LONGITUDE 88° 30' 03"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO

DATE WELL COMPLETED Over Ten years ago

WHO CONSTRUCTED WELL? STARKS

ADDRESS \_\_\_\_\_

TOTAL DEPTH 19 FT.

IS THE CASING ABOVE GROUND     YES. 10 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET. BELOW SURFACE FROM	TO	CASING WALL THICKNESS
<u>Concrete</u>	<u>24</u>			
2.				
3.				
4.				

IS THE ANNULUS SEALED?     yes, material used  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump 15 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:     jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V.     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 12.5 ft. below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS Owner may abandon current well and use newer deeper well

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

DISTRIBUTION (YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR)

COMPLETE THIS FORM AT SITE OR IMMEDIATELEY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Recorr' and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:

KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:     original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

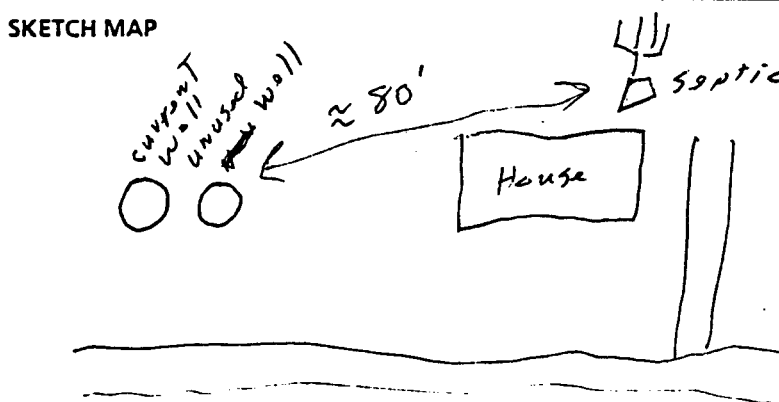
OWNER NAME McDaniel John W.  
LAST FIRST MI  
ADDRESS 1615 Powers Rd  
CITY Paducah STATE KY ZIP CODE 42003  
OWNER'S PHONE (502) 898-7324

INSPECTOR Odell, Phillip      
NAME Shanks, Margaret    LAST FIRST MI ID #  
AGENCY     CHR     DOW     OTHER \_\_\_\_\_

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>3</u> <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>  PWSID # _____	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) _____ _____
--	---	--

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?     YES     NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE Phillip W. Odell    DATE 7/28/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5088  
 DATE OF INSPECTION 7/28/87

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Elva  
 ELEVATION 370  
 LATITUDE 36° 57' 03"  
 LONGITUDE 88° 26' 37"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

- PHYSIOGRAPHIC OR HYDROLOGIC REGION
- BLUE GRASS  OHIO RIVER ALLUVIUM
  - E. COAL FIELD  W. COAL FIELD
  - MISS. PLATEAU  JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1948  
 WHO CONSTRUCTED WELL? Soft Dug  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 19 FT.  
 IS THE CASING ABOVE GROUND  YES 20 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Concrete</u>	<u>24"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other Suction  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

STATIC WATER LEVEL? 11' 10" ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS connected to N. Marshall water

pipe from pump not sealed in casing, skips around pipe

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:

KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Blackney Guy  
LAST FIRST MI  
 ADDRESS RT 6 Box 486  
 CITY Benton STATE Ky ZIP CODE 42025  
 OWNER'S PHONE (502) 898-13237

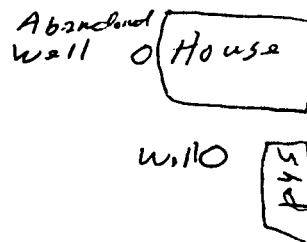
INSPECTOR O'Neil, Phil  
 NAME Shanks, Margaret       
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

<b>WELL USE:</b> <input type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> _____  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>  PWSID # _____	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) _____ _____
--	--	--

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE  
Phil O'Neil

DATE  
7/27/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5089  
 DATE OF INSPECTION 7/28/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo  
 copy of a 7.5 minute topographic map with the well location clearly  
 marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

## WELL LOCATION

COUNTY McCracken  
 QUADRANGLE MAP Malheur  
 ELEVATION 490  
 LATITUDE 36° 57' 05"  
 LONGITUDE 88° 43' 01"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Carroll William D.  
LAST FIRST MI  
 ADDRESS 1750 Covalesville Florence St. West  
 CITY Paducah STATE Ky ZIP CODE 42001  
 OWNER'S PHONE (302) 554-2958

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO 15 years ago  
 DATE WELL COMPLETED Ray Lucy  
 WHO CONSTRUCTED WELL? Ray Lucy  
 ADDRESS \_\_\_\_\_

## INSPECTOR

NAME Odell Phillip   
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 100 FT.  
 IS THE CASING ABOVE GROUND  YES, 6 IN.  
 NO

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 1

NUMBER OF HOUSEHOLDS SERVED: 1

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
<u>plastic</u>	<u>4"</u>	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured  not measured

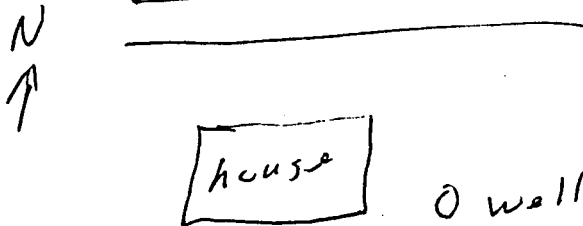
IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

## SKETCH MAP



COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SIGNATURE OF PERSON REPORTING SITE

Phillip W. Odell

## DATE

7/28/87

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5090DATE OF INSPECTION 7/27/87COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410**SHADED AREA FOR OFFICIAL USE ONLY****WELL LOCATION**COUNTY MartinQUADRANGLE MAP Calvert CityELEVATION 347LATITUDE 37° 07' 55"LONGITUDE 88° 21' 29"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)OWNER NAME GAF ATTN. John WaltonADDRESS ~~Highway~~ Box 37 ACITY Calvert City STATE KY ZIP CODE 42029OWNER'S PHONE (502) 395-4165INSPECTOR Odell, Phillip   
NAME Shanks, Margaret   
LAST FIRST MI ID #AGENCY  CHR  DOW  OTHER \_\_\_\_\_

<b>WELL USE:</b> <input type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> _____  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>NA</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ <small>WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe)</small>
	<small>PWSID # _____</small>	

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_
 WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

**SKETCH MAP**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
SIGNATURE OF PERSON REPORTING SITE Phillip Odell DATE 7/29/87**WELL CHARACTERISTICS:**IS THIS A DUG WELL?  YES  NODATE WELL COMPLETED 1965WHO CONSTRUCTED WELL? Layne Control

ADDRESS \_\_\_\_\_

TOTAL DEPTH 80 FT.IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>24" O.D.</u>	<u>3/4"</u>	<u>well black P.F.</u>	
2. _____			<u>line pipe casing</u>	
3. _____			<u>concrete in place</u>	
4. <u>16" OD No. 7 Dwyer Stainless Steel Screen</u>				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 noWELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 noDOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknownSTATIC WATER LEVEL? 9 ft. below surface.  
 can't be measured  not measuredDOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
yesCOMMENTS Tag on power box to left of pumpWell #1Minimum Capacity 750 GPM HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5091  
 DATE OF INSPECTION 7/29/87

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Calvert City  
 ELEVATION 337  
 LATITUDE 37° 02' 45"  
 LONGITUDE 88° 21' 32"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME G A F Attn. John Walters  
LAST FIRST MI  
 ADDRESS Box 37  
 CITY Calvert City STATE MO ZIP CODE 42029  
 OWNER'S PHONE (502) 395-4165

INSPECTOR Ochell, Phillip  
 NAME Shanks, Margaret   
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

<b>WELL USE:</b> <input type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> _____  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>N/A</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input checked="" type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) _____
	PWSID # _____	

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

SKETCH MAP

SIGNATURE OF PERSON REPORTING SITE Phillip Ochell DATE 7/29/87

**WELL CHARACTERISTICS:**  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED \_\_\_\_\_  
 WHO CONSTRUCTED WELL? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH \_\_\_\_\_ FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Steel</u>	<u>24" OD</u>	<u>0</u>		<u>5/16</u>
2. <u>P.F.</u>	<u>1.125"</u>			
3. <u>Screen</u>	<u>1.6</u>			
4. _____				

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) yes

COMMENTS 750 gpm  
call Watson Bible about  
addition of  
well #2 information

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5072  
 DATE OF INSPECTION 7/29/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo  
 copy of a 7.5 minute topographic map with the well location clearly  
 marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Calvert City  
 ELEVATION 350  
 LATITUDE 37° 02' 57"  
 LONGITUDE 88° 21' 42"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME GAF ATTN. John Walter  
LAST FIRST MI  
 ADDRESS Box 37 Attn. John Walter  
 CITY Calvert City STATE KY ZIP CODE 42029  
 OWNER'S PHONE (502) 395-4165

INSPECTOR Odeh, Phillip  
 NAME Shanks, Margaret       
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

<b>WELL USE:</b> <input type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> _____  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>N/A</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input checked="" type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____
	WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) _____ _____ PWSID # _____	

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_  
 \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

SKETCH MAP  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE Phillip Odeh DATE 7/29/87

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED \_\_\_\_\_  
 WHO CONSTRUCTED WELL? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 125 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Steel</u>	<u>30"</u>	<u>0</u>	<u>100</u>	<u>.279</u>
2. <u>Steel</u>	<u>18"</u>	<u>0</u>	<u>100</u>	<u>.312</u>
3. <u>Steel</u>	<u>16"</u>	<u>100</u>	<u>125</u>	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  Yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  Yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMENTS 7509PM  
Well # 3

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5073  
 DATE OF INSPECTION 7/29/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELEY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Calvert City  
 ELEVATION 342  
 LATITUDE 37° 02' 49"  
 LONGITUDE 88° 21' 17"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME GAF ATTN. John Walters  
LAST FIRST MI  
 ADDRESS Box 37  
 CITY Calvert City STATE MS ZIP CODE 42029  
 OWNER'S PHONE ( ) \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED \_\_\_\_\_  
 WHO CONSTRUCTED WELL? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

INSPECTOR Odell, Phillip  
 NAME Shultz, Margaret       
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 106 FT.  
 IS THE CASING ABOVE GROUND  YES. \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET.BELOW SURFACE FROM TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>36</u>	<u>Outer</u>	
2. _____			
3. _____	<u>20"</u>	<u>inter</u>	
4. _____	<u>20" dia</u>	<u>S/S screen</u>	

<b>WELL USE:</b> <input type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDNED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> _____  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>NA</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input checked="" type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) _____
---	--	--

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
Disc 1  unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

## SKETCH MAP

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS Capacity 1500 GPM well pump

Well #4

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Phillip W. Odell

DATE

7/29/87

**KENTUCKY WELL INSPECTION FORM**

AKGWA NUMBER 0000 - 5094

DATE OF INSPECTION \_\_\_\_\_

**WELL LOCATION**

COUNTY Marshall

QUADRANGLE MAP Briarsburg

ELEVATION 410

LATITUDE 36° 59' 47"

LONGITUDE 88° 20' 47"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

**PHYSIOGRAPHIC OR HYDROLOGIC REGION**

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

**WELL CHARACTERISTICS:**

IS THIS A DUG WELL?     YES     NO  
 DATE WELL COMPLETED 984  
 WHO CONSTRUCTED WELL? (Smith) Jones  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH Unknown FT.

IS THE CASING ABOVE GROUND     YES. \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>PVC</u>	<u>4"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?     yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:     jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS Well owner was not home, got water from neighbors trailer

typical Jones Well construction

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:

KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:     original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER Burton  
 NAME Edward Lewis  
LAST FIRST MI

ADDRESS P.O. Box 81

CITY Colwell City STATE NY ZIP CODE 42029  
 OWNER'S PHONE (502) 395-8213

INSPECTOR Cedell, Phillip  
 NAME Shanks, Margaret  
LAST FIRST MI    ID #     

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

**WELL USE:**

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 5

NUMBER OF HOUSEHOLDS SERVED: 2

PWSID # \_\_\_\_\_

**TYPE OF TREATMENT SYSTEM:**

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

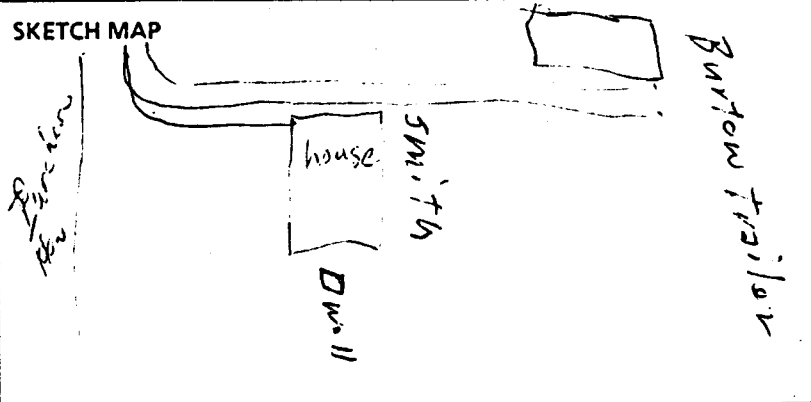
IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?     YES     NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

**SKETCH MAP**



SIGNATURE OF PERSON REPORTING SITE

Phillip W. Cedell

DATE

7/29/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 2000 - 5095  
DATE OF INSPECTION \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo  
copy of a 7.5 minute topographic map with the well location clearly  
marked. Send to:  
KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410

**SHADED AREA FOR OFFICIAL USE ONLY**

## WELL LOCATION

COUNTY Marshall  
QUADRANGLE MAP BRIENSBURG  
ELEVATION 370  
LATITUDE 36° 59' 27"  
LONGITUDE 88° 21' 32"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_  
PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME Calvert Drive-in Theater  
LAST FIRST MI  
ADDRESS A Box 245

CITY Calvert City STATE KY ZIP CODE 42029  
OWNER'S PHONE (502) 395-4660  
396-4341

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED unknown  
WHO CONSTRUCTED WELL? unknown  
ADDRESS \_\_\_\_\_

INSPECTOR O'dell, Phillip  
NAME Shanks, Margaret   
LAST FIRST MI ID #  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 127 FT.  
IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM TO		CASING WALL THICKNESS
<u>AK</u>	<u>4</u>	<u>0</u>	<u>117</u>	
<u>Screen</u>	<u>4</u>	<u>117</u>	<u>127</u>	
3.				
4.				

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: N.A.

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 17 ft. below surface, reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
Has drawing of system

COMMENTS 35' sand, clay & gravel  
60' clay  
60' sand  
backfilled to 127'

Paul Harrington Jr.

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phillip R. Odell

DATE

7/29/87

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_





# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5097DATE OF INSPECTION 7/29/87COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

**WELL LOCATION**COUNTY MarshallQUADRANGLE MAP E1V2ELEVATION 428LATITUDE 36° 58' 38"LONGITUDE 88° 22' 34"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

**PHYSIOGRAPHIC OR HYDROLOGIC REGION**

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)**OWNER**NAME Hurley Eugene  
LAST FIRST MIADDRESS RT 2 Box 459CITY Calvort City STATE KY ZIP CODE 42029OWNER'S PHONE (502) 395-7204**INSPECTOR**NAME O'Dell, Phillip   
Shanks, Margaret  
LAST FIRST MI ID #AGENCY  CHR  DOW  OTHER \_\_\_\_\_**WELL CHARACTERISTICS:**IS THIS A DUG WELL?  YES  NODATE WELL COMPLETED 1976WHO CONSTRUCTED WELL? J. Jerry

ADDRESS \_\_\_\_\_

TOTAL DEPTH 195 FT.IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4</u>	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used  
 noWELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 noDOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknownSTATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS Typical Jones well construction**WELL USE:**

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

**NUMBER OF PEOPLE SERVED:** 2**NUMBER OF HOUSEHOLDS SERVED:** 1

PWSID # \_\_\_\_\_

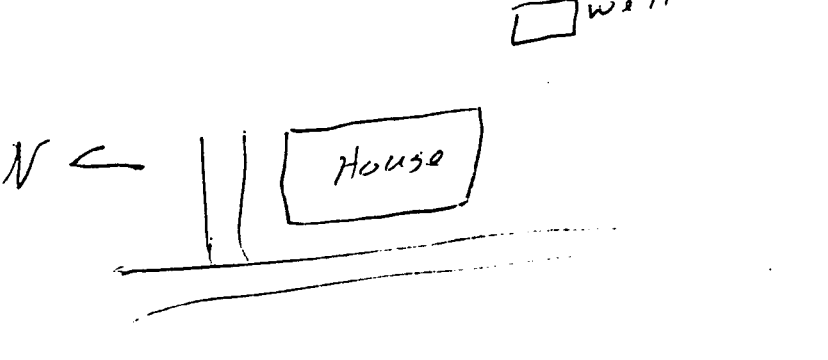
**TYPE OF TREATMENT SYSTEM:**

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

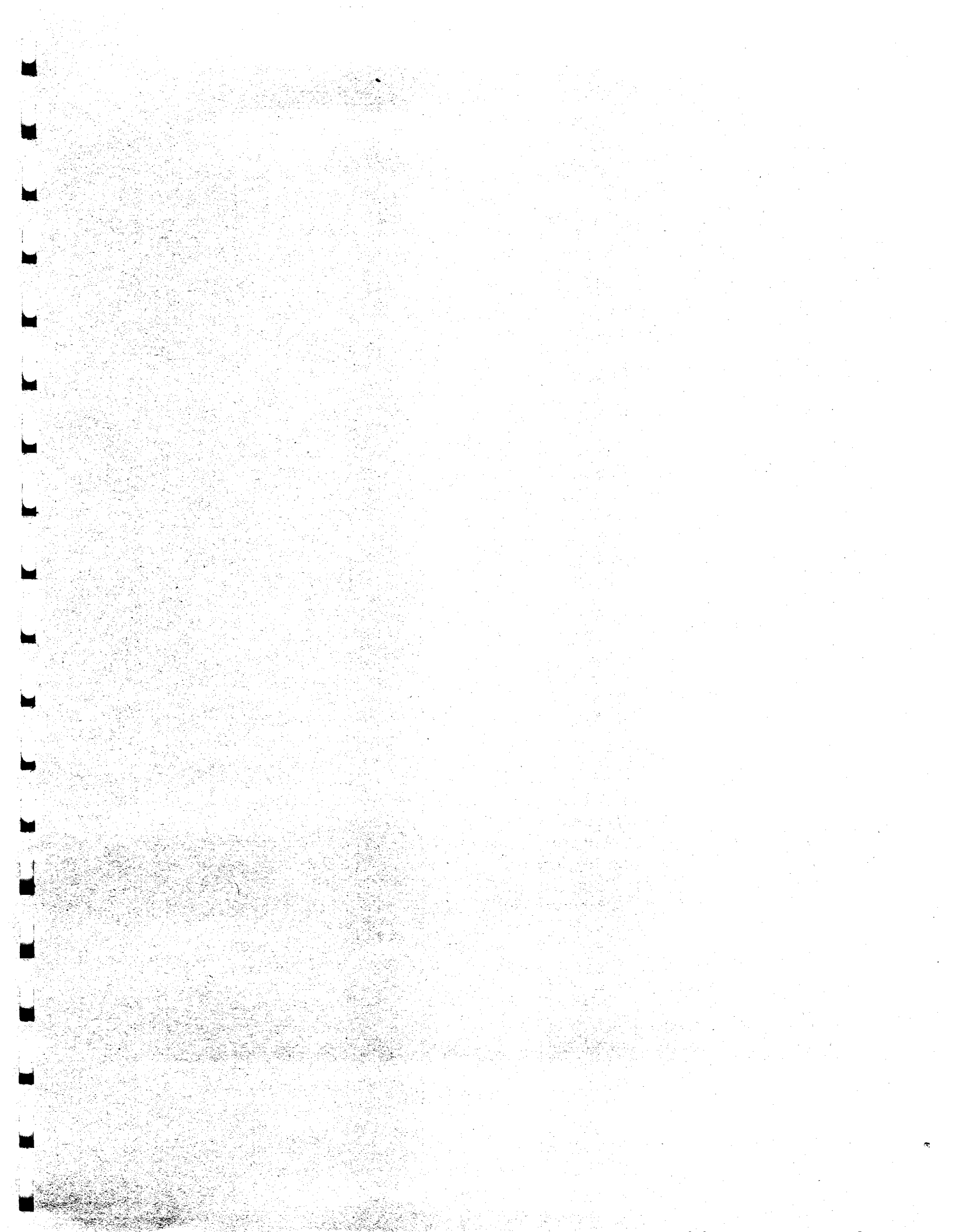
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

**SKETCH MAP****SIGNATURE OF PERSON REPORTING SITE**Phillip M. O'Dell**DATE**7/29/87 HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_



**APPENDIX B**

**WELL INSPECTION and SPRING INVENTORY**  
**REPORTS**

**WATER WELL STUDY of the CALVERT CITY AREA, KENTUCKY**  
**MARSHALL, LIVINGSTON, and McCRACKEN COUNTIES**

**August 1988**

**APPENDIX B**

**WELL INSPECTION and SPRING INVENTORY REPORTS**

**Well inspection and spring inventory forms were recorded by Division of Water staff.**

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 0729  
 DATE OF INSPECTION 7/14/87

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Elva  
 ELEVATION 435  
 LATITUDE 36° 57' 12"  
 LONGITUDE 81° 23' 39"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Blaney Kenneth  
LAST FIRST MI

ADDRESS \_\_\_\_\_

## INSPECTOR

NAME Leo David P       
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 6/23/87  
 WHO CONSTRUCTED WELL? Bill Fonlaw  
 ADDRESS PO Box 298  
Smithland, KY 42081

TOTAL DEPTH 155 FT.  
 IS THE CASING ABOVE GROUND  YES, 14 IN.  
 NO

CASING TYPE(S)	CASING DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4</u>	<u>0</u>	<u>135</u>	<u>1/4</u>
2. <u>PVC slotted</u>	<u>4</u>	<u>135</u>	<u>155</u>	
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump 5 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: ~122 FT. below ground  
 PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 88'5" ft. below surface, reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
Log

COMMENTS PVC casing 4" - D-2941  
Certified v"  
NSF-W-12A

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

Domestic of sufficient quality

## NUMBER OF PEOPLE SERVED:

2

## NUMBER OF HOUSEHOLDS SERVED:

1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

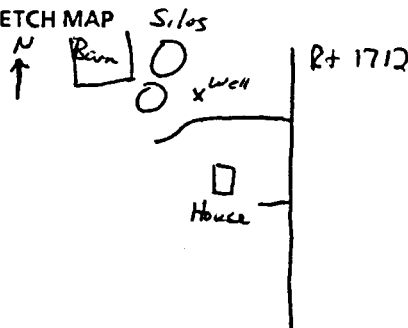
## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES NO

- REASON FOR INSPECTION (check all that are applicable)
- GENERAL WATER QUALITY ANALYSIS REQUESTED
  - SPECIFIC COMPLAINT INVESTIGATION
  - GENERAL SURVEY
  - AMBIENT GROUNDWATER MONITORING
  - OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Leo Blaney

DATE

7/14/87

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 0747  
 DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

**WELL LOCATION**  
 COUNTY Marshall  
 QUADRANGLE MAP Elva  
 ELEVATION 450'  
 LATITUDE 36° 59' 20"  
 LONGITUDE 88° 22' 34"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

**CHECK ONE:**  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

**OWNER**  
 NAME Manning Marie  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 OWNER'S PHONE ( ) N/A

**WELL CHARACTERISTICS:**  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 4/21/87  
 WHO CONSTRUCTED WELL? Jerry D. Jones  
 ADDRESS P.O. Box 7723  
Paducah, KY 42002

**INSPECTOR**  
 NAME Leo David P  
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 135 FT.  
 IS THE CASING ABOVE GROUND  YES, 2" IN.  
 NO See Below

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>2</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____
	<b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>	

PWSID # \_\_\_\_\_

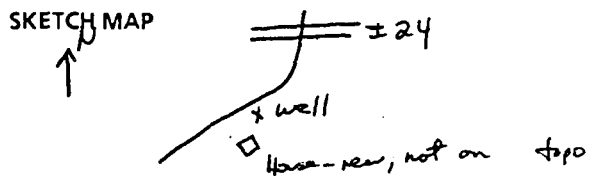
CASING TYPE(S)	CASING(I.D) DIAMETER (IN)	FEET.BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4 1/2"</u>	<u>Surface</u>	<u>110</u>	<u>1/4</u>
2. <u>PVC slotted</u>	<u>4"</u>	<u>110</u>	<u>130</u>	
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no  
 WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_  
 DOES THE WELL HAVE A PUMP?  yes, age of pump new  
 no  
 DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.  
 PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V.  3 wire, 220V  
 unknown  
 STATIC WATER LEVEL? 80 ft. below surface,  
 can't be measured  not measured

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS Appears to be in compliance if the stick-up above the concrete is adequate.

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
 \_\_\_\_\_  
 \_\_\_\_\_



COMMENTS well surrounded by cement slab,  
PVC rises 1" above slab  
Seal inside of PVC rises - could not remove

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE [Signature] DATE 7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 1107  
 DATE OF INSPECTION 7-15-87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo  
 copy of a 7.5 minute topographic map with the well location clearly  
 marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY MARSHALL  
 QUADRANGLE MAP LITTLE CYPRESS  
 ELEVATION 390'  
 LATITUDE 37° 01' 39"  
 LONGITUDE 88° 22' 53"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME NORMAN LARRY  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY C  
 OWNER'S \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 4-17-86  
 WHO CONSTRUCTED WELL? Roy Bingham  
 ADDRESS Box 11  
Kuttawa Ky 42055  
 TOTAL DEPTH 110 FT.  
 IS THE CASING ABOVE GROUND  YES, 6 IN.  
 NO

## INSPECTOR

NAME SHANKS MARGARET       
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4"</u>	<u>0</u>	<u>110</u>	
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

4  
 NUMBER OF HOUSEHOLDS SERVED: 2

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
 WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)  
 \_\_\_\_\_  
 \_\_\_\_\_

IS THE ANNULUS SEALED?  yes, material used cuttings  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE 90 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

1/2 horse power  unknown  
 STATIC WATER LEVEL? 40 ft. below surface, Reported  
 can't be measured  not measured

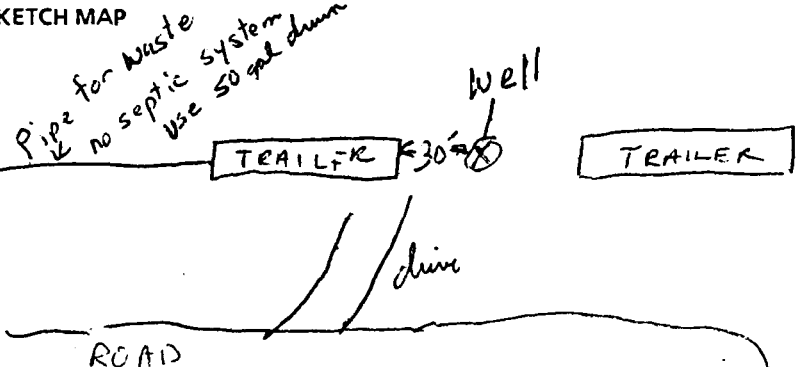
IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
receipt

## SKETCH MAP



## COMMENTS

Static water level 40ft from drillers log 4-86

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Margaret Shanks

DATE

7-15-87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 0515

DATE OF INSPECTION \_\_\_\_\_

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Elva

ELEVATION 410

LATITUDE 36° 56' 57"

LONGITUDE 88° 25' 56"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO

DATE WELL COMPLETED 6/2/86

WHO CONSTRUCTED WELL? Kerth Starks

ADDRESS Box 130 A

Almo, KY 42020

TOTAL DEPTH 70 FT. reported

IS THE CASING ABOVE GROUND     YES, 20 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Concrete</u>	<u>24"</u>	<u>Abundant</u>	<u>within</u>	<u>2 1/8"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	<u>0</u>	<u>20</u>	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?     yes, material used backfill  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump 1yr  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: 60 FT. below surface - reported

PUMP TYPE:     jet     submersible     turbine     other

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V.     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 40 ft. below surface, measured  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)

NO to best of owner's recollection.  
Send him one.

COMMENTS Casing Extends to bottom of well, water enters through joints

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:     original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Holt Mike  
LAST FIRST MI

ADDRESS \_\_\_\_\_

CITY B  
 OWNER'S I \_\_\_\_\_

## INSPECTOR

NAME Leo David P           
LAST FIRST MI ID #

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

4

## NUMBER OF HOUSEHOLDS SERVED:

1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

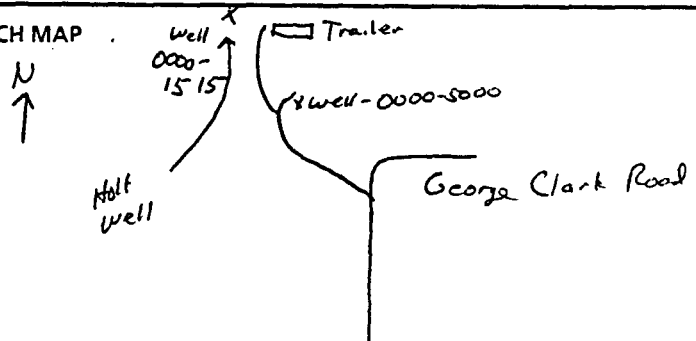
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)  
 \_\_\_\_\_  
 \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?     YES     NO

- REASON FOR INSPECTION (check all that are applicable)
- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

David P

DATE

7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 2006

DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo  
 copy of a 7.5 minute topographic map with the well location clearly  
 marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY LIVINGSTON

QUADRANGLE MAP CALVERT CITY

ELEVATION 490'

LATITUDE 37-05'43" N

LONGITUDE 88-16'27" W

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO

DATE WELL COMPLETED 5/8/86

WHO CONSTRUCTED WELL? BILL FONDAN

ADDRESS P.O. Box 398

Smithland, KY 42081

TOTAL DEPTH 120 FT.

IS THE CASING ABOVE GROUND     YES, 12 IN.  
 NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET.BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>STEEL</u>	<u>6 1/8</u>	<u>0</u>	<u>106'</u>	
2. <u>SPRINKLER</u>		<u>106</u>	<u>120</u>	
3.				
4.				

IS THE ANNULUS SEALED?     Yes, material used clay  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     Yes, age of pump 1yr.  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: 105 FT.

PUMP TYPE:     jet     submersible     turbine     other

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V  
 unknown    no sure

STATIC WATER LEVEL? 80 ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS White plastic well cover will be installed later this week.

2 photos, 1 slide

Formerly Chuck Byers well

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES 1

CHECK ONE:     Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME MUFFLIN DEBBIE  
LAST FIRST MI

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

OWI \_\_\_\_\_

## INSPECTOR

NAME TRIMBLE DAVID           
LAST FIRST MI ID #

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 1

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
 WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

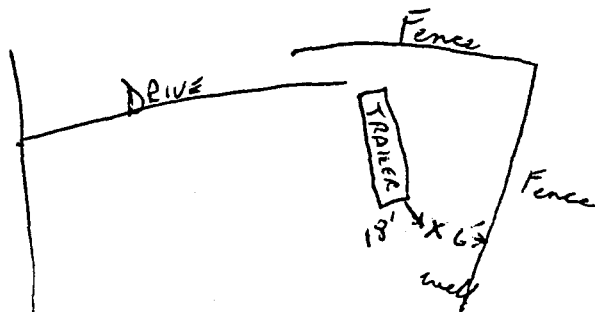
IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?     YES     NO

- REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING

OTHER Calvert City GW Study

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

David Trimble

DATE

7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 2038

DATE OF INSPECTION 7/14/87

### WELL LOCATION

COUNTY LIVINGSTON

QUADRANGLE MAP CALVERT CITY

ELEVATION 478

LATITUDE 37 05 45 N

LONGITUDE 88 18 17 W

UTM GRID ZONE

NORTHING

EASTING

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS  OHIO RIVER ALLUVIUM
- E. COAL FIELD  W. COAL FIELD
- MISS. PLATEAU  JACKSON PURCHASE

### WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 8/22/85

WHO CONSTRUCTED WELL? BILL FONDAW

ADDRESS P.O. BOX 398

SAITHLAND, KY 42081

TOTAL DEPTH 147 FT.

IS THE CASING ABOVE GROUND  YES, 6-8 IN.

NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM TO		CASING WALL THICKNESS
1. <u>Black</u>	<u>6</u>	<u>0</u>	<u>147'</u>	
2. <u>Steel</u>				
3.				
4.				

IS THE ANNULUS SEALED?  Yes, material used ?

no

WELL HEAD (casing top): ?  WELL CAP  SANITARY SEAL

OPEN

OTHER

DOES THE WELL HAVE A PUMP?  Yes, age of pump 2 yrs

no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other 3/4 HP

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

unknown

STATIC WATER LEVEL? 90 ft. below surface. Drillers form

can't be measured

not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)

\_\_\_\_\_

\_\_\_\_\_

COMMENTS Didn't know if log available

Could not see well in well

house covered with installation

Pump data unknown

\_\_\_\_\_

Well top put on inside on well

house on door sill (2 photos)

\_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:  
KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

### OWNER

NAME SHUMAKER JAMES

LAST

FIRST

MI

CITY

OW:

### INSPECTOR

NAME TRIMBLE DAVID

LAST

FIRST

MI

ID #

AGENCY  CHR  DOW  OTHER

### WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER

### NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

### TYPE OF TREATMENT SYSTEM:

NONE

- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES  NO IF NO, DESCRIBE VIOLATIONS UNKNOWN

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER CALVERT CITY GW STUDY

### SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

DATE

David Trimble

7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 2039

DATE OF INSPECTION 7/22/87

## WELL LOCATION

COUNTY Livingston

QUADRANGLE MAP Little Cypress

ELEVATION 346

LATITUDE 37° 04' 25"

LONGITUDE 88° 27' 15"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS
- OHIO RIVER ALLUVIUM
- E. COAL FIELD
- W. COAL FIELD
- MISS. PLATEAU
- JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 11/8/85

WHO CONSTRUCTED WELL? B. H. Bondan

ADDRESS PO Box 398

Smithland, KY 42081

TOTAL DEPTH 128 reported FT.

IS THE CASING ABOVE GROUND  YES, 14 IN.

NO

CASING TYPE(S)	CASING (I.D) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4</u>	<u>0</u>	<u>118</u>	<u>-</u>
2. <u>PVC slotted</u>	<u>4</u>	<u>118</u>	<u>128</u>	<u>-</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used backfill cappings

no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL

OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_

no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: 100 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  wire, 110V.  3 wire, 220V

unknown

STATIC WATER LEVEL? 45 ft. below surface. Drill-log 45

can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) Yes

COMMENTS Water Softener bypassed for sample

AKGWA try was home-made - could not find the real one.

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

DISTRIBUTION (YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR)

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
Attach photo copies of any Chain of Custody Record and a photo copy of a 7.5 minute topographic map with the well location clearly marked. Send to:

KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
PHONE 1-(502)-564-3410.

**SHADED AREA FOR OFFICIAL USE ONLY**

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME Murich Kenay

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

OWNER'S \_\_\_\_\_

## INSPECTOR

NAME Leo David P ID # □□□□□□

LAST

FIRST

MI

ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: 5

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE Bypass Available
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

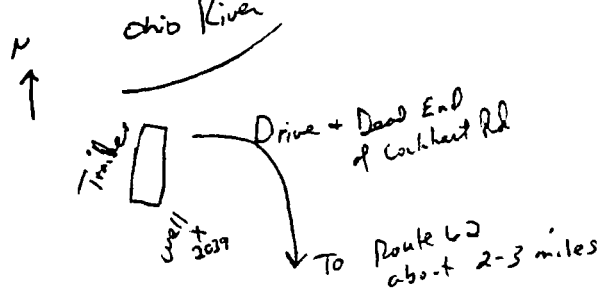
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

[Signature]

DATE

7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 2040  
 DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
 Attach photo copies of any Chain of Custody Record and a photo  
 copy of a 7.5 minute topographic map with the well location clearly  
 marked. Send to:  
 KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET,  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT KENTUCKY 40601.  
 PHONE 1-(502)-564-3410.  
**SHADED AREA FOR OFFICIAL USE ONLY**

## WELL LOCATION

COUNTY LIVINGSTON  
 QUADRANGLE MAP CALVERT CITY  
 ELEVATION 440 4285  
 LATITUDE 37 05 43 N  
 LONGITUDE 88 20 50 W  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME MEADE JERRY  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 12-13-85  
 WHO CONSTRUCTED WELL? Bill Fondaw  
 ADDRESS 90 Bol 398  
Smithland, Ky.

## INSPECTOR

NAME TRIMBLE DAVID   
LAST FIRST MI ID #  
 AGENCY  CHR  ADOW  OTHER \_\_\_\_\_

TOTAL DEPTH 115 FT.  
 IS THE CASING ABOVE GROUND  YES, 12 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>6"</u>	<u>0</u>	<u>24'</u>	<u>.188</u>
2. <u>(Black)</u>				
3.				
4.				

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 5

NUMBER OF HOUSEHOLDS SERVED: 1

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
 WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe)  
lot of municipal-scale problem

IS THE ANNULUS SEALED?  Yes, material used clay  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  Yes, age of pump 1yr.  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: 105 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 60 ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

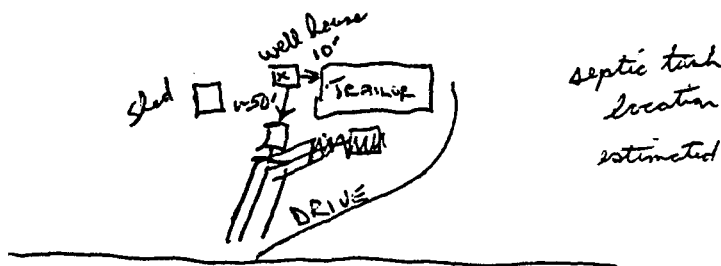
IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER Calvert City GW Study

COMMENTS Sanitary seal wrong size ordered one the right size, will result. Hit water at 83' 14-16 gpm Got muddy once - lubricated nearby cleared up about while later

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES 1

SIGNATURE OF PERSON REPORTING SITE

David Trimble

DATE

7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 2506

DATE OF INSPECTION 7/14/87

WELL LOCATION  
 COUNTY LIVINGSTON  
 QUADRANGLE MAP PADUCAH EAST  
 ELEVATION 326  
 LATITUDE 37° 03' 00"  
 LONGITUDE 88° 32' 14"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 9/22/86  
 WHO CONSTRUCTED WELL? Jerry Jones 0003  
 ADDRESS US 60 West  
Paducah Ky

TOTAL DEPTH 165 FT.  
 IS THE CASING ABOVE GROUND  YES, 24 IN. 18  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4</u>	<u>0</u>	<u>160</u>	<u>chapters</u>
2. _____	_____	_____	_____	<u>log</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: 50 FT.

PUMP TYPE:  jet  submersible  turbine  other  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? -15 ft. below surface, Drillers Log  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
drillers log

COMMENTS chlorinator water  
WATER SOFTENER  
sample after these

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES 1

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT  
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 PHONE 1-(502)-564-3410.

## SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME MERCHANT'S GRAIN, INC.  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_

INSPECTOR NAME SHANKS & TRIMBLE  
 LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

*Classified as public, non-comm.*

## NUMBER OF PEOPLE SERVED:

up 25  
(ave. 9)  
 NUMBER OF HOUSEHOLDS SERVED: \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

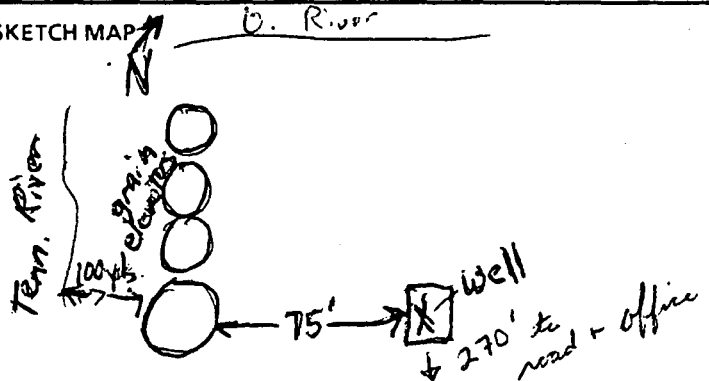
- NONE
  - WATER SOFTENER
  - UV
  - CHLORINATION
  - AERATION
  - CHARCOAL FILTER
  - SAND FILTER
  - IRON INHIBITOR
  - OTHER \_\_\_\_\_
- WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)  
BACTERIA + IRON

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER CALVERT CITY GROWTH STUDY

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Margaret Shene

DATE

7-17-87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5000

DATE OF INSPECTION \_\_\_\_\_

COMPLETE THIS FORM  
Attach photo copies of  
copy of a 7.5 minute  
marked. Send to:  
KENTUCKY NATURAL RES  
DIVISION OF WATER 18 RE  
PHONE 1-(502)-564-3410.

0000.5000

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Elva  
 ELEVATION ~300  
 LATITUDE 36° 56' 54"  
 LONGITUDE 88° 25' 55"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO  
 DATE WELL COMPLETED 1980 or '81  
 WHO CONSTRUCTED WELL? Pearson well Drilling  
 ADDRESS Mayfield, KY

TOTAL DEPTH 72 FT. reported

IS THE CASING ABOVE GROUND     YES, -12 IN.  
 NO

CASING TYPE(S)	CASING (I.D) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4"</u>	<u>Surface</u>	<u>-</u>	<u>~1/4"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?     yes, material used Sand  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump ~6 years  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:     jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface, reported 20'  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

Records lost in fire.

COMMENTS w. ll add a 2nd house in a year, will still be 6 people  
Pvc well casing thickness reported.  
All info reported

CHECK ONE:     original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Duncan Charles  
LAST FIRST MI

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_

## INSPECTOR

NAME Go David P           
LAST FIRST MI ID #

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 6

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

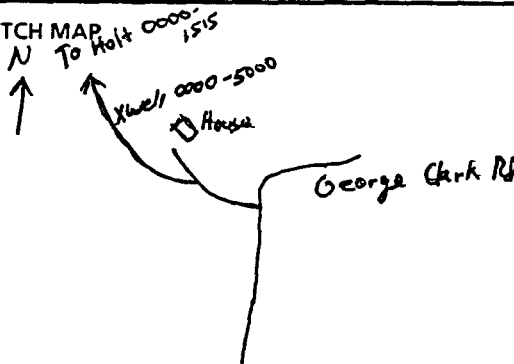
YES     NO    IF NO, DESCRIBE VIOLATIONS Unknown -

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?     YES     NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

*[Handwritten Signature]*

DATE

7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-0601

DATE OF INSPECTION 7/15/87

COMPLETE THIS FORM A  
Attach photo copies of a  
copy of a 7.5 minute top  
marked. Send to:  
KENTUCKY NATURAL RESOUR  
DIVISION OF WATER 18 REILLY  
PHONE 1-(502)-564-3410.

0000-5001

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Briensbur  
 ELEVATION 360  
 LATITUDE 36° 57' 53"  
 LONGITUDE 88° 18' 21"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Bonnell Earl  
 ADDRESS \_\_\_\_\_  
 CITY; \_\_\_\_\_  
 OWN \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO  
 DATE WELL COMPLETED 1963  
 WHO CONSTRUCTED WELL? Starks  
 ADDRESS \_\_\_\_\_

INSPECTOR NAME Gilman Stark      
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

TOTAL DEPTH 30 ft FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 7  
 NUMBER OF HOUSEHOLDS SERVED: 3  
 PWSID # \_\_\_\_\_

TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
 WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) NO

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other rodless  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

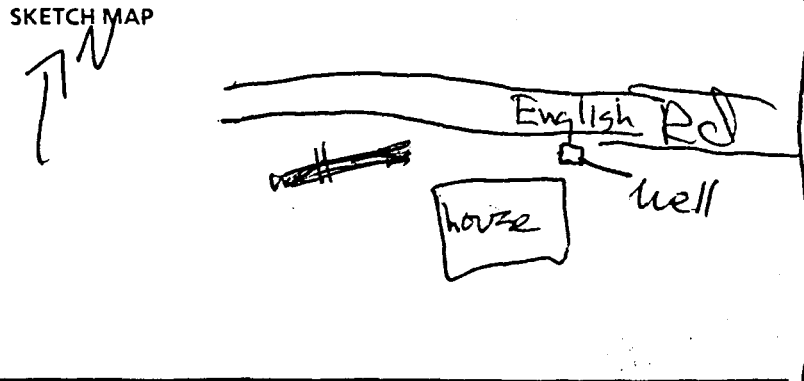
STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) NO

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE Philip W. Odell    DATE 7/15/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5002

DATE OF INSPECTION 7-21-87

COMPLETE THIS FOR  
Attach photo copies  
copy of a 7.5 minute  
marked. Send to:  
KENTUCKY NATURAL RE  
DIVISION OF WATER 18 R  
PHONE 1-(502)-564-3410.

0000-5002

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Calvert City  
 ELEVATION 370'  
 LATITUDE 37° 00' 47"  
 LONGITUDE 88° 19' 16"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Story Edison  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_

INSPECTOR NAME Shelb Margut   
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 15 years ago  
 WHO CONSTRUCTED WELL? Armed pump supply  
 ADDRESS Reedland

TOTAL DEPTH 140 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	FEET BELOW SURFACE TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4"</u>			
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: unknown FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

STATIC WATER LEVEL? unknown ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
NO

COMMENTS good supply according to well owner

large (24" I.D.) concrete casing with concrete (4") cap on top 4" above ground 2' inside in well casing

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

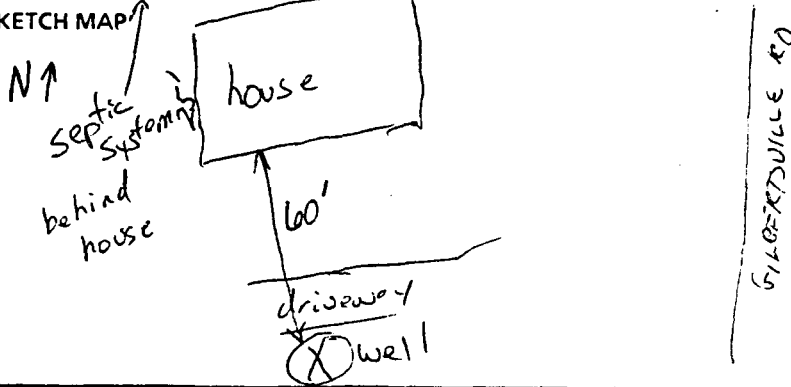
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER CALVERT CITY STUDY

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE  
Margut Shelb

DATE  
7-21-87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5003

DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM

Attach photo copies of copy of a 7.5 minute marked. Send to:  
KENTUCKY NATURAL RES  
DIVISION OF WATER RES  
PHONE 1-(502)-564-3410.

0000-5003

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Elva

ELEVATION ~350

LATITUDE 36° 55' 38"

LONGITUDE 88° 24' 51"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO

DATE WELL COMPLETED ~1960

WHO CONSTRUCTED WELL? John Pace

ADDRESS \_\_\_\_\_

TOTAL DEPTH 22 FT. reported

IS THE CASING ABOVE GROUND  YES, 48 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Concret</u>	<u>24</u>	<u>Above Ground</u>	<u>22'</u>	<u>2"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used gravel  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no

LEVEL OF PUMP INTAKE: ~22 FT. reported

PUMP TYPE:  jet     submersible     turbine     other Vacuum

ELECTRIC CONNECTION FOR PUMP:  wire, 110V.     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 6.5 ft. below surface.

can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS water level visual by looking down well

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME Pace John  
LAST FIRST MI

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_  
OWN \_\_\_\_\_

## INSPECTOR

NAME Leo David P        
LAST FIRST MI ID #

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

2

## NUMBER OF HOUSEHOLDS SERVED:

1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

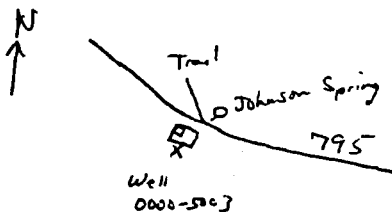
YES     NO IF NO, DESCRIBE VIOLATIONS Gravel built

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

*[Handwritten Signature]*

DATE

7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5004  
 DATE OF INSPECTION 7/15/87

COMPLETE THIS FORM &  
 Attach photo copies of a  
 copy of a 7.5 minute top  
 marked. Send to:  
 KENTUCKY NATURAL RESOU  
 DIVISION OF WATER 18 REILL  
 PHONE 1-(502)-564-3410.

0000.5004

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
 COUNTY Marshall  
 QUADRANGLE MAP Brenstern  
 ELEVATION 387  
 LATITUDE 36° 57' 55"  
 LONGITUDE 88° 19' 29"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Scallion Mike  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 OW: \_\_\_\_\_

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 15 yrs.  
 WHO CONSTRUCTED WELL? Jerry Jones  
 ADDRESS \_\_\_\_\_

INSPECTOR Slyvers Susan Edell Phil  
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 165 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
<u>plastic</u>	<u>4"</u>			

IS THE ANNULUS SEALED?  Yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: 160 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

STATIC WATER LEVEL? ≈ 30 ft. below surface.

can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) no

COMMENTS \_\_\_\_\_

### WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 5

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

### TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

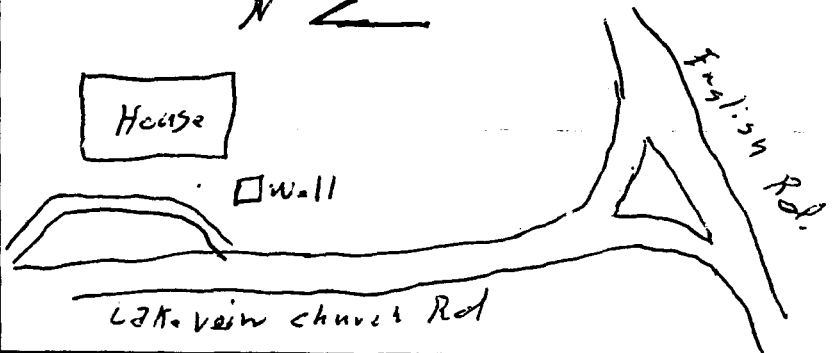
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) none

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

### SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Phillip E. Edell

DATE

7/15/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5005  
 DATE OF INSPECTION 7-21-87

COMPLETE THIS FORM  
 Attach photo copies of  
 copy of a 7.5 minute topographic  
 map marked. Send to:  
 KENTUCKY NATURAL RESOURCES  
 DIVISION OF WATER RESOURCES  
 PHONE 1-(502)-564-3410.

0000-5005

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY MARSHALL  
 QUADRANGLE MAP CALVERT CITY  
 ELEVATION 347  
 LATITUDE 37° 00' 51"  
 LONGITUDE 88° 19' 10"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO  
 DATE WELL COMPLETED 1961  
 WHO CONSTRUCTED WELL? CO-MAR  
 ADDRESS TWIN LAKES

TOTAL DEPTH 213 FT.  
 IS THE CASING ABOVE GROUND?  YES, 3 IN.  
Casing down inside 24 in concrete pipe, 1 1/2 ft below ground  

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	WALL THICKNESS
1. PVC	4 in.			
2.				
3.				
4.				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump 1961  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: 175 FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? 22 ft. below surface. (stated)  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
NO

COMMENTS NO PROBLEMS  
A little hard to sample taken before water softener  
Well set down inside a 24 in concrete pipe, located 1 1/2 ft. below ground. Casing 3 in above this lower point, approx. 1 in. of water standing in bottom.

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Doyle Harry J.  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_

INSPECTOR NAME Shanks Margaret   
LAST FIRST MI ID #

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

2

## NUMBER OF HOUSEHOLDS SERVED:

1

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

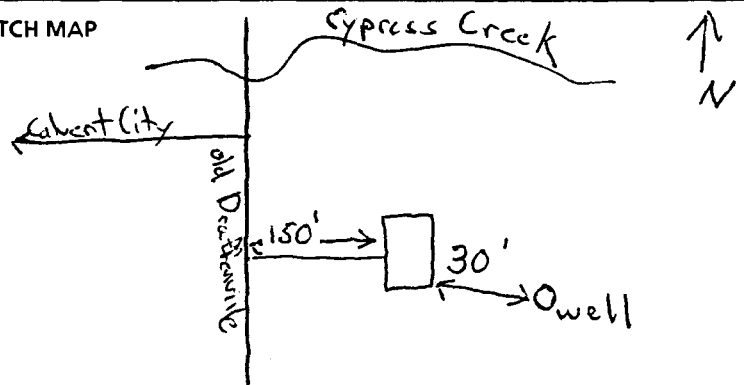
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)  
 \_\_\_\_\_  
 \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER CALVERT CITY STUDY

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Margaret Shanks

DATE

7-21-87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5006  
 DATE OF INSPECTION 7/21/87

COMPLETE THIS FORM  
 Attach photo copies  
 copy of a 7.5 minute  
 marked. Send to:  
 KENTUCKY NATURAL RES  
 DIVISION OF WATER 18 RE  
 PHONE 1-(502)-564-3410.

0000-5006

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Little Cyprus  
 ELEVATION 340  
 LATITUDE 37° 01' 44"  
 LONGITUDE 88° 26' 53"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Sporea Adrian  
LAST FIRST MI.  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 OWNER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO  
 DATE WELL COMPLETED Unknown  
 WHO CONSTRUCTED WELL? Unknown  
 ADDRESS \_\_\_\_\_

## INSPECTOR

NAME Leo David P        
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

TOTAL DEPTH Unknown FT.  
 IS THE CASING ABOVE GROUND  YES, 3 IN.  
 NO

## WELL USE:

DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 3

NUMBER OF HOUSEHOLDS SERVED: 1

## TYPE OF TREATMENT SYSTEM:

NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
 WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Concrete</u>	<u>24"</u>	<u>0</u>	<u>?</u>	<u>2"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Do not drink it.

IS THE ANNULUS SEALED?  Yes, material used concrete  
 no

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump unknown  
 no

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES    NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

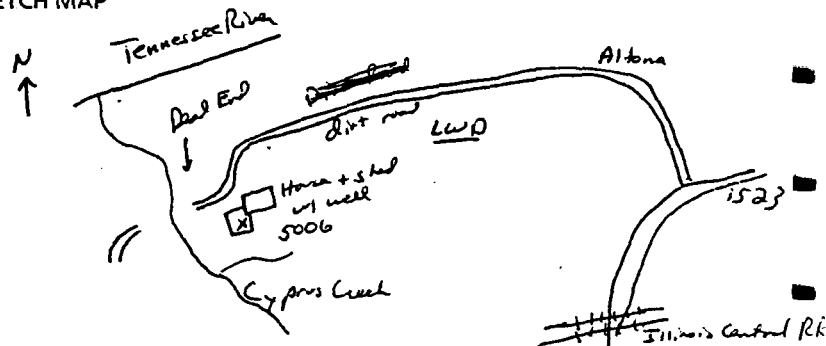
DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: unknown FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? unknown below surface,  
 can't be measured     not measured

## SKETCH MAP



DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) No

COMMENTS Concrete floor in pump house  
Well gives yellow stain in sinks  
About 2 1/2 years ago, high water,  
+ shortly after bed test +  
small.

SIGNATURE OF PERSON REPORTING SITE

Leo Sporea

DATE

7/21/87

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

DEP4051

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5007  
 DATE OF INSPECTION 7/13/87

COMPLETE THIS FORM  
 Attach photo copies of  
 copy of a 7.5 minute tc  
 marked. Send to:  
 KENTUCKY NATURAL RESO  
 DIVISION OF WATER 18 REIL  
 PHONE 1-(502)-564-3410.

0000.5007

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
 COUNTY Marshall  
 QUADRANGLE MAP Bonesberg  
 ELEVATION 378  
 LATITUDE 36° 58' 41"  
 LONGITUDE 88° 19' 19"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Parrish Paul  
FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY E \_\_\_\_\_  
 OWNER

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1960/04  
 WHO CONSTRUCTED WELL? Lawrence Wells  
 ADDRESS \_\_\_\_\_

INSPECTOR S. Swerman  
 NAME O'dell       
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 225 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>well</u>	<u>4"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS 1/2" white sand at 50 feet

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 3

NUMBER OF HOUSEHOLDS SERVED: 2

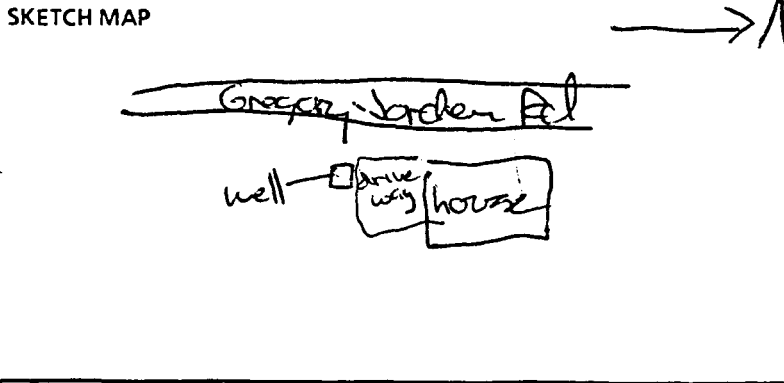
PWSID # \_\_\_\_\_

TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)  
black bacteria iron stain

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE  
Parrish Paul O'dell

DATE 7/13/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5008  
 DATE OF INSPECTION 7-21-87

COMPLETE THIS FORM /  
 Attach photo copies of:  
 copy of a 7.5 minute top  
 marked. Send to:  
 KENTUCKY NATURAL RESOL  
 DIVISION OF WATER 18 REILL  
 PHONE 1-(502)-564-3410.

0000-5008

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Calvert City  
 ELEVATION 346  
 LATITUDE 37° 01' 08"  
 LONGITUDE 88° 18' 32"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Hall Ray  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 OWN \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1973 - approx.  
 WHO CONSTRUCTED WELL? UNKNOWN  
 ADDRESS \_\_\_\_\_

## INSPECTOR

NAME Shanks Margaret  
LAST FIRST MI ID #       
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 100 FT.  
 IS THE CASING ABOVE GROUND  YES, 6 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4</u>			
2. _____	_____			
3. _____	_____			
4. _____	_____			

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump 1973  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: unknown FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

*stated* STATIC WATER LEVEL? 40 ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
NO

COMMENTS no problems

5134 gallons in meth pit  
to well pump. / new reset  
all depths are stated, not measured

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: 1

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

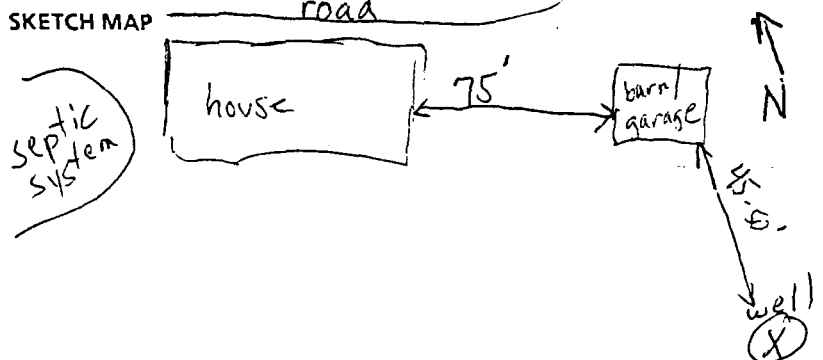
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)  
 \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER CALVERT CITY STUDY

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Margaret Shanks

DATE

7-21-87

KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5009

DATE OF INSPECTION 7/21/87

COMPLETE THIS FORM Attach photo copy of a 7.5 minute marked. Send to: KENTUCKY NATURAL DIVISION OF WATER RESOURCES PHONE 1-(502)-564-34

0000-5009

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION

COUNTY Marshall
QUADRANGLE MAP Little Cypress
ELEVATION 278
LATITUDE 37° 01' 57"
LONGITUDE 88° 24' 44"
UTM GRID ZONE
NORTHING
EASTING

- PHYSIOGRAPHIC OR HYDROLOGIC REGION
[ ] BLUE GRASS [ ] OHIO RIVER ALLUVIUM
[ ] E. COAL FIELD [ ] W. COAL FIELD
[ ] MISS. PLATEAU [ ] JACKSON PURCHASE

WELL CHARACTERISTICS:

IS THIS A DUG WELL? [ ] YES [ ] NO Unknown
DATE WELL COMPLETED Unknown
WHO CONSTRUCTED WELL? Unknown
ADDRESS

TOTAL DEPTH Unknown FT.
IS THE CASING ABOVE GROUND [ ] YES, IN. [ ] NO

Table with 4 columns: CASING TYPE(S), CASING(I.D.) DIAMETER (IN), FEET BELOW SURFACE FROM TO, CASING WALL THICKNESS. Rows 1-4.

IS THE ANNULUS SEALED? [ ] yes, material used [ ] no

WELL HEAD (casing top): [ ] WELL CAP [ ] SANITARY SEAL [ ] OPEN [ ] OTHER

DOES THE WELL HAVE A PUMP? [ ] yes, age of pump [ ] no

DOES THE WELL HAVE A PITLESS ADAPTER? [ ] yes [ ] no
LEVEL OF PUMP INTAKE: FT.

PUMP TYPE: [ ] jet [ ] submersible [ ] turbine [ ] other

ELECTRIC CONNECTION FOR PUMP: [ ] 2 wire, 110V, [ ] 3 wire, 220V [ ] unknown

STATIC WATER LEVEL? ft. below surface, [ ] can't be measured [ ] not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) No

COMMENTS Could not inspect well - owner was not at home. Sample was collected from a house connected to well.

CHECK ONE: [ ] original inspection [ ] modification of previous well inspection form (fill in AKGWA # and only those sections with changes)

OWNER

NAME Stevenson William
LAST FIRST MI

ADDRESS

CITY
OWNER

INSPECTOR

NAME Leo David P
LAST FIRST MI ID #

AGENCY [ ] CHR [x] DOW [ ] OTHER

WELL USE:

- [x] DOMESTIC
[ ] MUNICIPAL
[ ] IRRIGATION
[ ] INDUSTRIAL
[ ] STOCK
[ ] MONITOR
[ ] ABANDONED
[ ] OTHER

NUMBER OF PEOPLE SERVED: 8

NUMBER OF HOUSEHOLDS SERVED: 3

PWSID #

TYPE OF TREATMENT SYSTEM:

- [ ] NONE Unknown
[ ] WATER SOFTENER
[ ] UV
[ ] CHLORINATION
[ ] AERATION
[ ] CHARCOAL FILTER
[ ] SAND FILTER
[ ] IRON INHIBITOR
[ ] OTHER

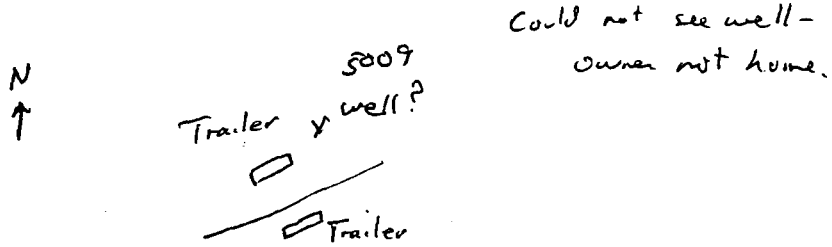
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS? [ ] YES [ ] NO IF NO, DESCRIBE VIOLATIONS

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? [x] YES [ ] NO
REASON FOR INSPECTION (check all that are applicable)

- [ ] GENERAL WATER QUALITY ANALYSIS REQUESTED
[ ] SPECIFIC COMPLAINT INVESTIGATION
[x] GENERAL SURVEY
[ ] AMBIENT GROUNDWATER MONITORING
[ ] OTHER

SKETCH MAP



[ ] HAVE YOU INCLUDED ANY ATTACHMENTS?
NO. OF PAGES

SIGNATURE OF PERSON REPORTING SITE

Handwritten signature

DATE

7/21/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5010

DATE OF INSPECTION 7/15/87

COMPLETE THIS FORM  
Attach photo copies  
copy of a 7.5 minute  
marked. Send to:  
KENTUCKY NATURAL RES  
DIVISION OF WATER 18 RE  
PHONE 1-(502)-564-3410.

0000-5010

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Brensberg

ELEVATION 460

LATITUDE 36° 57' 58"

LONGITUDE 88° 20' 46"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS
- OHIO RIVER ALLUVIUM
- E. COAL FIELD
- W. COAL FIELD
- MISS. PLATEAU
- JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 12-15-45

WHO CONSTRUCTED WELL? Jones (Jenny)

ADDRESS \_\_\_\_\_

TOTAL DEPTH 167 FT.

IS THE CASING ABOVE GROUND  YES, 4 IN.

NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>galv</u>	<u>4"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used

no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL

OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_

no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.

can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

no

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME Maddox Steve

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

INSPECTOR NAME Silverman Susan Odell Phil

LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

4

## NUMBER OF HOUSEHOLDS SERVED:

1

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

## WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)

no

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

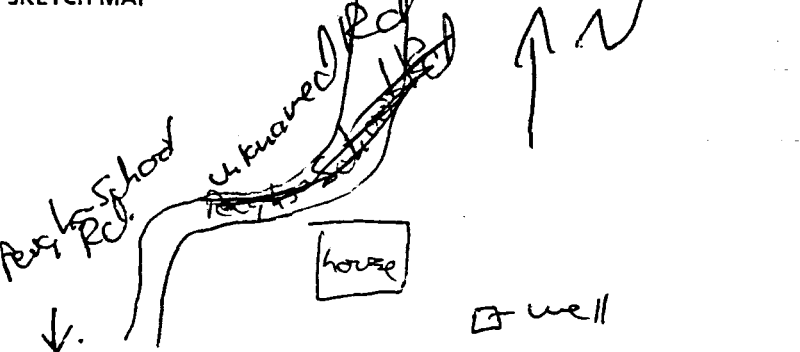
YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phillip W. Odell

DATE

7/15/87

**KENTUCKY WELL INSPECTION FORM**

AKGWA NUMBER 0000-5011

DATE OF INSPECTION 7-21-87

COMPLETE THIS FORM

Attach photo copies of copy of a 7.5 minute topographic map marked. Send to: KENTUCKY NATURAL RESOURCES DIVISION OF WATER 18 REI PHONE 1-(502)-564-3410.

**0000-5011**

SHADED AREA FOR OFFICIAL USE ONLY

**WELL LOCATION**

COUNTY Marshall

QUADRANGLE MAP Calvert City

ELEVATION 350

LATITUDE 37° 01' 26"

LONGITUDE 88° 18' 05"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS  OHIO RIVER ALLUVIUM
- E. COAL FIELD  W. COAL FIELD
- MISS. PLATEAU  JACKSON PURCHASE

**WELL CHARACTERISTICS:**

IS THIS A DUG WELL?  YES  NO Hand drilled

DATE WELL COMPLETED unknown?

WHO CONSTRUCTED WELL? \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOTAL DEPTH 40 FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM TO		CASING WALL THICKNESS
1. Ceramic	6 in	entire	length	
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used  no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  unknown

STATIC WATER LEVEL? 30 ft. below surface, 2 approx.  can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) no

COMMENTS Measurements were made using rope on a hand pump. Well was abandoned and hadn't been used for 2 yrs.

CHECK ONE:  original inspection  modification of previous well inspection form (fill in AKGWA # and only those sections with changes)

**OWNER**

NAME Williams Wayne

ADDRESS \_\_\_\_\_

**INSPECTOR**

NAME Lovins Eric E ID #     

AGENCY  CHR  DOW  OTHER UK

**WELL USE:**

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

**NUMBER OF PEOPLE SERVED: 0**

**NUMBER OF HOUSEHOLDS SERVED: 0**

**TYPE OF TREATMENT SYSTEM:**

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

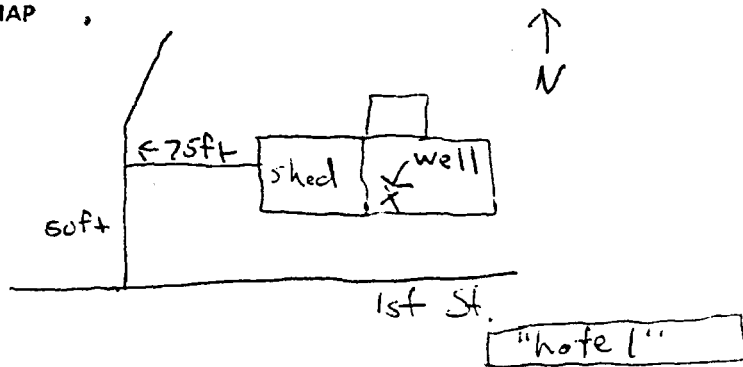
YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER CALVERT CITY STUDY

**SKETCH MAP**



HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Eric Lovins

DATE

7-21-87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5012DATE OF INSPECTION 7/19/87COMPLETE THIS FOR  
Attach photo copies  
copy of a 7.5 minute  
marked. Send to:  
KENTUCKY NATURAL RES.  
DIVISION OF WATER 18 RE  
PHONE 1-(502)-564-3410**0000-5012**

SHADED AREA FOR OFFICIAL USE ONLY

### WELL LOCATION

COUNTY MarshallQUADRANGLE MAP Little CypressELEVATION ~348LATITUDE 37° 01' 46"LONGITUDE 88° 28' 28"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

### WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO    UnknownDATE WELL COMPLETED Approx 26 years?WHO CONSTRUCTED WELL? Unknown

ADDRESS \_\_\_\_\_

TOTAL DEPTH \_\_\_\_\_ FT.

IS THE CASING ABOVE GROUND  YES, 12-14 IN.  
 NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO?	
1. <u>Concrete 24</u>	<u>0</u>	<u>0</u>	<u>?</u>	<u>2"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used backfill  
 noWELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER See belowDOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 noDOES THE WELL HAVE A PITLESS ADAPTER?  yes     noLEVEL OF PUMP INTAKE: ? FT.PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknownSTATIC WATER LEVEL? -16 ft. below surface, visible  
 can't be measured     not measuredDOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) Yes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENTS well cap is boards in aconcrete block shed w/ tarpapercap

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

### OWNER

NAME Deitsch Alan  
LAST FIRST MI

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_  
OWNE

### INSPECTOR

NAME Leo David P  
LAST FIRST MI ID #AGENCY  CHR     DOW     OTHER \_\_\_\_\_

### WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 4NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

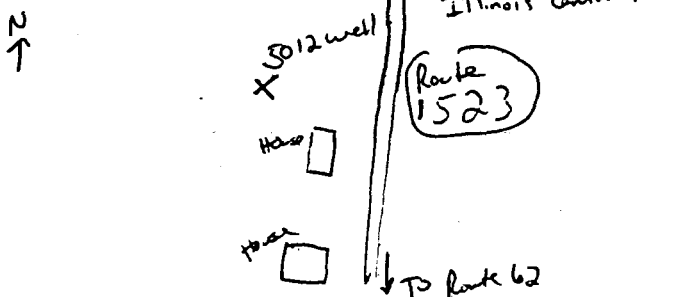
### TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)  
\_\_\_\_\_  
\_\_\_\_\_IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

### SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

[Signature]

DATE

7/21/87 HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5014  
 DATE OF INSPECTION 7-22-87

COMPLETE THIS FORM  
 Attach photo copy of a 7.5 min  
 marked. Send to:  
 KENTUCKY NATURAL  
 DIVISION OF WATER RESOURCES  
 PHONE 1-(502)-564-34

0000.5014

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Livingston  
 QUADRANGLE MAP Little Cypress  
 ELEVATION 345-350  
 LATITUDE 37° 02' 51"  
 LONGITUDE 88° 28' 22"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED December 1978  
 WHO CONSTRUCTED WELL? Bill Fordan Drilling Co  
 ADDRESS P.O. Box 398  
Smithland, KY 40081

TOTAL DEPTH 108' FT.  
 IS THE CASING ABOVE GROUND  YES, 14 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>12"</u>	<u>0</u>	<u>80</u>	<u>unknown</u>
2. <u>Screen</u>	<u>12" Screen</u>	<u>80</u>	<u>108</u>	
3. <u>maybe copper</u>				
4.				

IS THE ANNULUS SEALED?  yes, material used best set  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump ~10 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: 86 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown 3 phase

STATIC WATER LEVEL? ~30 ft. below surface, 3"  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
Drillers contract

COMMENTS Well construction details from  
drillers contract

Two samples - raw untreated  
& finished analysis  
Samples for bacteriological may have problems -  
water pressure was high & shooting,  
& very slow (1-2 minutes) to fill bottles.

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

DISTRIBUTION: YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Lebetta Water District  
LAST FIRST MI  
 ADDRESS PO Box 123  
 CITY Lebetta STATE KY ZIP CODE 42058  
 OWNER'S PHONE (502) 898-3236

## INSPECTOR

NAME Leo David P  
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED ~810

PWSID # 0700243

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION As per KAN 04  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER Subs. Ash, Magnesium  
Amoxic

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)  
High Iron

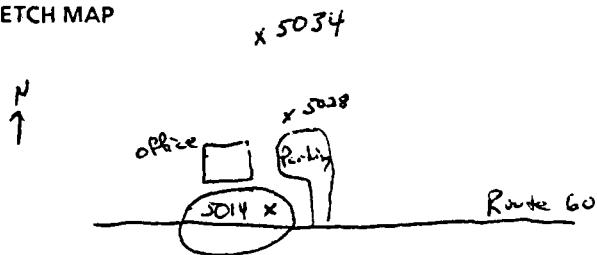
## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES NO

- REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



Also - Some PerUOC, plus a diesel was running within 25 feet of ~~water~~ well.

SIGNATURE OF PERSON REPORTING SITE

*[Handwritten Signature]*

DATE

7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5015

DATE OF INSPECTION 7/21/87

COMPLETE THIS FORM  
Attach photo copies of  
copy of a 7.5 minute to  
marked. Send to:  
KENTUCKY NATURAL RESO  
DIVISION OF WATER 18 REIL  
PHONE 1-(502)-564-3410.

0000-5015

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Little Cyprus  
 ELEVATION 380  
 LATITUDE 37° 00' 29"  
 LONGITUDE 88° 23' 21"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Howard John A  
LAST FIRST MI

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_

## INSPECTOR

NAME Leo David P        
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1932-1932  
 WHO CONSTRUCTED WELL? Unknown  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 52' FT.

IS THE CASING ABOVE GROUND  YES, 12 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	FEET BELOW SURFACE TO	CASING WALL THICKNESS
1. <u>Concrete</u>	<u>24"</u>	<u>0</u>		
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used beck's?  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump 4 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: ~48' FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 38 ft. below surface, reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) No

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

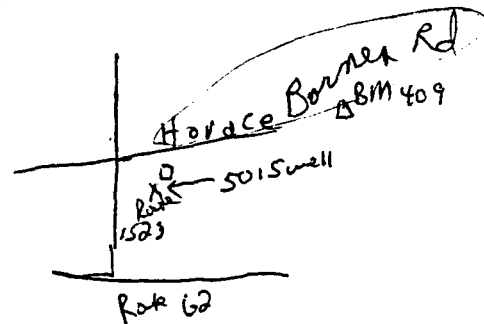
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

*(Signature)*

DATE

7/21/87

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0060 -- 5016  
 DATE OF INSPECTION 7/21/87

COMPLETE THIS FORM  
 Attach photo copies of  
 copy of a 7.5 minute to  
 marked. Send to:  
 KENTUCKY NATURAL RESOL  
 DIVISION OF WATER 18 REILL  
 PHONE 1-(502)-564-3410.

0000-5016

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Calvert  
 ELEVATION 335  
 LATITUDE 37° 01' 23"  
 LONGITUDE 88° 20' 58"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Calvert City Municipal Water  
LAST FIRST MI  
 ADDRESS P.O. Box 36  
 CITY Calvert City STATE KY ZIP CODE 42029  
 OWNER'S PHONE ( 502 ) 395-4020

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO  
 DATE WELL COMPLETED 1954  
 WHO CONSTRUCTED WELL? UNK  
 ADDRESS \_\_\_\_\_

INSPECTOR Odell, Phillip  
 NAME White, Amber       
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

TOTAL DEPTH 110 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>8"</u>			
2. _____				
3. _____				
4. _____				

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 1000

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER Amthruite 2021

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

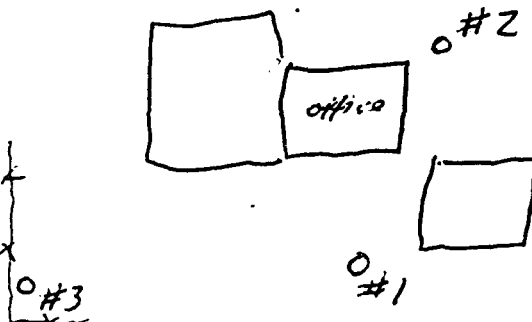
WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## COMMENTS

Well #1

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Phillip V. Odell

DATE

7/21/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5017  
 DATE OF INSPECTION 7-21-87 7

COMPLETE THIS FOR  
 Attach photo copies  
 copy of a 7.5 minute  
 marked. Send to:  
 KENTUCKY NATURAL RE-  
 DIVISION OF WATER 18 RI  
 PHONE 1-(502)-564-3410

0000.5017

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Calvert City  
 ELEVATION 350 ft.  
 LATITUDE 37° 01' 30"  
 LONGITUDE 88° 17' 59"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO Hand drilled  
 DATE WELL COMPLETED ? unknown  
 WHO CONSTRUCTED WELL? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH \_\_\_\_\_ FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Ceramic</u>	<u>8 in</u>	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
unknown  OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump 14 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: 43 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) no

COMMENTS well could not be seen, all was sealed, pump located in basement. No place to put number, so no number given to site. did not view well

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Goheen Roberta  
LAST FIRST MI

ADDRESS \_\_\_\_\_

CI \_\_\_\_\_  
 O' \_\_\_\_\_

## INSPECTOR

NAME Lovins Eric       
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER UK student

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 1

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

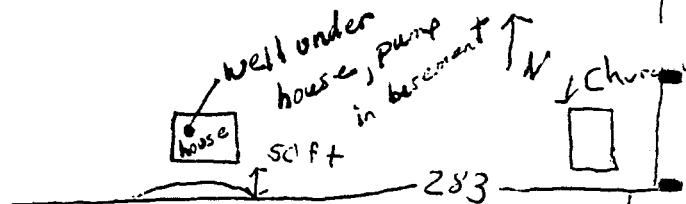
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER CALVERT CITY STUDY

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Eric Lovins

DATE

7-21-87

# KENTUCKY SPRING INVENT

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT. Attach a photo copy of a 7.5 minute topographic map with the spring location. KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET, DIVISION. PHONE 1-(502)-564-3410.

0000-5018

DISTRIBUTION: WHITE COPY -- CENTRAL OFFICE    YELLOW COPY -- OWNER    PINK COPY -- INVESTIGATOR

SHADED AREA FOR OFFICIAL USE ONLY

<p><b>SPRING LOCATION</b></p> <p>COUNTY <u>LIVINGSTON</u></p> <p>TOPOGRAPHIC MAP <u>CALVERT CITY</u></p> <p>ELEVATION <u>341</u></p> <p>LATITUDE <u>37° 04' 40"</u></p> <p>LONGITUDE <u>88° 19' 42"</u></p> <p>UTM GRID ZONE _____</p> <p>NORTHING _____</p> <p>EASTING _____</p> <p>PHYSIOGRAPHIC OR HYDROLOGIC REGION--</p> <p><input type="checkbox"/> BLUE GRASS    <input type="checkbox"/> OHIO RIVER ALLUVIUM</p> <p><input type="checkbox"/> E. COAL FIELD    <input type="checkbox"/> W. COAL FIELD</p> <p><input checked="" type="checkbox"/> MISS. PLATEAU    <input type="checkbox"/> JACKSON PURCHASE</p> <p>WHICH SIDE OF RIVER OR CREEK ( WHEN FACING UPSTREAM)</p> <p><input checked="" type="checkbox"/> RIGHT    <input type="checkbox"/> IN THE STREAM    <input type="checkbox"/> LEFT</p> <p>WATER BODY INTO WHICH SPRING DISCHARGES:</p> <p><u>GUM SPRING BRANCH</u></p>	<p>AKGWA NUMBER <u>0000</u> -- <u>5018</u></p> <p>NAME OF SPRING <u>GUM</u></p> <p>DATE OF INSPECTION <u>7/14/87</u></p> <p>OWNER NAME _____ <input checked="" type="checkbox"/> UNKNOWN</p> <p style="text-align: center;">LAST                      FIRST                      MI</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>OWNER'S PHONE ( _____ ) _____</p> <p>INVESTIGATOR NAME <u>TRIMBLE DAVID</u>    <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;">LAST                      FIRST                      MI                      ID #</p> <p>AGENCY <input type="checkbox"/> CHR <input checked="" type="checkbox"/> DOW <input type="checkbox"/> OTHER _____</p> <p>ADDRESS <u>18 REILLY ROAD</u></p> <p>CITY <u>FRANKFORT</u> STATE <u>KY</u> ZIP CODE <u>40601</u></p> <p>PHONE ( <u>502</u> ) <u>564-3410</u></p>	
<p><b>SPRING CHARACTERISTICS</b></p> <p>A. SPRING TYPE:    <input type="checkbox"/> SEEP    <input type="checkbox"/> BLUEHOLE (ARTISIAN)</p> <p><input checked="" type="checkbox"/> GRAVITY    <input type="checkbox"/> UNKNOWN</p> <p>B. SPRING IS LOCATED IN: <u>Cement culvert spring box</u></p> <p><input type="checkbox"/> ALLUVIUM    <input type="checkbox"/> SOIL    <input type="checkbox"/> ROCK    <input type="checkbox"/> UNKNOWN</p> <p>C. DOES AREA CONTAIN KARST TERRAIN?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN</p> <p>D. IS SPRING ASSOCIATED WITH A CAVE?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN</p> <p>E. ANY UNUSUAL SMELL OR COLOR?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>DESCRIBE (use additional sheets if necessary) _____</p> <p>F. IS LEACHATE EVIDENT IN THE SPRING?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN</p> <p>G. DYE TRACE INFORMATION:</p> <p>HAVE ANY DYE TRACES BEEN RUN TO THIS SITE?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input checked="" type="checkbox"/> UNKNOWN</p> <p>IF YES, WHO CONDUCTED THE DYE TRACE? _____</p> <p>WHEN _____</p> <p>TRACE NUMBER _____</p>	<p><b>SPRING DISCHARGE AND USE</b></p> <p><input checked="" type="checkbox"/> BASE FLOW    <input type="checkbox"/> FLOOD FLOW    <input type="checkbox"/> UNKNOWN</p> <p><input type="checkbox"/> INTERMITTENT    <input checked="" type="checkbox"/> PERENNIAL    <input type="checkbox"/> UNKNOWN</p> <p>SEASON:    <input type="checkbox"/> WET    <input checked="" type="checkbox"/> DRY</p> <p>HAS RATING CURVE BEEN CALCULATED?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN</p> <p>FLOW:</p> <p><input type="checkbox"/> MEASURED    <input type="checkbox"/> ESTIMATED    <input type="checkbox"/> NOT MEASURED</p> <p>IF MEASURED, HOW MEASURED:</p> <p><input type="checkbox"/> WEIR    <input type="checkbox"/> METERED    <input type="checkbox"/> STAFF GAGE    <input type="checkbox"/> OTHER _____</p> <p>IF ESTIMATED:</p> <p><input type="checkbox"/> NO FLOW</p> <p><input type="checkbox"/> LESS THAN 0.1 CFS</p> <p><input type="checkbox"/> 0.1 TO 1.0 CFS</p> <p><input type="checkbox"/> 1.0 CFS TO 10.0 CFS</p> <p><input type="checkbox"/> 10.0 CFS TO 100.0 CFS</p> <p><input type="checkbox"/> GREATER THAN 100.0 CFS</p> <p>SPRING USE:</p> <p><input type="checkbox"/> DOMESTIC</p> <p><input type="checkbox"/> MUNICIPAL</p> <p><input type="checkbox"/> IRRIGATION</p> <p><input type="checkbox"/> INDUSTRIAL</p> <p><input type="checkbox"/> STOCK</p> <p><input checked="" type="checkbox"/> NONE</p> <p><input type="checkbox"/> OTHER _____</p>	<p>PWSID NUMBER _____</p> <p>NUMBER OF PEOPLE SERVED <u>NONE KNOWN</u></p> <p>NUMBER OF HOUSEHOLDS SERVED <u>N/A</u></p> <p>SPRING MODIFIED OR IMPROVED WITH</p> <p><input type="checkbox"/> DAM</p> <p><input checked="" type="checkbox"/> SPRING BOX</p> <p><input type="checkbox"/> PIPE    <input type="checkbox"/> PUMP</p> <p>DATE SPRING MODIFIED <u>UNKNOWN</u></p> <p>TYPE OF TREATMENT SYSTEM?</p> <p><input checked="" type="checkbox"/> NONE</p> <p><input type="checkbox"/> WATER SOFTENER</p> <p><input type="checkbox"/> U/V</p> <p><input type="checkbox"/> CHLORINATION</p> <p><input type="checkbox"/> AERATION</p> <p><input type="checkbox"/> CHARCOAL FILTER</p> <p><input type="checkbox"/> SAND FILTER</p> <p><input type="checkbox"/> IRON INHIBITOR</p> <p><input type="checkbox"/> OTHER _____</p> <p>WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) _____</p>
<p>REASON FOR INSPECTION (check all that are applicable)</p> <p><input type="checkbox"/> GENERAL WATER QUALITY ANALYSIS REQUESTED</p> <p><input type="checkbox"/> SPECIFIC COMPLAINT INVESTIGATION</p> <p><input type="checkbox"/> GENERAL SURVEY</p> <p><input type="checkbox"/> AMBIENT GROUNDWATER MONITORING</p> <p><input checked="" type="checkbox"/> OTHER <u>Calvert City G/W Study</u></p>	<p>WAS WATER QUALITY ANALYSIS DONE?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p>	
<p>GENERAL COMMENTS <u>Spring box probably put in when road was made</u></p> <p><u>Spring associated w/ 2 faults (at intersection)</u></p> <p><u>Some water containing from sand on bottom of spring box</u></p>	<p><b>SKETCH MAP</b></p>	
<p><input type="checkbox"/> HAVE YOU INCLUDED ANY ATTACHMENTS?</p> <p>NO. OF PAGES _____</p>	<p>SIGNATURE OF PERSON REPORTING SITE</p> <p><u>David Trimble</u></p>	<p>DATE</p> <p><u>7/14/87</u></p>



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5019

DATE OF INSPECTION 7/21/87

COMPLETE THIS FORM  
Attach photo copies of  
copy of a 7.5 minute top  
marked. Send to:  
KENTUCKY NATURAL RESC  
DIVISION OF WATER 18 REIL  
PHONE 1-(502)-564-3410.  
**SHADI**

**0000-5019**

## WELL LOCATION

COUNTY Marshall  
QUADRANGLE MAP Calvert City  
ELEVATION 332  
LATITUDE 37° 02' 22"  
LONGITUDE 88° 21' 05"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_  
PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME Calvert City Municipal Water  
LAST FIRST MI  
ADDRESS P.O. Box 36  
CITY Calvert City STATE Md ZIP CODE 42029  
OWNER'S PHONE ( 502 ) 395-4020

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED 1964  
WHO CONSTRUCTED WELL? UNK  
ADDRESS \_\_\_\_\_

INSPECTOR O'Dell, Phillip  
NAME White, Amber ID # \_\_\_\_\_  
LAST FIRST MI  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 110 FT.  
IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

	CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
			FROM	TO	
1.	<u>Steel</u>	<u>10"</u>			
2.					
3.					
4.					

WELL USE:	NUMBER OF PEOPLE SERVED:	TYPE OF TREATMENT SYSTEM:
<input type="checkbox"/> DOMESTIC <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	_____  NUMBER OF HOUSEHOLDS SERVED: <u>1000</u>	<input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input checked="" type="checkbox"/> CHLORINATION <input checked="" type="checkbox"/> AERATION <input checked="" type="checkbox"/> CHARCOAL FILTER <input checked="" type="checkbox"/> SAND FILTER <input checked="" type="checkbox"/> IRON INHIBITOR <input checked="" type="checkbox"/> OTHER <u>Anthracite Coal</u> WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) <u>F. 17-</u>
PWSID # _____		

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

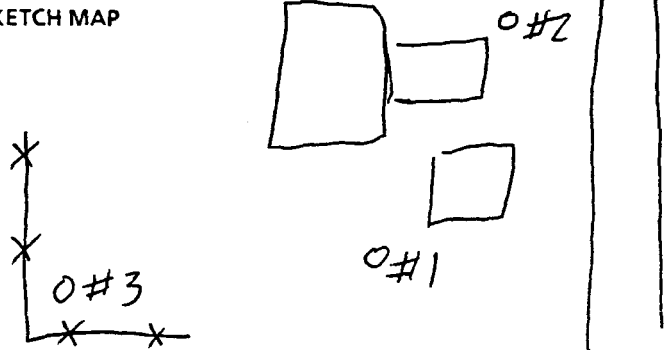
DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## COMMENTS

Well # 3

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Phillip W. O'Dell

DATE

7/21/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5020

DATE OF INSPECTION 7/21/87

COMPLETE THIS FORM  
Attach photo copies of  
copy of a 7.5 minute topographic  
marked. Send to:  
KENTUCKY NATURAL RESOURCES  
DIVISION OF WATER 18 REI  
PHONE 1-(502)-564-3410.  
**SHAD**

**0000.5020**

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Little Cypress

ELEVATION 362

LATITUDE 37° 00' 50"

LONGITUDE 88° 23' 22"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO

DATE WELL COMPLETED 1967

WHO CONSTRUCTED WELL? STZKHS

ADDRESS \_\_\_\_\_

TOTAL DEPTH 70 FT.

IS THE CASING ABOVE GROUND     YES, 24 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Concrete</u>	<u>24"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?     Yes, material used  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V

STATIC WATER LEVEL? 22.5 ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

\_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

CHECK ONE:     Original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME Lutton, Firis

ADDRESS \_\_\_\_\_

CIT \_\_\_\_\_

OW \_\_\_\_\_

## INSPECTOR Ozell, Phillip

NAME White, Amber

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: \_\_\_\_\_

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

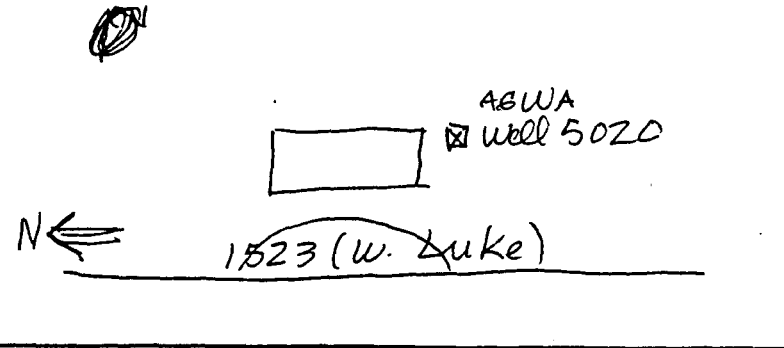
\_\_\_\_\_

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?    YES    NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



## SIGNATURE OF PERSON REPORTING SITE

Phillip M. Ozell

## DATE

7/21/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5021

DATE OF INSPECTION 7/15/87

COMPLETE THIS FORM  
Attach photo copies  
copy of a 7.5 minute  
marked. Send to:  
KENTUCKY NATURAL RES  
DIVISION OF WATER RES  
PHONE 1-(502)-564-3410.

0000-5021

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY MARSHALL

QUADRANGLE MAP LITTLE CYPRESS

ELEVATION 376'

LATITUDE 37° 00' 52"

LONGITUDE 88° 25' 14"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO

DATE WELL COMPLETED June 1985

WHO CONSTRUCTED WELL? \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOTAL DEPTH 165? FT.

IS THE CASING ABOVE GROUND     YES, 6 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4</u>	<u>0</u>		<u>SCH 40?</u>
2. <u>PE</u>				
3. _____				
4. _____				

IS THE ANNULUS SEALED?     Yes, material used clay  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     Yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:     jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.

can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS Call about 6:00 pm or before 8:00 am (Eastern)

CHECK ONE:     original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME SCHAEFER SAUNDRA

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

OW# \_\_\_\_\_

## INSPECTOR

NAME TRIMBLE DAVID         ID #

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED: 4

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

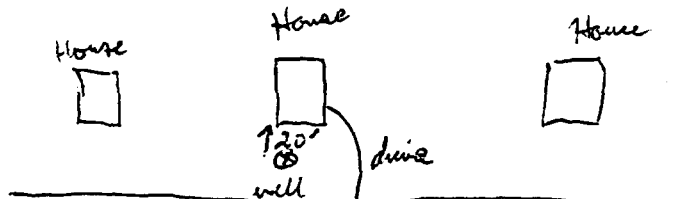
## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?    YES    NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING

OTHER Calvert City Gw Study

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES 1

## SIGNATURE OF PERSON REPORTING SITE

David Trimble

## DATE

7/15/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5022  
 DATE OF INSPECTION 7/21/87

COMPLETE THIS FORM  
 Attach photo copy  
 copy of a 7.5 min  
 marked. Send to:  
 KENTUCKY NATURAL  
 DIVISION OF WATER 1E  
 PHONE 1-(502)-564-34

0000.5022

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Calvert City  
 ELEVATION 335  
 LATITUDE 37° 01' 23"  
 LONGITUDE 88° 21' 02"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Calvert City Municipal Water  
LAST FIRST MI  
 ADDRESS P.O. Box 36  
 CITY Calvert City STATE KY ZIP CODE 42029  
 OWNER'S PHONE ( 502 ) 395-4020

## INSPECTOR

NAME Odell, Phillip       
LAST FIRST MI ID #  
White, Amber  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1954  
 WHO CONSTRUCTED WELL? UAWU  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 110 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET. BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Steel</u>	<u>8"</u>			
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other: \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMENTS  
Well #2  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

\_\_\_\_\_

## NUMBER OF HOUSEHOLDS SERVED:

1000

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER Anthracite coal Filter

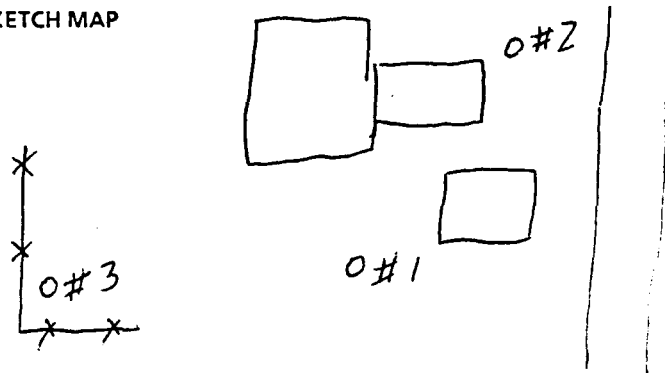
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_  
 \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_  
 \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Phillip W. Odell

DATE

7/21/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5023  
 DATE OF INSPECTION 7/21/87

COMPLETE THIS FORM.  
 Attach photo copies of  
 copy of a 7.5 minute top  
 marked. Send to:  
 KENTUCKY NATURAL RESOL  
 DIVISION OF WATER 18 REILL  
 PHONE 1-(502)-564-3410.

0000-5023

**WELL LOCATION**  
 COUNTY MARSHALL  
 QUADRANGLE MAP LITTLE CYPRESS  
 ELEVATION 372  
 LATITUDE 37° 01' 18"  
 LONGITUDE 88° 23' 27"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

SHADED AREA FOR OFFICIAL USE ONLY

**CHECK ONE:**  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

**OWNER**  
 NAME HALL HARRY T.  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 OWI# \_\_\_\_\_

**WELL CHARACTERISTICS:**  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED \_\_\_\_\_  
 WHO CONSTRUCTED WELL? JERRY JONES  
 ADDRESS \_\_\_\_\_

**INSPECTOR** Odell, Phillip  
 NAME White, Amber   
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

TOTAL DEPTH 156 FT.  
 IS THE CASING ABOVE GROUND  YES. \_\_\_\_\_ IN.  
 NO

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>2</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) _____
	<b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>	

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
<u>PLASTIC</u>	<u>4 IN</u>			
2.				
3.				
4.				

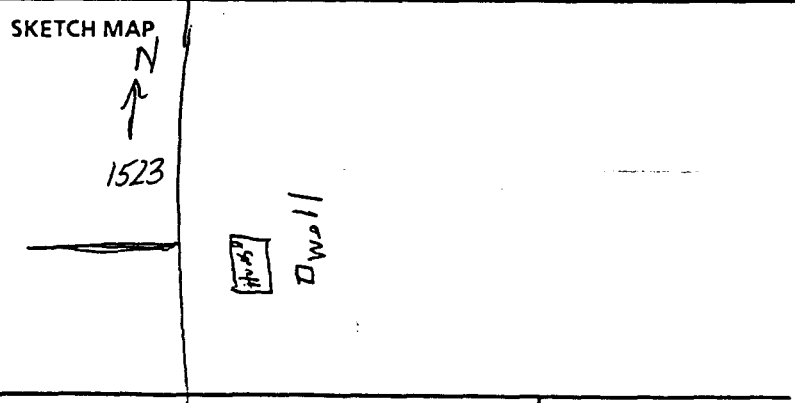
IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no  
 WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER  
 DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.  
 PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown  
 STATIC WATER LEVEL? -35 ft. below surface.  
 can't be measured     not measured

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE  
Phillip T. Odell

DATE  
7/21/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5025  
 DATE OF INSPECTION 7/21/87

COMPLETE THIS FORM  
 Attach photo copy  
 copy of a 7.5 minu  
 marked. Send to:  
 KENTUCKY NATURAL  
 DIVISION OF WATER 1E  
 PHONE 1-(502)-564-34...

0000-5025

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
 COUNTY Marshall  
 QUADRANGLE MAP Calvert City  
 ELEVATION 343  
 LATITUDE 37° 01' 37"  
 LONGITUDE 88° 22' 06"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER  
 NAME Tidwell John  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED UNKNOWN  
 WHO CONSTRUCTED WELL? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

INSPECTOR O'Leary, Phillip       
 NAME White, Amber       
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH ? FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I D) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>concrete</u>	<u>24"</u>	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: \_\_\_\_\_

TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

IS THE ANNULUS SEALED?  Yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  Yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  Jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 35 ft. below surface. Reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE  
Phillip O'Leary

DATE  
7/21/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5026

DATE OF INSPECTION \_\_\_\_\_

COMPLETE THIS FOR  
Attach photo copies  
copy of a 7.5 minute  
marked. Send to:  
KENTUCKY NATURAL RE  
DIVISION OF WATER 18 R  
PHONE 1-(502)-564-341C

0000-5026

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Little Cyprus

ELEVATION 370

LATITUDE 37° 00' 56"

LONGITUDE 85° 26' 31"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO

DATE WELL COMPLETED ~1977

WHO CONSTRUCTED WELL? James Smith

ADDRESS Paducah

TOTAL DEPTH 140 FT.

IS THE CASING ABOVE GROUND     YES, \_\_\_\_\_ IN.  
 NO Constr Pad

unknown

CASING TYPE(S)?	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?    ?     yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):    ?     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump 2  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes ?     no

LEVEL OF PUMP INTAKE: unknown FT.

PUMP TYPE:     jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? unknown ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
No

COMMENTS Well had a Plastic casing over it. Owner did not want it removed - therefore did not inspect well. AKEWA tag on outside of cover.

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CHECK ONE:     original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME English Luther B  
LAST FIRST MI

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_  
OWNE \_\_\_\_\_

INSPECTOR NAME Leo David P          
LAST FIRST MI ID #

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 8  
NUMBER OF HOUSEHOLDS SERVED: 3  
PWSID # \_\_\_\_\_

TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

\_\_\_\_\_

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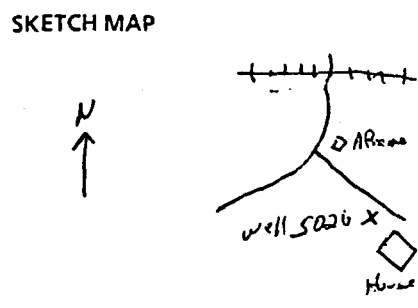
\_\_\_\_\_

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HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE  
[Signature]

DATE 7/2/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5028

DATE OF INSPECTION 7/22/87

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT

Attach photo copies of any Chain of Custody forms and a copy of a 7.5 minute topographic map of the area.

Send to:  
KENTUCKY NATURAL RESOURCES  
DIVISION OF WATER 18 REILLY  
PHONE 1-(502)-564-3410.  
**SHADED**

**0000-5028**

## WELL LOCATION

COUNTY Livingston

QUADRANGLE MAP Little Cypress

ELEVATION 350 345

LATITUDE 37° 02' 52"

LONGITUDE 89° 28' 22"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO

DATE WELL COMPLETED 1968

WHO CONSTRUCTED WELL? 1968

ADDRESS Unknown

TOTAL DEPTH 112 FT.

IS THE CASING ABOVE GROUND?  YES, 6 IN.     NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Steel</u>	<u>26"</u>	<u>0</u>	<u>~82</u>	
2. <u>Steel</u>		<u>~82</u>	<u>112</u>	
3. _____				
4. _____				

IS THE ANNULUS SEALED?  Yes, material used     no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL

OPEN     OTHER

DOES THE WELL HAVE A PUMP?  Yes, age of pump 8     no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no

LEVEL OF PUMP INTAKE: 87 FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V

unknown    3 phase

STATIC WATER LEVEL? -18 ft. below surface,

can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

No

COMMENTS Water is untreated and used as a farm supply

\_\_\_\_\_

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CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME Ledbetter Water District

LAST FIRST MI

ADDRESS Po Box 123

CITY Ledbetter STATE KY ZIP CODE 42058

OWNER'S PHONE (502) 898-3236

## INSPECTOR

NAME Leo David P

LAST FIRST MI ID #

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

Used as farm supply

## NUMBER OF PEOPLE SERVED:

\_\_\_\_\_

## NUMBER OF HOUSEHOLDS SERVED:

0

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

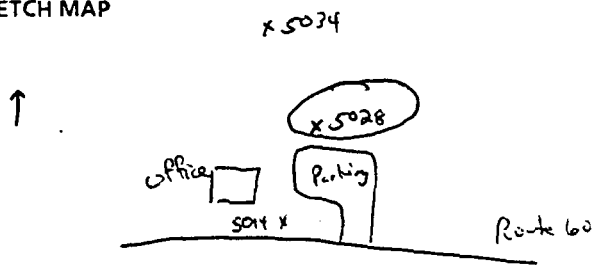
YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

[Signature]

DATE

7/22/87



**KENTUCKY WELL INSPECTION FORM**

AKGWA NUMBER 0000 - 5029  
 DATE OF INSPECTION 7/28/57

COMPLETE THIS FORM A' Attach photo copies of ar copy of a 7.5 minute topc marked. Send to:  
 KENTUCKY NATURAL RESOUR DIVISION OF WATER 18 REILLY PHONE 1-(502)-564-3410.  
**SHADED**

**0000-5029**

**WELL LOCATION**

COUNTY Letcher  
 QUADRANGLE MAP 4th C CALVERT CIT  
 ELEVATION 365  
 LATITUDE 37° 04' 30"  
 LONGITUDE 89° 18' 47"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Gillum Wilburn  
 ADDRESS \_\_\_\_\_  
 CIT \_\_\_\_\_  
 OV \_\_\_\_\_

**WELL CHARACTERISTICS:**

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED ~1960?  
 WHO CONSTRUCTED WELL? Fountain Well Drilling  
 ADDRESS Box 310  
Smithland Ky 40281

INSPECTOR NAME Leo Raymond SUGAR   
 LAST FIRST MI IO #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 165 FT.  
 IS THE CASING ABOVE GROUND  YES, 16 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Steel</u>	<u>6"</u>	<u>0</u>	<u>160</u>	<u>.375</u>
2. <u>Screen</u>	<u>Spreading</u>	<u>160</u>	<u>165?</u>	
3. _____				
4. _____				

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>2</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) _____
	<b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>	

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS open well head

DOES THE WELL HAVE A PUMP?  yes, age of pump 4 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: 145 FT.

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? ~50' ft. below surface, reperked  
 can't be measured  not measured



DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) No

COMMENTS Very Small Screen was covered by house casing into it (well completed in sand) 11? was out of water 2-3 hrs

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE [Signature] DATE 7/28/57

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5031  
 DATE OF INSPECTION 7/22/87

COMPLETE THIS FORM AT  
 Attach photo copies of an  
 copy of a 7.5 minute topog  
 marked. Send to:  
 KENTUCKY NATURAL RESOURC  
 DIVISION OF WATER 18 REILLY R  
 PHONE 1-(502)-564-3410.

0000-5031

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Livingston  
 QUADRANGLE MAP Calvert City  
 ELEVATION 390  
 LATITUDE 37° 03' 04"  
 LONGITUDE 88° 17' 47"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Devine Gerald \_\_\_\_\_  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO  
 DATE WELL COMPLETED ~1978  
 WHO CONSTRUCTED WELL? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

## INSPECTOR

NAME Leo David P \_\_\_\_\_  
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

TOTAL DEPTH 80 reported FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Steel</u>	<u>6</u>	<u>0</u>		
2. <u>Inner Casing</u>	<u>5</u>			
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump 3 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS Iron content high but not a problem. High calcium.  
AKGWA # placed on spigot pipe 2 feet from well

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED: 11

NUMBER OF HOUSEHOLDS SERVED: 3

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

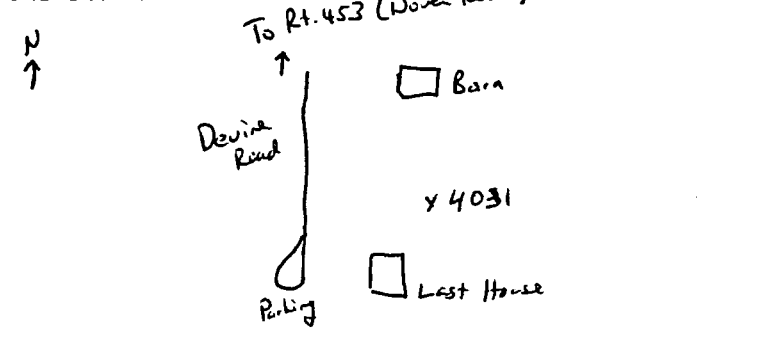
## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES    NO

- REASON FOR INSPECTION (check all that are applicable)
- GENERAL WATER QUALITY ANALYSIS REQUESTED
  - SPECIFIC COMPLAINT INVESTIGATION
  - GENERAL SURVEY
  - AMBIENT GROUNDWATER MONITORING
  - OTHER \_\_\_\_\_

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

## SIGNATURE OF PERSON REPORTING SITE

David Phea

## DATE

7/23/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 9632  
 DATE OF INSPECTION 7/28/87

COMPLETE THIS FORM:  
 Attach photo copies of  
 copy of a 7.5 minute top  
 marked. Send to:  
 KENTUCKY NATURAL RESOL  
 DIVISION OF WATER 18 REILL  
 PHONE 1-(502)-564-3410.

0000-5032

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Livingston  
 QUADRANGLE MAP L.H.C. Cooper  
 ELEVATION 785  
 LATITUDE 37° 04' 50"  
 LONGITUDE 88° 24' 31"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Notes Gary  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CI \_\_\_\_\_  
 O \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO  
 DATE WELL COMPLETED July, 1979  
 WHO CONSTRUCTED WELL? Bill Fender Well Drilling  
 ADDRESS Box 310  
Smithland KY 40281

INSPECTOR Wendy  
 NAME Stevenson Susan       
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

TOTAL DEPTH 115 FT.  
 IS THE CASING ABOVE GROUND  YES, 4 IN.  
 NO

CASING TYPE(S)	CASING (I.D) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>6"</u>	<u>0</u>		
2. _____				
3. _____				
4. _____				

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>4</u>  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) _____ _____ _____
	PWSID # _____	

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump 12 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: 110-115 FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

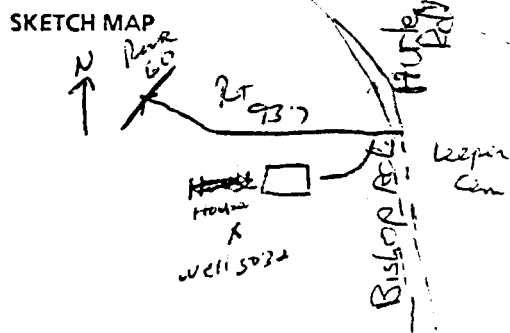
STATIC WATER LEVEL? 100 ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
No

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_  
 \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

COMMENTS Intersected Sandstone limestone  
High Iron, H2S



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE [Signature]    DATE 7/28/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5034

DATE OF INSPECTION 7/22/87

COMPLETE THIS FORM /  
Attach photo copies of:  
copy of a 7.5 minute top  
marked. Send to:  
KENTUCKY NATURAL RESOU  
DIVISION OF WATER 18 REILL  
PHONE 1-(502)-564-3410.

0000.5034

**WELL LOCATION**  
 COUNTY Livingston  
 QUADRANGLE MAP Little Cyprus  
 ELEVATION 340.345  
 LATITUDE 37° 02' 55"  
 LONGITUDE 88° 28' 24"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

**CHECK ONE:**     original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

**OWNER**  
 NAME Leibetta Water District  
LAST                      FIRST                      MI  
 ADDRESS PO Box 123  
 CITY Leibetta    STATE KY    ZIP CODE 42058  
 OWNER'S PHONE (502) 898-3236

**INSPECTOR**  
 NAME Leo David P          
LAST                      FIRST                      MI                      ID #  
 AGENCY     CHR     DOW     OTHER \_\_\_\_\_

**WELL CHARACTERISTICS:**  
 IS THIS A DUG WELL?     YES     NO  
 DATE WELL COMPLETED 1978  
 WHO CONSTRUCTED WELL? B. H. Fordan Drilling  
 ADDRESS PO Box 398  
Sm. Island, KY 42051

<b>WELL USE:</b> <input type="checkbox"/> DOMESTIC <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____  <u>Backup</u>	<b>NUMBER OF PEOPLE SERVED:</b> _____  <b>NUMBER OF HOUSEHOLDS SERVED:</b> _____  PWSID # <u>0700243</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input checked="" type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER <u>Soda Ash, Mn., Fluoride</u> WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe) _____ _____ _____
	all known	

TOTAL DEPTH 108' Reported FT.  
 IS THE CASING ABOVE GROUND     YES    14 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>12"</u>	<u>0</u>	<u>78</u>	<u>Unknown</u>
2. <u>Screen</u>	<u>12"</u>	<u>78</u>	<u>108</u>	_____
3. <u>Corr</u>	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?     yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?     yes, age of pump 12 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no  
 LEVEL OF PUMP INTAKE: -86 FT.

PUMP TYPE:     jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V  
 unknown    5 hose

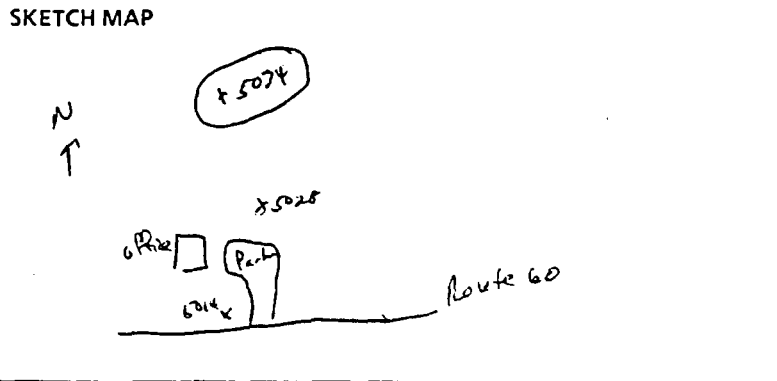
STATIC WATER LEVEL? ~18 ft. below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
Yes - Drillers Contract

COMMENTS Well is used as a backup to the dome municipal well  
~~\_\_\_\_\_~~  
 \_\_\_\_\_  
 \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_  
 \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?     YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE [Signature]    DATE 7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5035  
 DATE OF INSPECTION 7/22/87

COMPLETE THIS FORM AT  
 Attach photo copies of an  
 copy of a 7.5 minute topo-  
 marked. Send to:  
 KENTUCKY NATURAL RESOURC  
 DIVISION OF WATER 18 REILLY R  
 PHONE 1-(502)-564-3410.

0000-5035

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY ~~Madison~~ McCracken  
 QUADRANGLE MAP Paducah East  
 ELEVATION 380  
 LATITUDE 37° 01' 03"  
 LONGITUDE 88° 31' 47"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Reidland Water - Sewer District  
LAST FIRST MI  
 ADDRESS 5514 Reidland Rd.  
 CITY Paducah STATE KY ZIP CODE 42003  
 OWNER'S PHONE (502) 898-2443

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO 5/20/77  
 DATE WELL COMPLETED Aylor Aquatics Services  
 WHO CONSTRUCTED WELL? Aylor Aquatics Services  
 ADDRESS \_\_\_\_\_

INSPECTOR O'Dell, Phil  
 NAME Hoffman, Glenn       
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 305 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>0512-1</u>	<u>10"</u>			
2. _____				
3. _____				
4. _____				

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_  
 NUMBER OF HOUSEHOLDS SERVED: 2172

TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

PWSID # \_\_\_\_\_

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

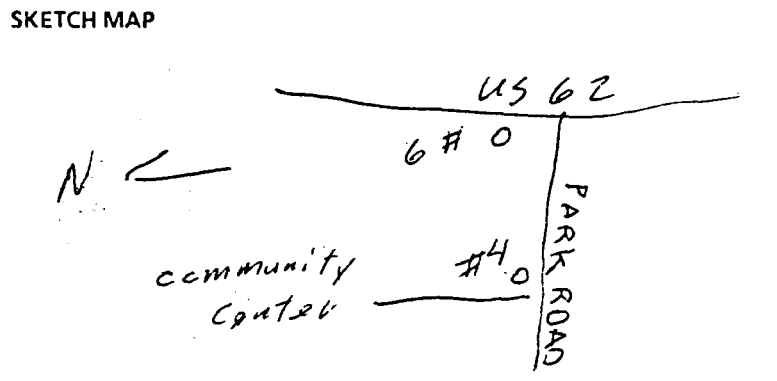
STATIC WATER LEVEL? 85 ft. below surface. Reported  
 can't be measured  not measured

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
H230 log

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

COMMENTS TD - 305' on bedrock



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE Phil O'Dell  
 DATE 7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5036  
 DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM.  
 Attach photo copies of  
 copy of a 7.5 minute topographic  
 marked. Send to:  
 KENTUCKY NATURAL RESOURCES  
 DIVISION OF WATER 18 REILLY  
 PHONE 1-(502)-564-3410.

**0000.5036**

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Martin  
 QUADRANGLE MAP Briansburg  
 ELEVATION 468  
 LATITUDE 36° 54' 23"  
 LONGITUDE 88° 21' 37"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 72 or before  
 WHO CONSTRUCTED WELL? Stark Brothers  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH About 100 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1.				
2.	<u>Below surface</u>		<u>in well</u>	
3.	<u>House</u>			
4.				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

NO

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

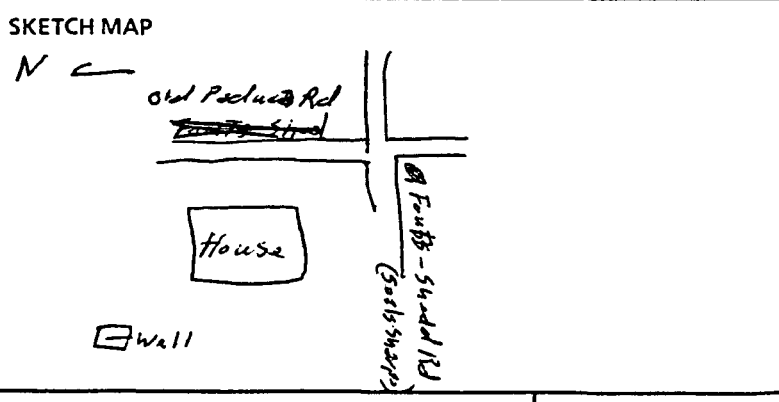
OWNER NAME Ford Kate  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 OWNER

INSPECTOR O'dell Phil  
 NAME Silverman Steve  
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>4</u>  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>2</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ <small>WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)</small>
	PWSID # _____	

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_  
 \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE Phil O'dell  
 DATE 7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5037  
 DATE OF INSPECTION 7/22/87

COMPLETE THIS FORM A  
 Attach photo copies of a  
 copy of a 7.5 minute top  
 marked. Send to:  
 KENTUCKY NATURAL RESOU  
 DIVISION OF WATER 18 REILL'  
 PHONE 1-(502)-564-3410.

0000-5037

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Madison McCracken  
 QUADRANGLE MAP Paducah East  
 ELEVATION 365  
 LATITUDE 37° 01' 05"  
 LONGITUDE 88° 31' 37"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1984  
 WHO CONSTRUCTED WELL? Aylor Aqua service  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH \_\_\_\_\_ FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>5" gal</u>	<u>8"</u>	<u>0</u>	<u>227</u>	<u>screen</u>
2. <u>5.5" gal</u>	<u>8"</u>	<u>227</u>	<u>247</u>	<u>screen</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 100 ft. below surface, Reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS 0-55 sand gravel + clay  
55-226 pebbles + clay  
226-270 sand  
TD 270 bedrock

Well #6

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Reidland water - sewer District  
LAST FIRST MI  
 ADDRESS 5514 Reidland Road  
 CITY Paducah STATE KY ZIP CODE 42003  
 OWNER'S PHONE (502) 898-2443

## INSPECTOR

NAME O'Dell, Phillip       
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 2174

TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

PWSID # \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

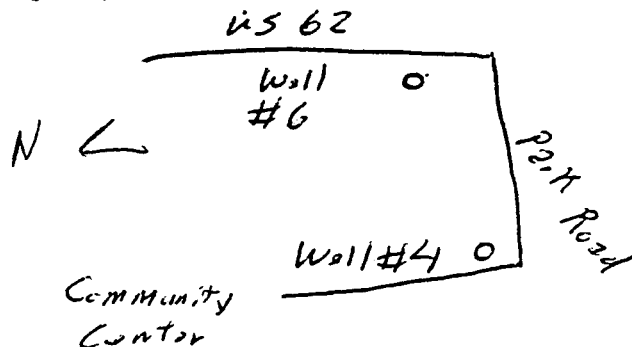
YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Phillip O'Dell

DATE

7/22/87

**KENTUCKY WELL INSPECTION FORM**

AKGWA NUMBER 0000 - 5038

DATE OF INSPECTION 7/22/87

COMPLETE THIS FORM,  
Attach photo copies of:  
copy of a 7.5 minute top  
marked. Send to:  
KENTUCKY NATURAL RESOL  
DIVISION OF WATER 18 REILL  
PHONE 1-(502)-564-3410.

0000-5038

SHADED AREA FOR OFFICIAL USE ONLY

**WELL LOCATION**

COUNTY McCracken

QUADRANGLE MAP Paducah East

ELEVATION 340

LATITUDE 37° 00' 41"

LONGITUDE 88° 31' 15"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

**PHYSIOGRAPHIC OR HYDROLOGIC REGION**

- BLUE GRASS
- OHIO RIVER ALLUVIUM
- E. COAL FIELD
- W. COAL FIELD
- MISS. PLATEAU
- JACKSON PURCHASE

**WELL CHARACTERISTICS:**

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 8/11/83

WHO CONSTRUCTED WELL? Aylex Aqua Services

ADDRESS \_\_\_\_\_

TOTAL DEPTH 228 FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING(I.D) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>5.5P-21</u>	<u>10"</u>	<u>0</u>	<u>208</u>	
2. <u>5.5P-21</u>	<u>10"</u>	<u>208</u>	<u>228</u>	
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
20  unknown

STATIC WATER LEVEL? 8 ft. below surface, Reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

H2S log

COMMENTS TD at Paducah  
at 228

W

5

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME Raidland Water-Sewer District

ADDRESS 5514 Raidland Rd

CITY Paducah STATE Ky ZIP CODE 42003

OWNER'S PHONE ( 502 ) 898-2443

INSPECTOR O'Dell, Phil  
NAME Hoffman, Glenn ID # \_\_\_\_\_

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

**WELL USE:**

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 2/74

PWSID # \_\_\_\_\_

**TYPE OF TREATMENT SYSTEM:**

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

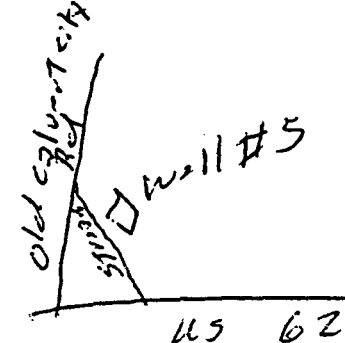
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

**SKETCH MAP**



SIGNATURE OF PERSON REPORTING SITE  
Phil O'Dell

DATE 7/22/87



**KENTUCKY WELL INSPECTION FORM**

AKGWA NUMBER 0000 - 5039  
 DATE OF INSPECTION 7/14/87

COMPLETE THIS FOR  
 Attach photo copies  
 copy of a 7.5 minute  
 marked. Send to:  
 KENTUCKY NATURAL RESOURCES  
 DIVISION OF WATER 18 RE  
 PHONE 1-(502)-564-3410.

0000-5039

SHADED AREA FOR OFFICIAL USE ONLY

**WELL LOCATION**

COUNTY Mars Hill  
 QUADRANGLE MAP Briarsburg  
 ELEVATION 395  
 LATITUDE 36° 55' 20"  
 LONGITUDE 88° 21' 30"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

**PHYSIOGRAPHIC OR HYDROLOGIC REGION**

- BLUE GRASS
- OHIO RIVER ALLUVIUM
- E. COAL FIELD
- W. COAL FIELD
- MISS. PLATEAU
- JACKSON PURCHASE

**WELL CHARACTERISTICS:**

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED before 1947  
 WHO CONSTRUCTED WELL? unknown  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 20 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING(I D) DIAMETER (IN)	FEET BELOW SURFACE FROM	CASING WALL THICKNESS TO
1. <u>Concrete tile 24"</u>			
2. _____			
3. _____			
4. _____			

IS THE ANNULUS SEALED?  yes, material used ?  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other Suction

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 8' ft. below surface,  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS \_\_\_\_\_

COMMENTS \_\_\_\_\_

COMMENTS \_\_\_\_\_

COMMENTS \_\_\_\_\_

COMMENTS \_\_\_\_\_

COMMENTS \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME FOUST P.A.  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 OWNER'

INSPECTOR Silverman, Sue  
 NAME Odell, Phil  
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

**WELL USE:**

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

**NUMBER OF PEOPLE SERVED:** 2

**NUMBER OF HOUSEHOLDS SERVED:** \_\_\_\_\_

PWSID # \_\_\_\_\_

**TYPE OF TREATMENT SYSTEM:**

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

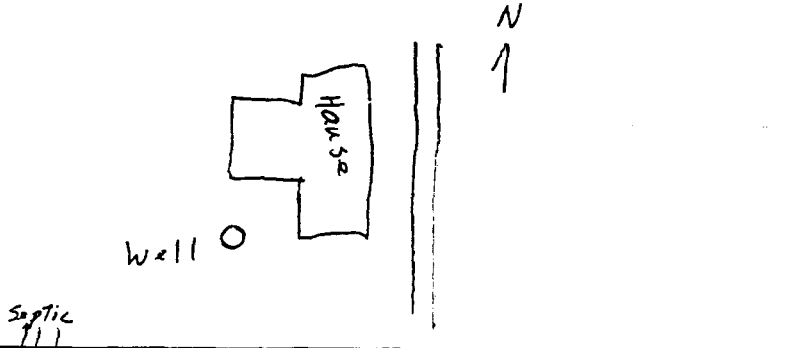
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)  
Some Iron

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

**SKETCH MAP**



SIGNATURE OF PERSON REPORTING SITE  
Philipp R. Odell

DATE  
7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5040  
 DATE OF INSPECTION 7/22/87

## WELL LOCATION

COUNTY McCracken  
 QUADRANGLE MAP Paducah East  
 ELEVATION 345  
 LATITUDE 37° 00' - 36"  
 LONGITUDE 88° 31' - 20"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

COMPLETE THIS FORM  
 Attach photo copies of  
 copy of a 7.5 minute 1  
 marked. Send to:  
 KENTUCKY NATURAL RES  
 DIVISION OF WATER 18 RE  
 PHONE 1-(502)-564-3410.

0000-5040

SHADED AREA FOR OFFICIAL USE ONLY

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Raidland Water-Sewer District  
LAST FIRST MI  
 ADDRESS 5514 Raidland Rd  
 CITY Paducah STATE KY ZIP CODE 42003  
 OWNER'S PHONE ( 502 ) 898

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 7/25/86  
 WHO CONSTRUCTED WELL? Pat H. - J. H. H. H.  
 ADDRESS \_\_\_\_\_

INSPECTOR O'Dell, Phillip  
 NAME Hoffman, Glenn ID #   
LAST FIRST MI  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 314 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

### WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 2174

TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>SP-01</u>	<u>10"</u>	<u>0</u>	<u>178</u>	
2. <u>SP-01</u>	<u>5"</u>	<u>178</u>	<u>213</u>	<u>SCREEN</u>
3.				
4.				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 75 ft. below surface, Probed  
 can't be measured  not measured

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
1475 log

## SKETCH MAP

*(Hand-drawn sketch map showing well location with handwritten notes)*

COMMENTS TD 314 at Paducah  
11/2/87

Old Benton Rd / 1234

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

*(Handwritten signature)*

DATE

7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5041

DATE OF INSPECTION 7/22/87

## COMPLETE THIS FORM

Attach photo copies of copy of a 7.5 minute 1 marked. Send to:  
KENTUCKY NATURAL RES  
DIVISION OF WATER 18 RE  
PHONE 1-(502)-564-3410.

0000.5041

SHADED AREA FOR OFFICIAL USE ONLY

### WELL LOCATION

COUNTY McCracken

QUADRANGLE MAP Paducah East

ELEVATION 398

LATITUDE 37°00'58"

LONGITUDE 88°31'53"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

### WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO

DATE WELL COMPLETED 4/2/73

WHO CONSTRUCTED WELL? Johnson

ADDRESS Newbern Pk

TOTAL DEPTH 323 FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>12"</u>	<u>0-</u>	<u>296</u>	<u>3/8"</u>
2. _____	<u>30"</u>	<u>296</u>	<u>323</u>	<u>under Rebar</u>
3. <u>Steel</u>	<u>8"</u>	_____	_____	<u>Screen</u>
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 85 ft. below surface, Reported  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS Td on back of

at 323 ft

W2  
#3

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

### OWNER

NAME Reidland Water - Sewer District

ADDRESS 5514 Reidland Rd

CITY Paducah STATE KY ZIP CODE 42003

OWNER'S PHONE (\_\_\_\_) \_\_\_\_\_

### INSPECTOR Odell, Phil

NAME Hoffman, Glenn ID # \_\_\_\_\_

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

### WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 2172

PWSID # \_\_\_\_\_

### TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

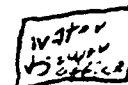
YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

### SKETCH MAP



well #3

Reidland Rd

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Philip W. Odell

DATE

7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5042  
 DATE OF INSPECTION 7/14/87

COMPLETE THIS FOR  
 Attach photo copies  
 copy of a 7.5 minute  
 marked. Send to:  
 KENTUCKY NATURAL RE:  
 DIVISION OF WATER 18 RI  
 PHONE 1-(502)-564-3410.

0000-5042

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
 COUNTY Marshall  
 QUADRANGLE MAP Briensburg  
 ELEVATION 467  
 LATITUDE 36° 58' 06"  
 LONGITUDE 88° 21' 35"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER  
 NAME Kettula Reno  
EAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES  NO at least 5 years  
 DATE WELL COMPLETED NO  
 WHO CONSTRUCTED WELL? NO (unknown)  
 ADDRESS \_\_\_\_\_

INSPECTOR  
 NAME Sullivan O'dell Susan Phil  
LAST FIRST MI ID #       
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH NO (unknown) FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>plastic</u>	<u>4"</u>	<u>?</u>		
2. <u>plastic</u>				
3. _____				
4. _____				

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2  
 NUMBER OF HOUSEHOLDS SERVED: 1  
 PWSID # \_\_\_\_\_

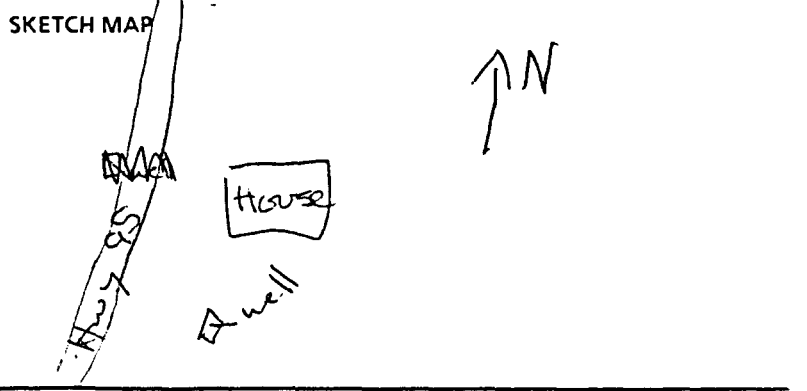
TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER water s.l.c.k.  
 WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)  
see item

IS THE ANNULUS SEALED?  yes, material used  
 no  
 WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_  
 DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no  
 DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.  
 PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown  
 STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) NO



COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE Phillip W. O'dell DATE 7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5043  
DATE OF INSPECTION 7/22/87

COMPLETE THIS FORM  
Attach photo copy  
copy of a 7.5 minute  
marked. Send to:  
KENTUCKY NATURAL  
DIVISION OF WATER 18  
PHONE 1-(502)-564-341

**0000-5043**

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Madison McCracken  
QUADRANGLE MAP Paducah East  
ELEVATION 390  
LATITUDE 37° 01' 00"  
LONGITUDE 88° 31' 44"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS
- OHIO RIVER ALLUVIUM
- E. COAL FIELD
- W. COAL FIELD
- MISS. PLATEAU
- JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED Oct 24, 196  
WHO CONSTRUCTED WELL? ELROD Drilling  
ADDRESS \_\_\_\_\_

TOTAL DEPTH 535 now 400 FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>5T201</u>	<u>8"</u>	<u>0</u>	<u>313</u>	
2.				
3.				
4.				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 81 ft. below surface. Reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS  
0-37 sand gravel & clay  
37-75 pebbles & gravel  
75-104 clay & sand  
104-200 R. pipe  
200-313 sand & clay  
313-318 sp. Gon  
TD - 535

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER  
NAME Obell, Phillip Reidland Water - Hoffman, Glenn Sewer District  
LAST FIRST MI  
ADDRESS 5514 Reidland Rd  
CITY Paducah STATE Ky ZIP CODE 42003  
OWNER'S PHONE ( 502 ) 898-2443

INSPECTOR Obell, Phillip  
NAME Hoffman, Glenn ID #   
LAST FIRST MI  
AGENCY  CHR  DOW  OTHER

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 2172

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

PWSID # \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



Reidland Rd

SIGNATURE OF PERSON REPORTING SITE Phillip P. Obell DATE 7/22/87

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

**KENTUCKY WELL INSPECTION FORM**

AKGWA NUMBER 0000 -- 5044  
DATE OF INSPECTION 7/22/87

COMPLETE THIS FORM  
Attach photo copies of  
copy of a 7.5 minute to  
marked. Send to:  
KENTUCKY NATURAL RESOUR  
DIVISION OF WATER 18 REILL  
PHONE 1-(502)-564-3410.

**0000-5044**

**SHADED AREA FOR OFFICIAL USE ONLY**

**WELL LOCATION**

COUNTY McCracken  
QUADRANGLE MAP E1VA  
ELEVATION 415  
LATITUDE 36° 59' 14"  
LONGITUDE 88° 29' 08"  
UTM GRID ZONE 18RUC  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_

**PHYSIOGRAPHIC OR HYDROLOGIC REGION**

- BLUE GRASS  OHIO RIVER ALLUVIUM
- E. COAL FIELD  W. COAL FIELD
- MISS. PLATEAU  JACKSON PURCHASE

**WELL CHARACTERISTICS:**

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED 1977  
WHO CONSTRUCTED WELL? Green  
ADDRESS \_\_\_\_\_

TOTAL DEPTH 110 FT.  
IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Plastic</u>	<u>4"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME Alexander, Clifford

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSPECTOR NAME O'Dell, Phillip       
Huffman, Glenn       
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

**WELL USE:**

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: \_\_\_\_\_

**TYPE OF TREATMENT SYSTEM:**

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

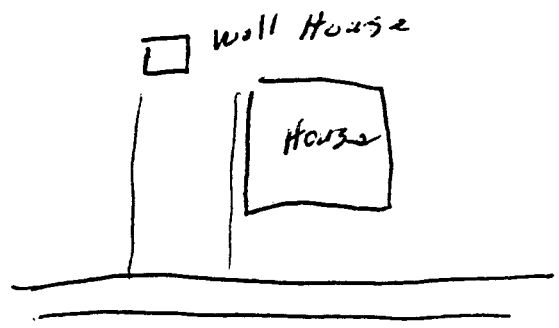
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_  
\_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

**SKETCH MAP**



SIGNATURE OF PERSON REPORTING SITE  
Phillip W. O'Dell

DATE  
7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5045  
 DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM  
 Attach photo copie  
 copy of a 7.5 minut  
 marked. Send to:  
 KENTUCKY NATURAL F  
 DIVISION OF WATER 18  
 PHONE 1-(502)-564-34

0000-5045

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
 COUNTY Marshall  
 QUADRANGLE MAP Briensburg  
 ELEVATION 385  
 LATITUDE 36° 58' 47"  
 LONGITUDE 88° 20' 42"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Kilby Dan

ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 15 years  
 WHO CONSTRUCTED WELL? Jerry Jones  
 ADDRESS \_\_\_\_\_

INSPECTOR NAME Sylvester Phil       
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 265 FT. FT.  
 IS THE CASING ABOVE GROUND  YES, 10 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
<u>plastic</u>	<u>4"</u>			

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
NO

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 4

NUMBER OF HOUSEHOLDS SERVED: 2

### TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) NO

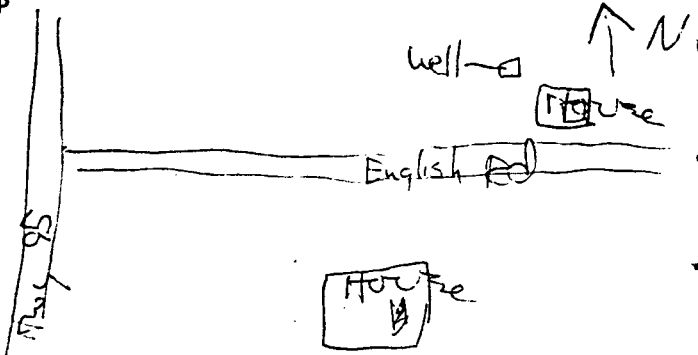
PWSID # \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

### SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Philip W. Odell

DATE

7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5046  
DATE OF INSPECTION 7/22/87

COMPLETE THIS FOR  
Attach photo copies  
copy of a 7.5 minute  
marked. Send to:  
KENTUCKY NATURAL RE  
DIVISION OF WATER 18 R  
PHONE 1-(502)-564-3410

0000-5046

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
QUADRANGLE MAP ELVA  
ELEVATION 393  
LATITUDE 36° 58' 36"  
LONGITUDE 88° 27' 12"  
UTM GRID ZONE ~~18S~~  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_  
PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME Davis Sr., William A.  
LAST FIRST MI

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_  
OWN \_\_\_\_\_

## INSPECTOR

NAME O'dell, Phillip       
Holtzman, Glenn ID # \_\_\_\_\_  
LAST FIRST MI

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED 1965  
WHO CONSTRUCTED WELL? \_\_\_\_\_  
ADDRESS \_\_\_\_\_

TOTAL DEPTH 36 40 FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Concrete</u>	<u>24"</u>	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 32 ft. below surface. Reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 4

NUMBER OF HOUSEHOLDS SERVED: 2

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

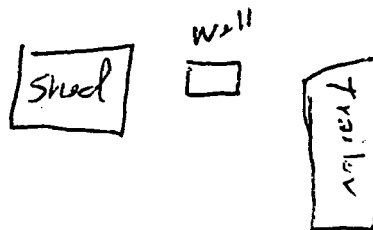
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_  
\_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_  
\_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phillip M. O'dell

DATE

7/22/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5047  
 DATE OF INSPECTION 7/22/87

COMPLETE THIS FORM AT:  
 Attach photo copies of any  
 copy of a 7.5 minute topog  
 marked. Send to:  
 KENTUCKY NATURAL RESOURCE  
 DIVISION OF WATER 18 REILLY RD  
 PHONE 1-(502)-564-3410  
**SHADED A**

**0000-5047**

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP EIVA  
 ELEVATION 432  
 LATITUDE 36° 58' 43"  
 LONGITUDE 88° 25' 18"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME Phelps O.L.  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 OWNER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1969  
 WHO CONSTRUCTED WELL? Brooks  
 ADDRESS \_\_\_\_\_

INSPECTOR O'dell, Phillip  
 NAME Huffman, Glenn       
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 138 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>plastic</u>	<u>4"</u>			
2. _____				
3. _____				
4. _____				

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

2

## NUMBER OF HOUSEHOLDS SERVED:

1

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)  
 \_\_\_\_\_  
 \_\_\_\_\_

IS THE ANNULUS SEALED?  yes, material used  
Stumped  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 48 ft. below surface, Reposted  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
 \_\_\_\_\_  
 \_\_\_\_\_

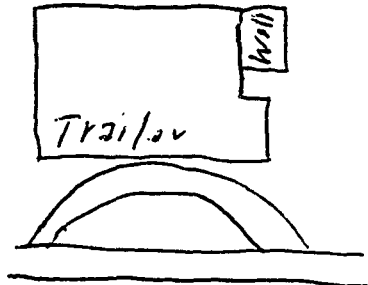
IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_  
 \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Phillip W. O'dell

DATE

7/22/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5048  
 DATE OF INSPECTION 7/14/87

COMPLETE THIS FORM  
 Attach photo copie  
 copy of a 7.5 minut  
 marked. Send to:  
 KENTUCKY NATURAL R  
 DIVISION OF WATER 18  
 PHONE 1-(502)-564-3411

0000-5048

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Brownburg  
 ELEVATION 392  
 LATITUDE 36° 57' 45"  
 LONGITUDE 88° 21' 21"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO over 15 yrs  
 DATE WELL COMPLETED unknown  
 WHO CONSTRUCTED WELL? Jerry Jones  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 220 ft. FT.

IS THE CASING ABOVE GROUND  YES, 6 IN.     NO

CASING TYPE(S)	CASING (I D) DIAMETER (IN)	FEET. BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>plastic</u>	<u>4"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used     no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) yes

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME King Herman

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_  
 OWNER

INSPECTOR Silverman Susan          
 NAME O'dell Phil    ID # \_\_\_\_\_  
LAST FIRST MI

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

2

## NUMBER OF HOUSEHOLDS SERVED:

1

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

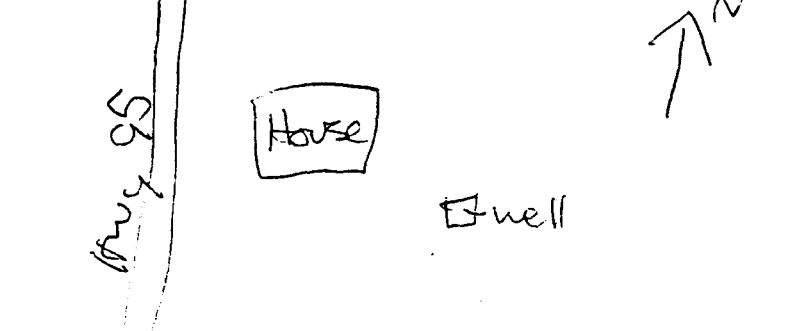
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) no

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phil O'dell

DATE

7/14/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5049  
 DATE OF INSPECTION 7/28/27

COMPLETE THIS FORM  
 Attach photo copie  
 copy of a 7.5 minut  
 marked. Send to:  
 KENTUCKY NATURAL R  
 DIVISION OF WATER 18  
 PHONE 1-(502)-564-341

0000-5049

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Livingston  
 QUADRANGLE MAP Calwest City  
 ELEVATION 385  
 LATITUDE 37° 02' 37"  
 LONGITUDE 88° 16' 46"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Jones Forrest  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1956  
 WHO CONSTRUCTED WELL? Unknown  
 ADDRESS \_\_\_\_\_

INSPECTOR NAME Silverman Dave Susan  
 LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 184 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>brick</u>	<u>6"</u>			<u>3/4"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_  
 NUMBER OF PEOPLE SERVED: 7  
 NUMBER OF HOUSEHOLDS SERVED: 1  
 TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
 WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE ANNULUS SEALED?  yes, material used brick fill  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_  
no tight seal around casing

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS Sanitary seal not tight.

DOES THE WELL HAVE A PUMP?  yes, age of pump 6 yrs  
 no

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

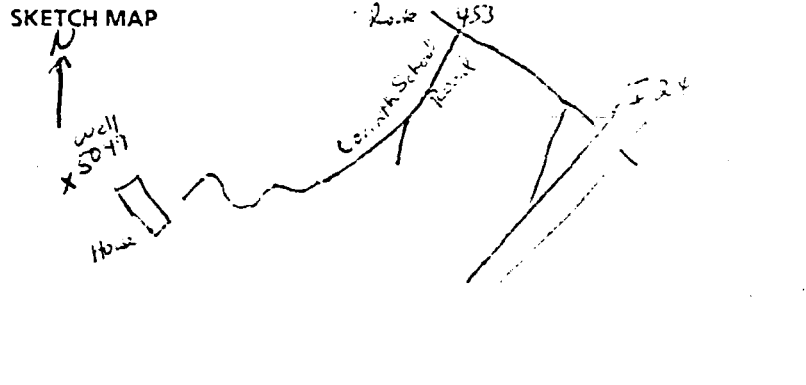
LEVEL OF PUMP INTAKE: 200 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 40 ft. below surface,  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) no



COMMENTS Drilled - hit water at 119' - but kept drilling - about 34' rock at base.

34 feet of rock hit casing with water in it.  
have old iron pipes - sometimes have water since installed submersible pump

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE [Signature] DATE 7/28/27

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 00002 -- 5050

DATE OF INSPECTION 7/28/87

COMPLETE THIS FORM  
Attach photo copies,  
copy of a 7.5 minute  
marked. Send to:  
KENTUCKY NATURAL RES  
DIVISION OF WATER 18 RE  
PHONE 1-(502)-564-3410.  
**SHAL**

**0000-5050**

## WELL LOCATION

COUNTY Marshall  
QUADRANGLE MAP Little Cypress  
ELEVATION 345  
LATITUDE 37° 02' 58"  
LONGITUDE 88° 24' 14"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_  
PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME LWD Land Company  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
OWN \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED unknown  
WHO CONSTRUCTED WELL? unknown  
ADDRESS \_\_\_\_\_

INSPECTOR Travis David C  
NAME Leo David P  
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH ~90 ft FT.  
IS THE CASING ABOVE GROUND  YES, 1 IN.  
 NO

CASING TYPE(S)	CASING(I.D) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4"</u>	<u>0</u>		<u>325"</u>
2. _____				
3. _____				
4. _____				

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

3

## NUMBER OF HOUSEHOLDS SERVED:

1

## TYPE OF TREATMENT SYSTEM:

- NONE
  - WATER SOFTENER
  - UV
  - CHLORINATION
  - AERATION
  - CHARCOAL FILTER
  - SAND FILTER
  - IRON INHIBITOR
  - OTHER Sediment Filter
- WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)  
Iron

IS THE ANNULUS SEALED?  yes, material used concrete  
 no floor in building

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: ~90 FT. ~90 ft repaired

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) No

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

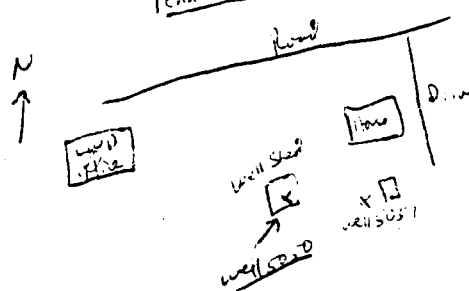
YES  NO IF NO, DESCRIBE VIOLATIONS Open Top, less than 4" screen.

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES NO

- REASON FOR INSPECTION (check all that are applicable)
- GENERAL WATER QUALITY ANALYSIS REQUESTED w/ 11 ad taken
  - SPECIFIC COMPLAINT INVESTIGATION
  - GENERAL SURVEY
  - AMBIENT GROUNDWATER MONITORING
  - OTHER \_\_\_\_\_

COMMENTS well supplies water to  
house, but is not connected  
to is connected to household  
water supply - HOUSING  
TO CALVERT CITY WATER -  
NEXT TWO WEEKS  
WILL BE USED FOR WATERING  
GRASS, ETC.

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

David P

DATE

7/28/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5051  
 DATE OF INSPECTION 7/28/87

COMPLETE THIS FC  
 Attach photo copie  
 copy of a 7.5 minut  
 marked. Send to:  
 KENTUCKY NATURAL F  
 DIVISION OF WATER 18  
 PHONE 1-(502)-564-34

0000.5051

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Little Cypress  
 ELEVATION 345  
 LATITUDE 37° 02' 57"  
 LONGITUDE 88° 24' 13"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME LWD Land Company  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CI \_\_\_\_\_  
 O \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED unknown  
 WHO CONSTRUCTED WELL? unknown  
 ADDRESS \_\_\_\_\_

INSPECTOR Triable David  
 NAME leo David C P  
LAST FIRST MI ID #       
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH unknown FT.  
 IS THE CASING ABOVE GROUND  YES, 4 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4"</u>	<u>0</u>		<u>.188</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 0

NUMBER OF HOUSEHOLDS SERVED: 0

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE ANNULUS SEALED?  Yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER Cover

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

STATIC WATER LEVEL? 33 3/4 ft. below surface, measured  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) No

## COMMENTS

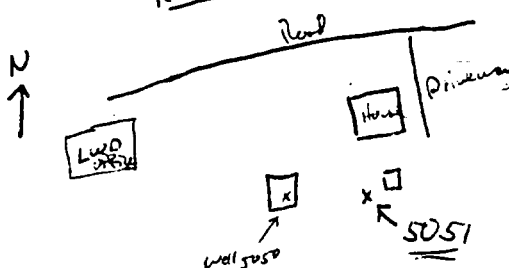
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS open well, not properly abandoned

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

- REASON FOR INSPECTION (check all that are applicable)
- GENERAL WATER QUALITY ANALYSIS REQUESTED
  - SPECIFIC COMPLAINT INVESTIGATION
  - GENERAL SURVEY
  - AMBIENT GROUNDWATER MONITORING
  - OTHER \_\_\_\_\_

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

[Signature]

DATE

7/28/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5052  
 DATE OF INSPECTION 7/28/87

COMPLETE THIS FORM AT  
 Attach photo copies of a  
 copy of a 7.5 minute topc  
 marked. Send to:

0000-5052

KENTUCKY NATURAL RESOUR  
 DIVISION OF WATER 18 REILLY ROAD, FRANKFORT, KY  
 PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY MARSHALL  
 QUADRANGLE MAP CALVERT CITY  
 ELEVATION 335'  
 LATITUDE 37° 02' 20"  
 LONGITUDE 88° 21' 12"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME STOKES Elmer  
LAST FIRST MI

ADDRESS \_\_\_\_\_

## INSPECTOR

NAME TRIMBLE DAVID       
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED AT LEAST 50 yrs ago.  
 WHO CONSTRUCTED WELL? Elmer Stokes  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 32' FT.  
 IS THE CASING ABOVE GROUND  YES, 30 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. CONCRETE	24	0	32	2"
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used clay  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER concrete cap

DOES THE WELL HAVE A PUMP?  yes, age of pump 2 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: 28 FT

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 20 ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) no

COMMENTS Pumps not working now, would fix it later

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER water garden + stock

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: N/A

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER

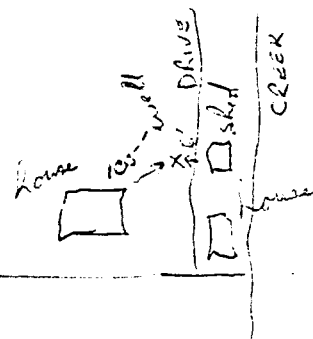
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

David C Trimble

DATE

7/28/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000-5053  
 DATE OF INSPECTION 7/28/87

COMPLETE THIS FORM  
 Attach photo copies of  
 copy of a 7.5 minute to  
 marked. Send to:  
 KENTUCKY NATURAL RESO'  
 DIVISION OF WATER 18 REIL  
 PHONE 1-(502)-564-3410.

0000-5053

SHADED AREA FOR OFFICIAL USE ONLY

**WELL LOCATION**  
 COUNTY McCracken  
 QUADRANGLE MAP SYM SWIA  
 ELEVATION 370'  
 LATITUDE 36° 59' 23"  
 LONGITUDE 89° 31' 39"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

**OWNER**  
 NAME EVANS WALDO  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_

**WELL CHARACTERISTICS:**  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1968  
 WHO CONSTRUCTED WELL? UNKNOWN  
 ADDRESS \_\_\_\_\_

**INSPECTOR**  
 NAME TRIMBLE DAVID   
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 100' ~ 140' FT.  
 IS THE CASING ABOVE GROUND  YES, 6 IN.  
 NO

**WELL USE:**  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

**NUMBER OF PEOPLE SERVED:** 2  
**NUMBER OF HOUSEHOLDS SERVED:** 1

**TYPE OF TREATMENT SYSTEM:**  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
 WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

CASING TYPE(S)	CASING (I.D) DIAMETER (IN)	FEET. BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>PVC</u>	<u>4"</u>			
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used slay  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump 19 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

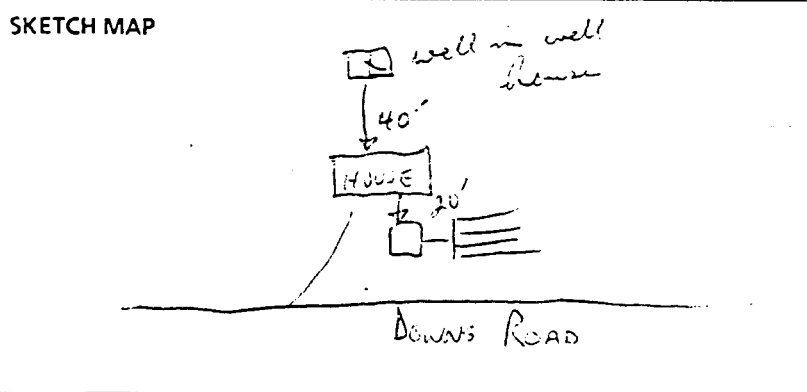
STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) N/A



COMMENTS Brooks Case installed pump

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE David C. Trimble DATE 7/29/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5054  
 DATE OF INSPECTION 7-15-87

COMPLETE THIS FORM  
 Attach photo copies of  
 copy of a 7.5 minute 1  
 marked. Send to:  
 KENTUCKY NATURAL RES  
 DIVISION OF WATER 18 RE  
 PHONE 1-(502)-564-3410.

0000.5054

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY MARSHALL LITTLE CYPRESS  
 QUADRANGLE MAP CALVERT CITY  
 ELEVATION 345'  
 LATITUDE 37° 00' 51"  
 LONGITUDE 88° 28' 15"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 15 years  
 WHO CONSTRUCTED WELL? JERRY JONES  
 ADDRESS \_\_\_\_\_

PADUCAH KY  
 TOTAL DEPTH 100 FT.  
 IS THE CASING ABOVE GROUND  YES, 6 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4"</u>	<u>0</u>	<u>100'</u>	
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  Yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  Yes, age of pump 15 yrs.  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE 50 FT. 45'

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
not sure

COMMENTS sement slab around well; old well next to house - concrete culvert with concrete top - not used

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES 1

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME RUDOLPH THOMAS + ROBERTA  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
 C. \_\_\_\_\_  
 O. \_\_\_\_\_

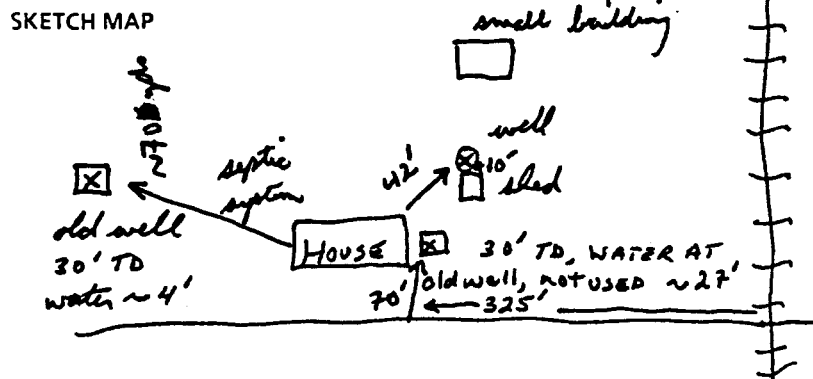
INSPECTOR NAME TRIMBLE DAVID       
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>5</u>  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>2</u>  PWSID # _____	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) _____
--	---	---

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS NOT SURE

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER Calvert City GW Study



SIGNATURE OF PERSON REPORTING SITE David Trimble DATE 7/15/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0006 - 5057

DATE OF INSPECTION 7/15/87

COMPLETE THIS FORM  
Attach photo copies of  
copy of a 7.5 minute tc  
marked. Send to:  
KENTUCKY NATURAL RESO  
DIVISION OF WATER 18 REIL  
PHONE 1-(502)-564-3410.

0000.5057

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY MARSHALL  
QUADRANGLE MAP CALVERT CITY  
ELEVATION 348 LITTLE CYPRESS  
LATITUDE 37° 01' 07"  
LONGITUDE 89° 26' 52"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_  
PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME ALEXANDER, EDWARD  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
CI \_\_\_\_\_  
O \_\_\_\_\_

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED 15 yrs.  
WHO CONSTRUCTED WELL? NOT KNOWN  
ADDRESS \_\_\_\_\_

## INSPECTOR

NAME TRIMBLE, DAVID ID #       
LAST FIRST MI

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 30 FT.  
IS THE CASING ABOVE GROUND  YES, 4 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1 <u>Cement</u>	<u>26"</u>	<u>0</u>	<u>30'</u>	
2 <u>Culvert</u>				
3 _____				
4 _____				

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

## NUMBER OF PEOPLE SERVED:

2

## NUMBER OF HOUSEHOLDS SERVED:

1

## TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)

had iron, cloudy water

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER concrete cap

DOES THE WELL HAVE A PUMP?  yes, age of pump 15 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES  NO IF NO, DESCRIBE VIOLATIONS based on what can be seen

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION? YES NO

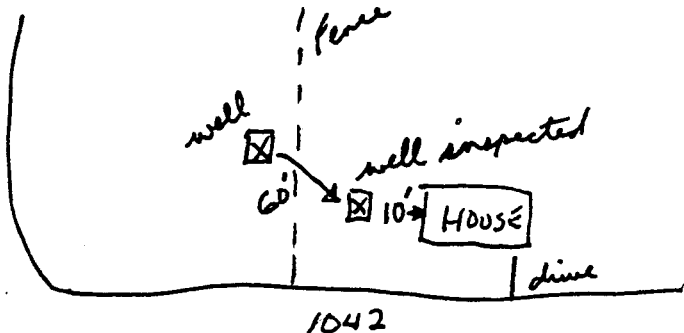
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER Calvert City GW Study

## COMMENTS

water softener; iron remover filter  
well top put on door sill (left side) of well house

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

David Trimble

DATE

7/15/87

AKGWA NUMBER 0000-5058  
DATE OF INSPECTION 7/29/87

Attach photo copy of a 7.5 minute marked. Send to:  
KENTUCKY NATURAL  
DIVISION OF WATER 18  
PHONE 1-(502)-564-34

0000-5058

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
COUNTY Livingston  
QUADRANGLE MAP Little Cypress Paducah East  
ELEVATION 740  
LATITUDE 37° 02' 22"  
LONGITUDE 88° 30' 30"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_  
PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME Coll Jimmy \_\_\_\_\_  
LAST FIRST MI  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_

WELL CHARACTERISTICS:  
IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED 7/29/87  
WHO CONSTRUCTED WELL? B. H. Frazier Well Drilling  
ADDRESS Box 710  
Southland KY 42081

INSPECTOR NAME Law David P \_\_\_\_\_  
LAST FIRST MI ID # \_\_\_\_\_  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 46-53' FT.  
IS THE CASING ABOVE GROUND  YES, 14 IN.  
 NO

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_  
NUMBER OF PEOPLE SERVED: 2  
NUMBER OF HOUSEHOLDS SERVED: 1  
TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	FEET BELOW SURFACE TO	CASING WALL THICKNESS
1. PVC	4"	0	46	0.25
2. Screen	7"	46	53	
3.				
4.				

IS THE ANNULUS SEALED?  yes, material used cutting  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

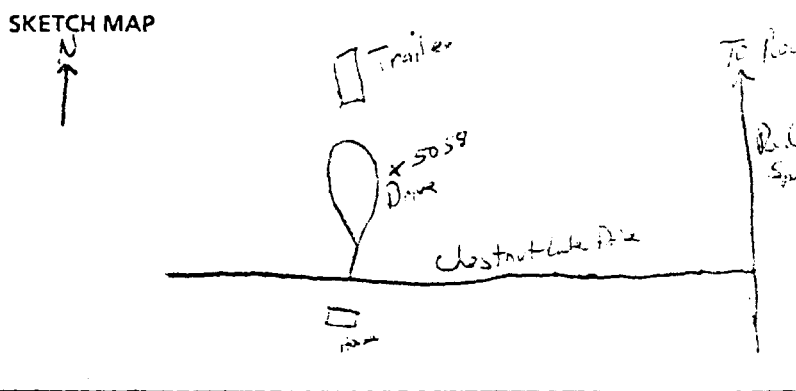
DOES THE WELL HAVE A PUMP?  yes, age of pump New w/ well.  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: ~46-50 FT

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured  not measured



DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
Driller Log will be sent

COMMENTS Well finished yesterday, sanitary seal will be placed in 2 hrs.  
Water system not - owner wants to put in a new one but we advised not to since they are not level.

SIGNATURE OF PERSON REPORTING SITE [Signature] DATE 7/29/87

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

AKGWA NUMBER 0000 - 5057  
 DATE OF INSPECTION 7/29/87

Attach photo copies of copy of a 7.5 minute topographic map marked. Send to:  
 KENTUCKY NATURAL RESC  
 DIVISION OF WATER 18 REIL  
 PHONE 1-(502)-564-3410.

0000-5059

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
 COUNTY McCracken  
 QUADRANGLE MAP Paducah East  
 ELEVATION 345  
 LATITUDE 37° 02' 15"  
 LONGITUDE 88° 32' 38"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER  
 NAME Ham Robby  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 OWIN \_\_\_\_\_

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES  NO Unknown  
 DATE WELL COMPLETED Unknown  
 WHO CONSTRUCTED WELL? Unknown  
 ADDRESS \_\_\_\_\_

INSPECTOR  
 NAME Low David P  
LAST FIRST MI ID #       
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH Unknown FT.  
 IS THE CASING ABOVE GROUND  YES  NO  
IN.

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 4+  
 NUMBER OF HOUSEHOLDS SERVED: 3

TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

CASING TYPE(S)	CASING(I.D) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Concrete</u>	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no unknown

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS No standing water and cap  
on well

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

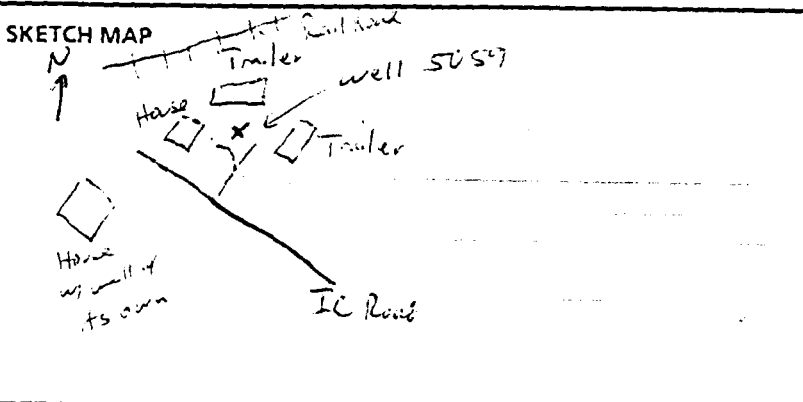
DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.  
 PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown



STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
Unknown

COMMENTS Well site not inspected to detail. Some area not covered by site. Tank site over well with insulation over it.

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE [Signature] DATE 7/29/87

**KENTUCKY WELL INSPECTION FORM**

AKGWA NUMBER 0000 - 5060  
 DATE OF INSPECTION 7-15-87

COMPLETE THIS FORM  
 Attach photo copies of  
 copy of a 7.5 minute t  
 marked. Send to:  
 KENTUCKY NATURAL RESC  
 DIVISION OF WATER 18 REI  
 PHONE 1-(502)-564-3410.

0000-5060

**WELL LOCATION**

COUNTY MARSHALL  
 QUADRANGLE MAP CALVERT CITY LITTLE EXPRESS  
 ELEVATION 350  
 LATITUDE 37° 01' 07"  
 LONGITUDE 88° 26' 49"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

**OWNER**

NAME SCHAFFER (Alexander household uses well)  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_

**WELL CHARACTERISTICS:**

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED UNKNOWN (15 years?)  
 WHO CONSTRUCTED WELL? UNKNOWN  
 ADDRESS \_\_\_\_\_

**INSPECTOR**

NAME SHANKS MARGARET ID #       
 LAST FIRST MI  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 40 FT. ?  
 IS THE CASING ABOVE GROUND  YES, 24 IN.  
 NO

**WELL USE:**

DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

**NUMBER OF PEOPLE SERVED:** 2

**NUMBER OF HOUSEHOLDS SERVED:** 1

**TYPE OF TREATMENT SYSTEM:**

NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
 WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

CASING TYPE(S)	CASING (I D) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Cement</u>	<u>22"</u>	<u>0</u>	<u>40?</u>	<u>2"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used clay  
 no concrete  
 WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

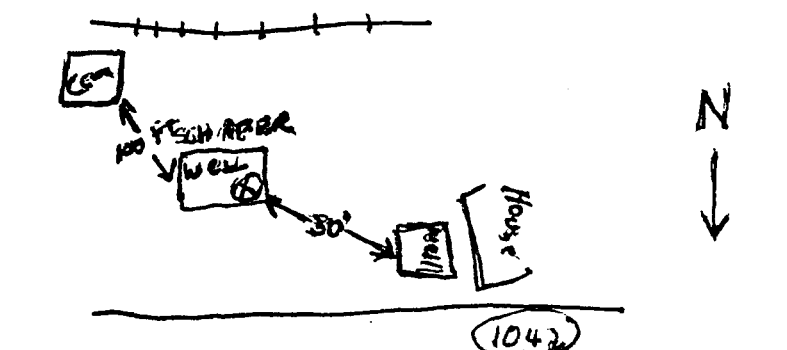
DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.  
 PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER Calvert City GW Study

STATIC WATER LEVEL? 33 ft. below surface,  
 can't be measured  not measured

**SKETCH MAP**



DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS Send copy to Alexander also copy of all results send results to Alexander

SIGNATURE OF PERSON REPORTING SITE

Margaret Shanks

DATE

7-15-87

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

AKGWA NUMBER 00000-5061  
DATE OF INSPECTION 7/29/87

Attach photo copy of a 7.5 min. marked. Send to: KENTUCKY NATURAL DIVISION OF WATER 1 PHONE 1-(502)-564-31

0000-5061

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION

COUNTY Livingston  
QUADRANGLE MAP Little Springs  
ELEVATION 351  
LATITUDE 37° 02' 27"  
LONGITUDE 88° 28' 11"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED 1968  
WHO CONSTRUCTED WELL? Bill Funder Wall Drilling  
ADDRESS Box 710  
S. Mainland, KY 42081

TOTAL DEPTH -49 FT.  
IS THE CASING ABOVE GROUND?  YES, 4 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>4</u>	<u>0</u>		
2.				
3.				
4.				

IS THE ANNULUS SEALED?  Yes, material used cuttings  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER putty

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: inches on FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
no

COMMENTS Well top is sealed plugged with plumber putty  
Iron - well is located on Tennessee/Ohio River Surface Drainage Divide

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME Durand Jackie *Retail Spices Rt*  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
OWN \_\_\_\_\_

INSPECTOR NAME Leo D. P   
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 4

NUMBER OF HOUSEHOLDS SERVED: 1

TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

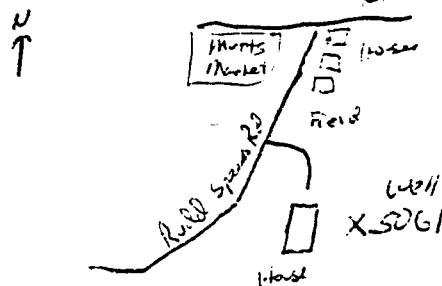
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS Plumber putty seal

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

*Handwritten signature*

DATE

7/29/87

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

AKGWA NUMBER 000000 -- 5062

DATE OF INSPECTION

0000-5062

Send photo copies  
copy of a 7.5 minute  
marked. Send to:  
KENTUCKY NATURAL RES.  
DIVISION OF WATER 18 RE  
PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION

COUNTY Livingston  
QUADRANGLE MAP K-1116 Cypress Paducah East  
ELEVATION 345  
LATITUDE 37° 02' 48"  
LONGITUDE 88° 30' 16"  
UTM GRID ZONE  
NORTHING  
EASTING

- PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED before 1967 Correct?  
WHO CONSTRUCTED WELL? George A. Carr  
ADDRESS Lebanon, KY

TOTAL DEPTH 40' reported FT.  
IS THE CASING ABOVE GROUND  YES, 12 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>4</u>	<u>0</u>		
2.				
3.				
4.				

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER Screen

DOES THE WELL HAVE A PUMP?  yes, age of pump  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: unknown FT.  
PUMP TYPE:  jet  submersible  turbine  other

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL: unknown ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)

COMMENTS Home is hooked to city water - but this is drinking + livestock.

NO. OF PAGES

HAVE YOU INCLUDED ANY ATTACHMENTS?

DISTRIBUTION YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME Hubert Dale

ADDRESS

CITY  
OWNER

INSPECTOR NAME Leo David P

AGENCY  CHR  DOW  OTHER

- WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER

NUMBER OF PEOPLE SERVED: 2  
NUMBER OF HOUSEHOLDS SERVED: 0

- TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER

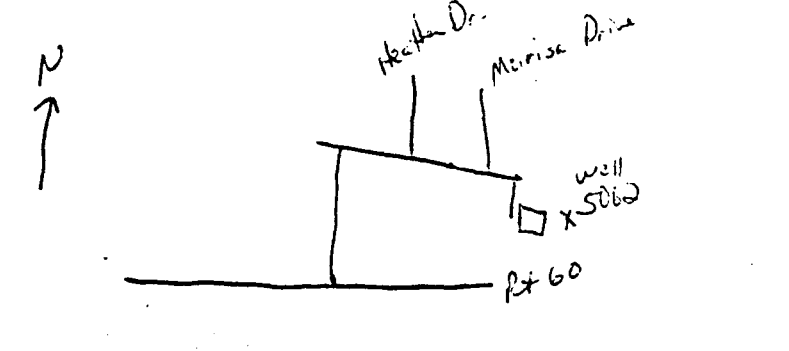
WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe)

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS No well cap

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

- REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER

SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

DATE 7/29/87

AKGWA NUMBER 0000 - 5063  
 DATE OF INSPECTION 7/28/87

Attach photo copie  
 copy of a 7.5 minut  
 marked. Send to:  
 KENTUCKY NATURAL R  
 DIVISION OF WATER 181  
 PHONE 1-(502)-564-341

0000-5063

SHADED AREA FOR OFFICIAL USE ONLY

**WELL LOCATION**  
 COUNTY Livingston  
 QUADRANGLE MAP Calvert City  
 ELEVATION 400  
 LATITUDE 37° 04' 07"  
 LONGITUDE 89° 17' 14"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

**OWNER**  
 NAME Henson Bryan \_\_\_\_\_  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WELL CHARACTERISTICS:**  
 IS THIS A DUG WELL?  YES     NO  
 DATE WELL COMPLETED Unknown  
 WHO CONSTRUCTED WELL? Unknown  
 ADDRESS \_\_\_\_\_

**INSPECTOR**  
 NAME Leo David P \_\_\_\_\_  
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

TOTAL DEPTH ~100 reported FT.  
 IS THE CASING ABOVE GROUND  YES. \_\_\_\_\_ IN.  
 NO

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>2</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ <small>WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)</small>
	<b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>	

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>14</u>	<u>0</u>		<u>375</u>
2. _____				
3. _____				
4. _____				

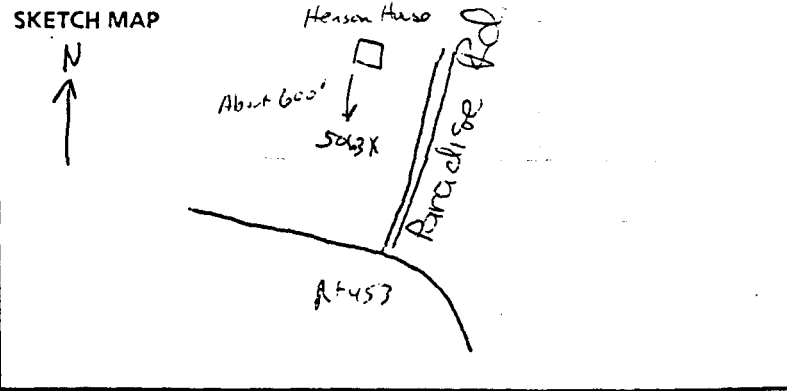
IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no unknown

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO IF NO, DESCRIBE VIOLATIONS No cap, subsurface discharge with no pitless adapter, no stick-up.

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER \_\_\_\_\_  
 DOES THE WELL HAVE A PUMP?  yes, age of pump unknown  
 no

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: Unknown FT.  
 PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown  
 STATIC WATER LEVEL? unknown ft. below surface.  
 can't be measured     not measured



DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) No

**COMMENTS** 2nd service connection - not used.  
Well casing has subsurface discharge w/ no pitless adapter, no adequate seal. Casing is open, filled with brown rubber & dirt as a cap

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE \_\_\_\_\_  
 DATE 7/28/87

AKGWA NUMBER 0101010 -- 5101614  
DATE OF INSPECTION 7/29/87

Attach photo copies  
copy of a 7.5 min  
marked. Send to:  
KENTUCKY NATURAL  
DIVISION OF WATER 18  
PHONE 1-(502)-564-34

0000-5064

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
COUNTY Livingston  
QUADRANGLE MAP Little Cypress  
ELEVATION 435  
LATITUDE 37° 04' 28"  
LONGITUDE 88° 25' 17"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_  
PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER  
NAME Fondew B. H.  
LAST FIRST MI  
ADDRESS \_\_\_\_\_  
CITY S \_\_\_\_\_  
OWNER'S I \_\_\_\_\_

WELL CHARACTERISTICS:  
IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED 1974  
WHO CONSTRUCTED WELL? Bill Fondew Well Drilling  
ADDRESS Box 700  
Smithland, Ky

INSPECTOR  
NAME Leu David P  
LAST FIRST MI ID #  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 200 FT.  
IS THE CASING ABOVE GROUND  YES, 8 IN.  
 NO

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER Shop water

NUMBER OF PEOPLE SERVED: 3  
NUMBER OF HOUSEHOLDS SERVED: 0  
no service connection except a garden hose + used in shop  
PWSID # \_\_\_\_\_

TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER  
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>6</u>	<u>0</u>	<u>80</u>	<u>0.25</u>
2. <u>Open</u>		<u>80</u>	<u>100</u>	
3.				
4.				

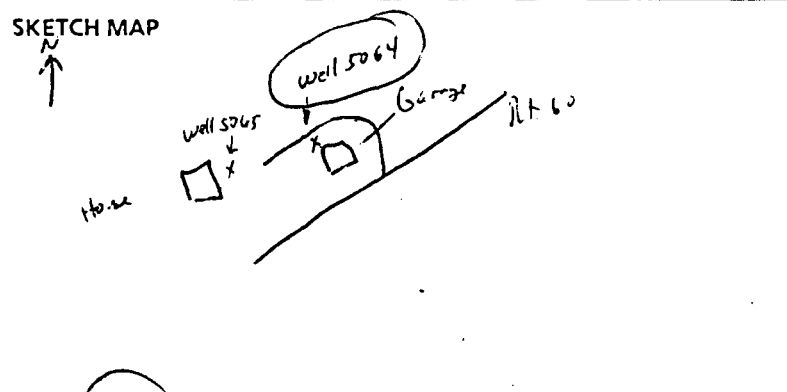
IS THE ANNULUS SEALED?  yes, material used cutting  
 no

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_  
DOES THE WELL HAVE A PUMP?  yes, age of pump 13 yrs  
 no  
DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: -180 FT.  
PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown  
STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
No



COMMENTS Open portion of well is sandstone  
About 2 gpm yield

SIGNATURE OF PERSON REPORTING SITE [Signature] DATE 7/29/87

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_



AKGWA NUMBER 00000 - 5065  
DATE OF INSPECTION 7/29/87

copy of a 7.5 minute marked. Send to:  
KENTUCKY NATURAL R  
DIVISION OF WATER 18  
PHONE 1-(502)-564-3411  
**0000.5065**  
**SHADED AREA FOR OFFICIAL USE ONLY**

**WELL LOCATION**  
COUNTY Livingston  
QUADRANGLE MAP Little Cypress  
ELEVATION 445  
LATITUDE 37° 04' 30"  
LONGITUDE 88° 25' 19"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_  
PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

**CHECK ONE:**  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

**OWNER**  
NAME Fondaw B. H.  
LAST FIRST MI  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_

**WELL CHARACTERISTICS:**  
IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED 1977  
WHO CONSTRUCTED WELL? Bill Fondaw Well Drilling  
ADDRESS Box 310  
Smithland, KY 42031

**INSPECTOR**  
NAME Leo David P.  
LAST FIRST MI ID #  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 160 FT.  
IS THE CASING ABOVE GROUND  YES, 10 IN.  
 NO

**WELL USE:**  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

**NUMBER OF PEOPLE SERVED:** 4  
**NUMBER OF HOUSEHOLDS SERVED:** 1

**TYPE OF TREATMENT SYSTEM:**  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>6</u>	<u>0</u>	<u>21</u>	<u>.153</u>
2. <u>open</u>		<u>21</u>	<u>160</u>	
3. _____				
4. _____				

IS THE ANNULUS SEALED?  Yes, material used cutting  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  Yes, age of pump 1977  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  Yes  no  
LEVEL OF PUMP INTAKE: ~140 FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

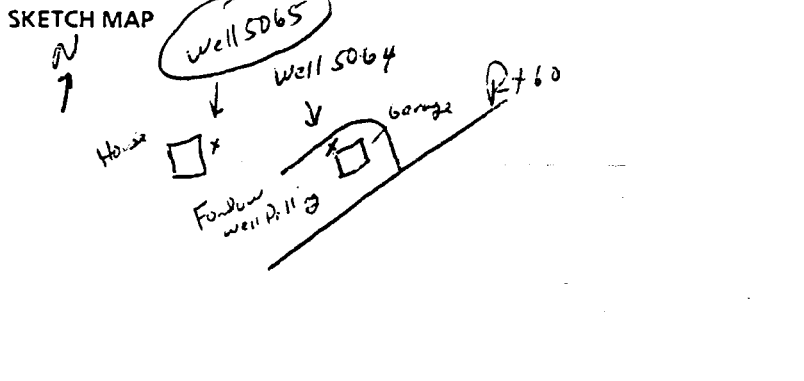
STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface,  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
No

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

COMMENTS Sandstone - 5' to 150 - w/ fracture per bore. 150 to 160 is limestone  
Yield is 10 gpm



HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE [Signature] DATE 7/29/87

**KENTUCKY WELL INSPECTION FORM**

AKGWA NUMBER 0000 -- 5066  
 DATE OF INSPECTION 7/22/87

COMPLETE THIS FOR  
 Attach photo copies  
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 KENTUCKY NATURAL RE  
 DIVISION OF WATER 18 R  
 PHONE 1-(502)-564-3411

**0000.5066**

SHADED AREA FOR OFFICIAL USE ONLY

**WELL LOCATION**

COUNTY Livingston  
 QUADRANGLE MAP West City  
 ELEVATION 345  
 LATITUDE 37° 04' 10"  
 LONGITUDE 88° 21' 07"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

**PHYSIOGRAPHIC OR HYDROLOGIC REGION**

- BLUE GRASS
- OHIO RIVER ALLUVIUM
- E. COAL FIELD
- W. COAL FIELD
- MISS. PLATEAU
- JACKSON PURCHASE

**WELL CHARACTERISTICS:**

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1972  
 WHO CONSTRUCTED WELL? Fondaw  
 ADDRESS PO Box 398  
Sm. Highland, KY 42081

TOTAL DEPTH 80 reported FT.  
 IS THE CASING ABOVE GROUND  YES, 3 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>6</u>	<u>0</u>	<u>?</u>	<u>3/16"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used backfill  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump 15 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: ~70 FT.  
 PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 30 ft. below surface, measured  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
No

COMMENTS Iron

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Harrington Rodney  
LAST FIRST MI

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_  
 OWN \_\_\_\_\_

INSPECTOR NAME Leo David P  
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

**WELL USE:**

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

**NUMBER OF PEOPLE SERVED:** 2

**NUMBER OF HOUSEHOLDS SERVED:** 1

PWSID # \_\_\_\_\_

**TYPE OF TREATMENT SYSTEM:**

- NONE
- WATER SOFTENER
- UV CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

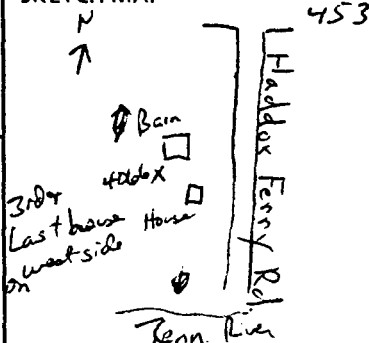
IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

**SKETCH MAP**



SIGNATURE OF PERSON REPORTING SITE

Leo David P

DATE

7/22/87

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5067  
 DATE OF INSPECTION 5/15/87

COMPLETE THIS FC  
 Attach photo copie  
 copy of a 7.5 minut  
 marked. Send to:  
 KENTUCKY NATURAL F  
 DIVISION OF WATER 18  
 PHONE 1-(502)-564-34

0000-5067

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Briensburg  
 ELEVATION 378  
 LATITUDE 36° 56' 53"  
 LONGITUDE 88° 18' 16"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME N. Marshall Water plant #1  
LAST FIRST MI  
 ADDRESS RT. 7 Box 141  
 CITY Benton STATE Ky ZIP CODE 42025  
 OWNER'S PHONE (502) 527-3208

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1966  
 WHO CONSTRUCTED WELL? Layne - Central  
 ADDRESS \_\_\_\_\_

INSPECTOR Odell, Phillip  
 NAME Silverman, Susan       
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 100 ft FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>10"</u>	<u>0</u>	<u>80'</u>	<u>?</u>
2. <u>Steel</u>	<u>10"</u>	<u>80'</u>	<u>100'</u>	<u>screen</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2  
 NUMBER OF HOUSEHOLDS SERVED: 3200

TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER Fluoride  
 WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)  
PH 5.3

IS THE ANNULUS SEALED?  yes, material used Cement  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump ?  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

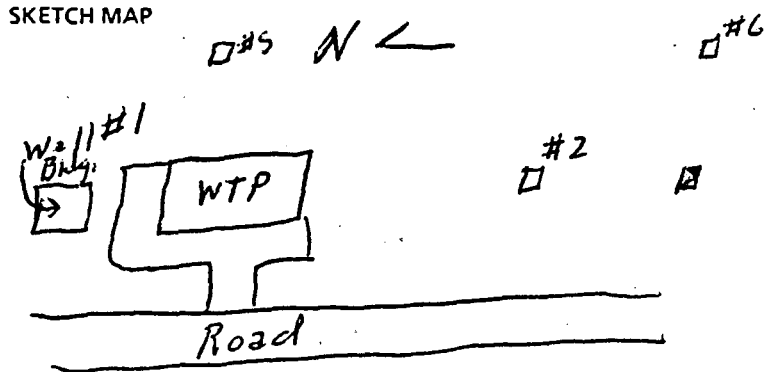
STATIC WATER LEVEL? 17' ft. below surface, reported  
 can't be measured  not measured

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_



COMMENTS 0-60' clay + gravel  
60'-100' white fine sand  
100' TO bedrock

Well #1 600 gpm  
80' drawdown

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE Phillip W. Odell DATE 5/15/87

**KENTUCKY WELL INSPECTION FORM**

AKGWA NUMBER 0000 - 5068  
 DATE OF INSPECTION 5/15/87

COMPLETE THIS FORM  
 Attach photo copies of  
 copy of a 7.5 minute  
 marked. Send to:  
 KENTUCKY NATURAL RES  
 DIVISION OF WATER 18 RE  
 PHONE 1-(502)-564-3410.

0000-5068

SHADED AREA FOR OFFICIAL USE ONLY

**WELL LOCATION**

COUNTY Marshall  
 QUADRANGLE MAP Briarsburg  
 ELEVATION 378  
 LATITUDE 36° 56' 51"  
 LONGITUDE 88° 18' 16"  
 UTM GRID ZONE  
 NORTHING  
 EASTING

- PHYSIOGRAPHIC OR HYDROLOGIC REGION
- BLUE GRASS
  - OHIO RIVER ALLUVIUM
  - E. COAL FIELD
  - W. COAL FIELD
  - MISS. PLATEAU
  - JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

**OWNER**

NAME N. Marshall Water District Plant #1  
LAST FIRST MI  
 ADDRESS RT 7 Box 141  
 CITY Benton STATE KY ZIP CODE 42025  
 OWNER'S PHONE (502) 527-3208

INSPECTOR Odell, Phillip  
 NAME Silverman, Susan   
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER

**WELL CHARACTERISTICS:**

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1972  
 WHO CONSTRUCTED WELL? Ahler & Jennings  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 100 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING(I.D) DIAMETER (IN)	FEET.BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>5" steel</u>	<u>10"</u>	<u>0</u>	<u>70'</u>	<u>?</u>
2. <u>5" steel</u>	<u>10"</u>	<u>70'</u>	<u>100'</u>	<u>screen</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used Cement  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 17' ft. below surface, reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS 0-60' clay and gravel  
60-100' fine wh. sand  
100' TD bedrock

Well #2 500 gpm  
70' drawdown

**WELL USE:**

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 3200

PWSID # \_\_\_\_\_

**TYPE OF TREATMENT SYSTEM:**

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER Fluoride

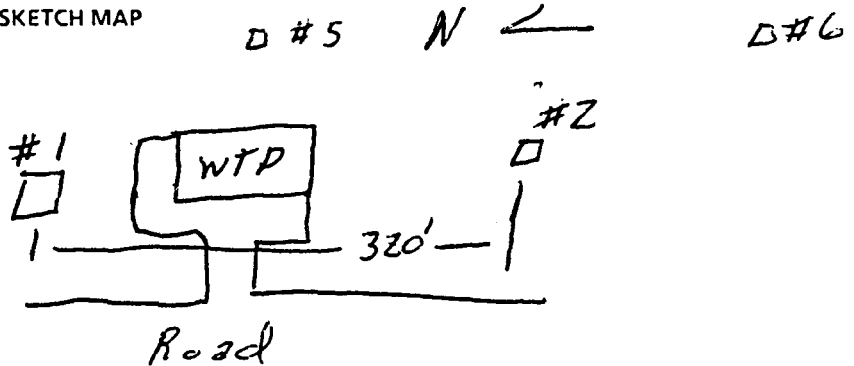
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe)  
pH 5.3

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

**SKETCH MAP**



SIGNATURE OF PERSON REPORTING SITE

Phillip W. Odell

DATE

5/13/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5069  
 DATE OF INSPECTION 5/15/87

COMPLETE THIS FOR  
 Attach photo copies  
 copy of a 7.5 minute  
 marked. Send to:  
 KENTUCKY NATURAL RE:  
 DIVISION OF WATER 18 RI  
 PHONE 1-(502)-564-3410.

0000-5069

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Briensburg  
 ELEVATION 380  
 LATITUDE 36° 56' 40"  
 LONGITUDE 88° 18' 16"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES     NO  
 DATE WELL COMPLETED 1978  
 WHO CONSTRUCTED WELL? Ahler & Jennings  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 100 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Steel</u>	<u>12"</u>	<u>0</u>	<u>70'</u>	<u>?</u>
2. <u>Steel</u>	<u>12"</u>	<u>70'</u>	<u>100'</u>	<u>Screen</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?  yes, material used cement  
 no  
 WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER  
 DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no  
 DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.  
 PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown  
 STATIC WATER LEVEL? 17 ft. below surface, reported  
 can't be measured     not measured  
 DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS 0-60' clay & gravel  
60'-100' fine white sand  
100' TD bedrock

Well #3    520 gpm  
70' drawdown

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

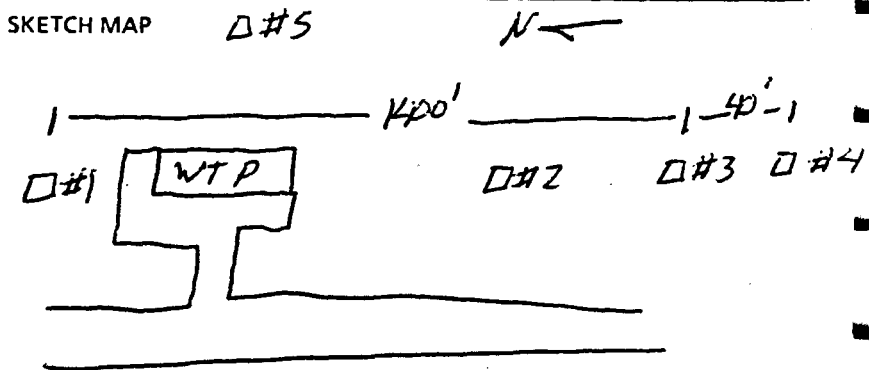
OWNER NAME N. Marshall Water District Plant #1  
LAST FIRST MI  
 ADDRESS Rt 7 Box 141  
 CITY Benton STATE KY ZIP CODE 42025  
 OWNER'S PHONE 502-527-3208

INSPECTOR Ocell, Phillip  
 NAME Silberman, Susan   
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

WELL USE:	NUMBER OF PEOPLE SERVED:	TYPE OF TREATMENT SYSTEM:
<input type="checkbox"/> DOMESTIC <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	_____  NUMBER OF HOUSEHOLDS SERVED: <u>3200</u>  PWSID # _____	<input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input checked="" type="checkbox"/> UV <input checked="" type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input checked="" type="checkbox"/> OTHER <u>Fluoride</u> WATER QUALITY PROBLEM REQUIRING TREATMENT (describe): <u>PH 5.3</u>

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE Phillip W. Ocell    DATE 5/15/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5071  
 DATE OF INSPECTION 5/15/87

COMPLETE THIS FORM  
 Attach photo copies of  
 copy of a 7.5 minute 1  
 marked. Send to:  
 KENTUCKY NATURAL RES  
 DIVISION OF WATER 18 RE  
 PHONE 1-(502)-564-3410.

0000-5071

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Brionsburg  
 ELEVATION 378  
 LATITUDE 36° 56' 52"  
 LONGITUDE 88° 18' 14"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## CHECK ONE:

- Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME N. Marshall Water District Plant #1  
LAST FIRST MI  
 ADDRESS Rt 7 Box 141  
 CITY Benton STATE Ky ZIP CODE 42025  
 OWNER'S PHONE (502) 527-3208

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1983  
 WHO CONSTRUCTED WELL? Fondaw  
 ADDRESS \_\_\_\_\_

## INSPECTOR

NAME O'dell, Phillip  
LAST FIRST MI ID #           
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 400' FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>6"</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

? DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

? STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
yes

COMMENTS 0-100 sand + clay  
100 boulder zone  
100-360 Limestone  
360-387 fractural LS  
387-400 Limestone  
 Well #5    400 TD    200 gpm

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 3200

## TYPE OF TREATMENT SYSTEM:

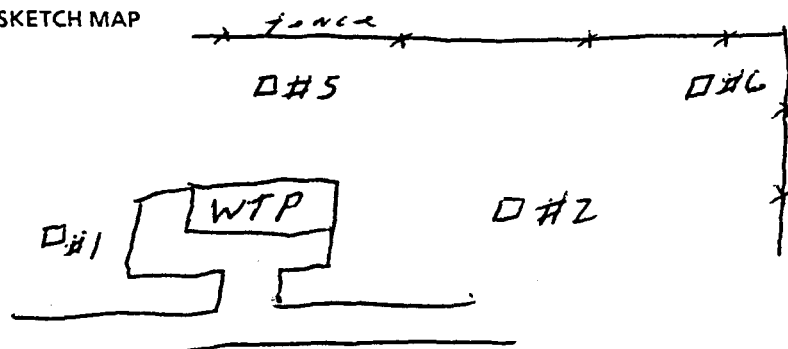
- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER Flouride  
 WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

## SIGNATURE OF PERSON REPORTING SITE

Phillip W. O'dell

## DATE

7/15/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5072

DATE OF INSPECTION 7/15/87

0000-5072

COMPLETE THIS FORM, Attach photo copies of copy of a 7.5 minute top marked. Send to: KENTUCKY NATURAL RESOL DIVISION OF WATER 18 REILL PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Briarsburg  
 ELEVATION 378  
 LATITUDE 36° 56' 49"  
 LONGITUDE 88° 18' 14"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  Original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME N. Marshall Water District Plant #1  
LAST FIRST MI  
 ADDRESS RT 7 Box 141  
 CITY Benton STATE MO ZIP CODE 642025  
 OWNER'S PHONE (502) 527-3208

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED \_\_\_\_\_  
 WHO CONSTRUCTED WELL? Fordaw  
 ADDRESS \_\_\_\_\_

## INSPECTOR

NAME Odell, Phillip       
LAST FIRST MI ID #  
Silverman, Susan  
LAST FIRST MI  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 400 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>8 3/4"</u>			
2. <u>Steel</u>	<u>7 5/8"</u>			<u>Screen</u>
3. _____				
4. _____				

## WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 3200

## TYPE OF TREATMENT SYSTEM:

- NONE
  - WATER SOFTENER
  - UV
  - CHLORINATION
  - AERATION
  - CHARCOAL FILTER
  - SAND FILTER
  - IRON INHIBITOR
  - OTHER Fluoride
- WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 27 ft. below surface, reported  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

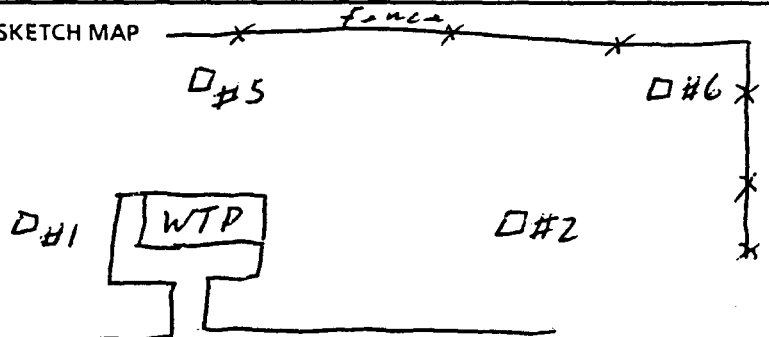
IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

COMMENTS 0-100' sand & clay  
100' Boulder zone  
100-367 Limestone  
367-397 fractured LS  
397-400 Limestone  
870 gpm  
106' drawdown

## SKETCH MAP



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE

Phillip W. Odell

DATE

5/15/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER **0000 -- 3073**

DATE OF INSPECTION \_\_\_\_\_

COMPLETE THIS FORM  
Attach photo copies  
copy of a 7.5 minute  
marked. Send to:  
KENTUCKY NATURAL RESOURCES  
DIVISION OF WATER 18 F  
PHONE 1-(502)-564-3411

**0000-5073**

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall  
 QUADRANGLE MAP Briansburg  
 ELEVATION 378  
 LATITUDE 36° 56' 34"  
 LONGITUDE 88° 18' 16"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

## PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED \_\_\_\_\_  
 WHO CONSTRUCTED WELL? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 100 FT.  
 IS THE CASING ABOVE GROUND  YES  NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>Plastic</u>	<u>6"</u>	<u>0</u>	<u>70'</u>	
2. <u>Plastic</u>	<u>6"</u>	<u>70'</u>	<u>100'</u>	<u>screen</u>
3. _____				
4. _____				

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no

LEVEL OF PUMP INTAKE \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS 0-60' clay & gravel  
60-100' fine white sand  
100' TD Bedrock

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

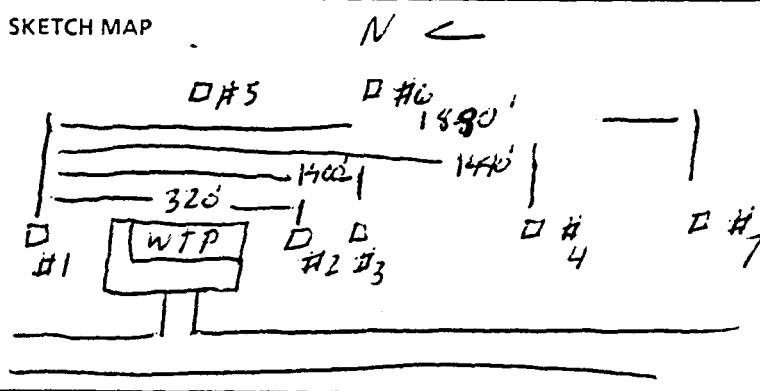
OWNER NAME Marshall Water District Plant #1  
 LAST FIRST MI  
 ADDRESS RT 7 Box 149  
 CITY Benton STATE KY ZIP CODE 42025  
 OWNER'S PHONE (502) 527-3208

INSPECTOR O'Call, Phillip  
 NAME Silverson, Susan ID # \_\_\_\_\_  
 LAST FIRST MI  
 AGENCY  CHR  DOW  OTHER

<b>WELL USE:</b> <input type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input checked="" type="checkbox"/> OTHER <u>Test</u>	<b>NUMBER OF PEOPLE SERVED:</b> _____  <b>NUMBER OF HOUSEHOLDS SERVED:</b> _____  PWSID # _____	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER
		WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) _____ _____

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER



SIGNATURE OF PERSON REPORTING SITE Phillip O. O'Call DATE 7/15/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5074

DATE OF INSPECTION \_\_\_\_\_

COMPLETE THIS FORM  
 Attach photo copies of  
 copy of a 7.5 minute  
 marked. Send to:  
 KENTUCKY NATURAL RES  
 DIVISION OF WATER 18 RE  
 PHONE 1-(502)-564-3410.

0000-5074

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP Briarsburg

ELEVATION 387

LATITUDE 36° 56' 21"

LONGITUDE 88° 18' 01"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

### PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO

DATE WELL COMPLETED \_\_\_\_\_

WHO CONSTRUCTED WELL? \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOTAL DEPTH 100 FT.

IS THE CASING ABOVE GROUND     YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE		CASING WALL THICKNESS
		FROM	TO	
1. <u>plastic</u>	<u>6"</u>	<u>0</u>	<u>10'</u>	<u>screen</u>
2. <u>plastic</u>	<u>6"</u>	<u>10'</u>	<u>100'</u>	<u>screen</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

IS THE ANNULUS SEALED?     yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:     jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS 0-60' clay & gravel  
60-100' fine white sand  
100' TD Bedrock

*Test #8 well #8*

CHECK ONE:     original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

## OWNER

NAME N. Marshall Water District Plant #1

ADDRESS RT 7 Box 141

CITY Boston STATE KY ZIP CODE 42025

OWNER'S PHONE (502) 527-3208

## INSPECTOR

NAME O'Dell, Phillip           
Silberman, Susan    ID # \_\_\_\_\_

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER Test

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: \_\_\_\_\_

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

## IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

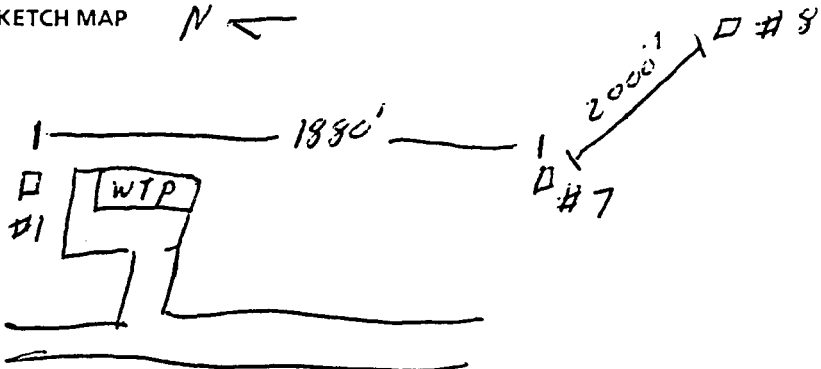
YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

## WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?    YES    NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



## SIGNATURE OF PERSON REPORTING SITE

Phillip W. Odell

## DATE

7/15/87

# KENTUCKY SPRING INVENTOR

COMPLETE THIS FORM AT SITE OR IMMEDIATELY AFTER SITE VISIT. Attach photo of a 7.5 minute topographic map with the spring location clearly marked. KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET, DIVISION OF WATER. PHONE 1-(502)-564-3410.

0000-5078

DISTRIBUTION: WHITE COPY - CENTRAL OFFICE    YELLOW COPY - ON FILE  
**SHADED AREA FOR OFFICIAL USE**

<p><b>SPRING LOCATION</b></p> <p>COUNTY <u>Marshall</u></p> <p>TOPOGRAPHIC MAP <u>Elva</u></p> <p>ELEVATION _____</p> <p>LATITUDE <u>36° 55' 38" N</u></p> <p>LONGITUDE <u>88° 24' 47" W</u></p> <p>UTM GRID ZONE _____</p> <p>NORTHING _____</p> <p>EASTING _____</p> <p>PHYSIOGRAPHIC OR HYDROLOGIC REGION</p> <p><input type="checkbox"/> BLUE GRASS    <input type="checkbox"/> OHIO RIVER ALLUVIUM</p> <p><input type="checkbox"/> E. COAL FIELD    <input type="checkbox"/> W. COAL FIELD</p> <p><input type="checkbox"/> MISS. PLATEAU    <input checked="" type="checkbox"/> JACKSON PURCHASE</p> <p>WHICH SIDE OF RIVER OR CREEK ( WHEN FACING UPSTREAM )</p> <p><input checked="" type="checkbox"/> RIGHT    <input checked="" type="checkbox"/> IN THE STREAM    <input type="checkbox"/> LEFT</p> <p>WATER BODY INTO WHICH SPRING DISCHARGES:</p> <p><u>Small Swampy Area</u></p>	<p>AKGWA NUMBER <u>0000 5078</u> <span style="float: right;"><i>signed</i></span></p> <p>NAME OF SPRING <u>Johnson Spring</u></p> <p>DATE OF INSPECTION <u>7/14/87</u></p> <p>OWNER NAME <u>Pace John</u>    <input type="checkbox"/> UNKNOWN</p> <p style="text-align: center;"><small>LAST                      FIRST                      MI</small></p> <p>ADDRESS _____</p> <p>CITY _____</p> <p>OWNE: _____</p> <p>INVESTIGATOR NAME <u>Leo Q. P</u>    <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;"><small>LAST                      FIRST                      MI                      ID #</small></p> <p>AGENCY <input type="checkbox"/> CHR    <input checked="" type="checkbox"/> DOW    <input type="checkbox"/> OTHER _____</p> <p>ADDRESS <u>18 Kelly Rd, Frankfort Upper Park</u></p> <p>CITY <u>Frankfort</u>    STATE <u>KY</u>    ZIP CODE <u>40601</u></p> <p>PHONE ( <u>502</u> ) <u>564-3410</u></p>	
<p><b>SPRING CHARACTERISTICS</b></p> <p>A. SPRING TYPE: <input checked="" type="checkbox"/> SEEP    <input type="checkbox"/> BLUEHOLE (ARTISIAN)</p> <p><input type="checkbox"/> GRAVITY    <input type="checkbox"/> UNKNOWN</p> <p>B. SPRING IS LOCATED IN:</p> <p><input type="checkbox"/> ALLUVIUM    <input checked="" type="checkbox"/> SOIL    <input type="checkbox"/> ROCK    <input type="checkbox"/> UNKNOWN</p> <p>C. DOES AREA CONTAIN KARST TERRAIN?</p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN <u>Not in immediate vicinity</u></p> <p>D. IS SPRING ASSOCIATED WITH A CAVE?</p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN</p> <p>E. ANY UNUSUAL SMELL OR COLOR?</p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> <p>DESCRIBE (use additional sheets if necessary) _____</p> <p>F. IS LEACHATE EVIDENT IN THE SPRING?</p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN</p> <p>G. DYE TRACE INFORMATION:</p> <p>HAVE ANY DYE TRACES BEEN RUN TO THIS SITE?</p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN</p> <p>IF YES, WHO CONDUCTED THE DYE TRACE? _____</p> <p>WHEN _____</p> <p>TRACE NUMBER _____</p> <p>REASON FOR INSPECTION (check all that are applicable)</p> <p><input type="checkbox"/> GENERAL WATER QUALITY ANALYSIS REQUESTED</p> <p><input type="checkbox"/> SPECIFIC COMPLAINT INVESTIGATION</p> <p><input checked="" type="checkbox"/> GENERAL SURVEY</p> <p><input type="checkbox"/> AMBIENT GROUNDWATER MONITORING</p> <p><input type="checkbox"/> OTHER _____</p> <p>GENERAL COMMENTS _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>SPRING DISCHARGE AND USE</b></p> <p><input checked="" type="checkbox"/> BASE FLOW    <input type="checkbox"/> FLOOD FLOW    <input type="checkbox"/> UNKNOWN</p> <p><input type="checkbox"/> INTERMITTENT    <input checked="" type="checkbox"/> PERENNIAL    <input type="checkbox"/> UNKNOWN</p> <p>SEASON:    <input type="checkbox"/> WET    <input type="checkbox"/> DRY</p> <p>HAS RATING CURVE BEEN CALCULATED?</p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN</p> <p>FLOW:</p> <p><input type="checkbox"/> MEASURED    <input type="checkbox"/> ESTIMATED    <input checked="" type="checkbox"/> NOT MEASURED</p> <p>IF MEASURED, HOW MEASURED:</p> <p><input type="checkbox"/> WEIR    <input type="checkbox"/> METERED    <input type="checkbox"/> STAFF GAGE    <input type="checkbox"/> OTHER _____</p> <p>IF ESTIMATED:</p> <p><input type="checkbox"/> NO FLOW</p> <p><input checked="" type="checkbox"/> LESS THAN 0.1 CFS</p> <p><input type="checkbox"/> 0.1 TO 1.0 CFS</p> <p><input type="checkbox"/> 1.0 CFS TO 10.0 CFS</p> <p><input type="checkbox"/> 10.0 CFS TO 100.0 CFS</p> <p><input type="checkbox"/> GREATER THAN 100.0 CFS</p> <p>SPRING USE:</p> <p><input type="checkbox"/> DOMESTIC</p> <p><input type="checkbox"/> MUNICIPAL</p> <p><input type="checkbox"/> IRRIGATION</p> <p><input type="checkbox"/> INDUSTRIAL</p> <p><input type="checkbox"/> STOCK</p> <p><input checked="" type="checkbox"/> NONE</p> <p><input type="checkbox"/> OTHER _____</p> <p>IF MEASURED: _____ CFS    DATE _____</p> <p>WAS WATER QUALITY ANALYSIS DONE?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p>	<p>PWSID NUMBER _____</p> <p>NUMBER OF PEOPLE SERVED _____</p> <p>NUMBER OF HOUSEHOLDS SERVED <u>0</u></p> <p>SPRING MODIFIED OR IMPROVED WITH</p> <p><input type="checkbox"/> DAM    <input checked="" type="checkbox"/> TILE SET ON</p> <p><input type="checkbox"/> SPRING BOX    <input checked="" type="checkbox"/> SPRING</p> <p><input type="checkbox"/> PIPE    <input type="checkbox"/> PUMP</p> <p>DATE SPRING MODIFIED: _____</p> <p>TYPE OF TREATMENT SYSTEM?</p> <p><input checked="" type="checkbox"/> NONE</p> <p><input type="checkbox"/> WATER SOFTENER</p> <p><input type="checkbox"/> UV</p> <p><input type="checkbox"/> CHLORINATION</p> <p><input type="checkbox"/> AERATION</p> <p><input type="checkbox"/> CHARCOAL FILTER</p> <p><input type="checkbox"/> SAND FILTER</p> <p><input type="checkbox"/> IRON INHIBITOR</p> <p><input type="checkbox"/> OTHER _____</p> <p>WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) _____</p>
<p>REASON FOR INSPECTION (check all that are applicable)</p> <p><input type="checkbox"/> GENERAL WATER QUALITY ANALYSIS REQUESTED</p> <p><input type="checkbox"/> SPECIFIC COMPLAINT INVESTIGATION</p> <p><input checked="" type="checkbox"/> GENERAL SURVEY</p> <p><input type="checkbox"/> AMBIENT GROUNDWATER MONITORING</p> <p><input type="checkbox"/> OTHER _____</p> <p>GENERAL COMMENTS _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>SKETCH MAP</b></p>	
<p><input type="checkbox"/> HAVE YOU INCLUDED ANY ATTACHMENTS?</p> <p>NO. OF PAGES _____</p>	<p>SIGNATURE OF PERSON REPORTING SITE _____</p>	<p>DATE _____</p>

AGWA NUMBER 00005084  
DATE OF INSPECTION 7/28/87

copy of a 7.5 minute  
marked. Send to:  
KENTUCKY NATURAL RES  
DIVISION OF WATER RES  
PHONE 1-(502)-564-3410.

0000-5084

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
COUNTY MCCRACKEN  
QUADRANGLE MAP SUMSONIA  
ELEVATION 345  
LATITUDE 36° 59' 21"  
LONGITUDE 88° 33' 26"  
UTM GRID ZONE  
NORTHING  
EASTING

PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

WELL CHARACTERISTICS:  
IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED unknown  
WHO CONSTRUCTED WELL? unknown  
ADDRESS \_\_\_\_\_

TOTAL DEPTH 70 FT. stated  
IS THE CASING ABOVE GROUND  YES, 8 IN.  
 NO

CASING TYPE(S)	CASING(I.D) DIAMETER (IN)	FEET.BELOW SURFACE FROM	TO	CASING WALL THICKNESS
<u>Concrete 24"</u>	<u>24"</u>			

IS THE ANNULUS SEALED?  yes, material used  
 no  
WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER  
DOES THE WELL HAVE A PUMP?  yes, age of pump 3 yrs  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.  
PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown  
STATIC WATER LEVEL? 40 ft. below surface, stated  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
NO

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AGWA # and only those sections with changes)

OWNER  
NAME WOOD ONEAL  
LAST FIRST MI  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
OWN: \_\_\_\_\_

INSPECTOR Ocell, Philip  
NAME Signers, Margaret ID # \_\_\_\_\_  
LAST FIRST MI  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

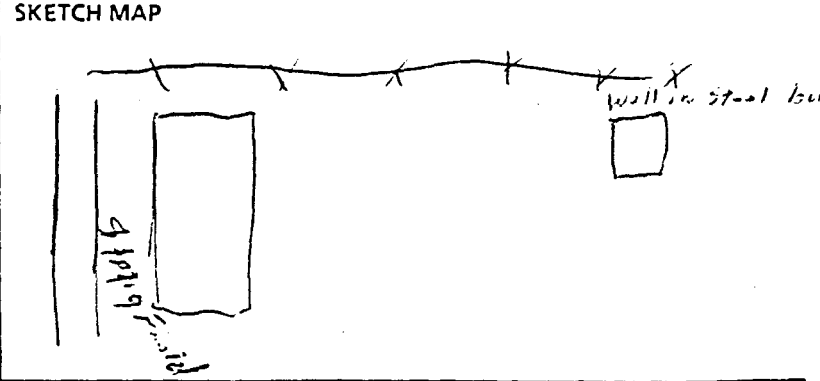
WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 3  
NUMBER OF HOUSEHOLDS SERVED: 1  
PWSID # \_\_\_\_\_

TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER reverse osmosis  
WATER QUALITY PROBLEM REQUIRING TREATMENT: (describe)  
dissolved solids; hard

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE  
Philip M. Ocell

DATE  
7/28/87

KENTUCKY WELL INSPECTION FORM  
 AKGWANUMBER 0000-5085  
 DATE OF INSPECTION 7/28/87

Attach photo copy of a 7.5 min marked. Send to KENTUCKY NATURAL DIVISION OF WATER PHONE 1-(502)-564-

0000-5085

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
 COUNTY McCracken  
 QUADRANGLE MAP SYMONIA  
 ELEVATION 350  
 LATITUDE 36° 59' 27"  
 LONGITUDE 88° 31' 36"  
 UTM GRID ZONE  
 NORTHING  
 EASTING  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME REESE, BRENDA  
 LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED unknown  
 WHO CONSTRUCTED WELL? unknown  
 ADDRESS \_\_\_\_\_

INSPECTOR NAME SHANKS, M.  
 LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER

TOTAL DEPTH unknown FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2  
 NUMBER OF HOUSEHOLDS SERVED: 1

TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. concrete	24"			
2.				
3.				
4.				

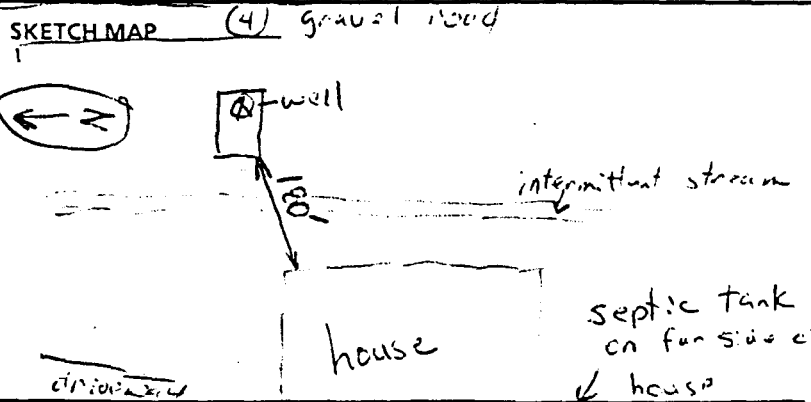
IS THE ANNULUS SEALED?  yes, material used concrete  
 no  
 WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER (see below)  
 DOES THE WELL HAVE A PUMP?  yes, age of pump year  
 no  
 DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT. unknown  
 PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown  
 STATIC WATER LEVEL? 15 ft. below surface. measured  
 can't be measured  not measured

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

inform owner of test results. copy of test results enclosed

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_



COMMENTS problem w/ water - sent sample for nitrate & nitrite - results contained w/ sewage (3rd test)  
piece of board across casing - well inside well house - actual clean hole spotted level - actual well put - half stone cap, concrete block

SIGNATURE OF PERSON REPORTING SITE Margaret Shub  
 DATE 7/28-87

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_  
 DISTRIBUTION: YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR

Attach photo copies  
 copy of a 7.5 minute  
 marked. Send to:  
 KENTUCKY NATURAL RE  
 DIVISION OF WATER 18 R  
 PHONE 1-(502)-564-3410.

0000.5086

SHADED AREA FOR OFFICIAL USE ONLY

**WELL LOCATION**  
 COUNTY Marshall  
 QUADRANGLE MAP Briansburg  
 ELEVATION 390  
 LATITUDE 36° 53' 43"  
 LONGITUDE 88° 21' 05"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

**OWNER**  
 NAME Rosson Connie  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 OWNED \_\_\_\_\_

**WELL CHARACTERISTICS:**  
 IS THIS A DUG WELL?  YES     NO  
 DATE WELL COMPLETED UNKNOWN (about 15 years ago)  
 WHO CONSTRUCTED WELL? UNKNOWN (info)  
 ADDRESS \_\_\_\_\_

**INSPECTOR** O'DELL, PHIL  
 NAME STANKS, Margaret       
LAST FIRST MI ID #  
 AGENCY  CHR     DOW     OTHER \_\_\_\_\_

TOTAL DEPTH unknown FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>concrete</u>	<u>24 in.</u>			
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**WELL USE:**  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

**NUMBER OF PEOPLE SERVED:** 4  
**NUMBER OF HOUSEHOLDS SERVED:** 1

**TYPE OF TREATMENT SYSTEM:**  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

PWSID # \_\_\_\_\_

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.  
 PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,     3 wire, 220V  
 unknown

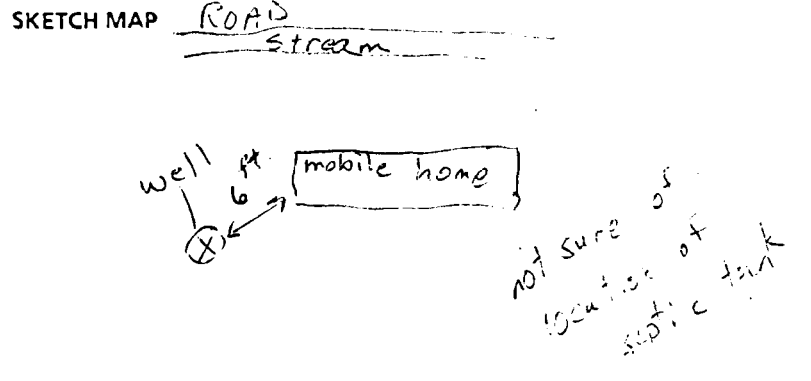
STATIC WATER LEVEL? 15 ft. below surface, no  
 can't be measured     not measured

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

COMMENTS NO PROBLEMS; well pit - concrete block



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE Mont Sh...  
 DATE 7-28-87

DATE OF INSPECTION 7-28-87

copy of a 7.5 minute to marked. Send to: KENTUCKY NATURAL RESOURCES DIVISION OF WATER 18 REILLY PHONE 1-(502)-564-3410.

0000-5087

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION

COUNTY MCCRACKEN  
QUADRANGLE MAP SYMSONIA  
ELEVATION 327  
LATITUDE 36° 57' 50"  
LONGITUDE 88° 30' 03"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS  OHIO RIVER ALLUVIUM
- E. COAL FIELD  W. COAL FIELD
- MISS. PLATEAU  JACKSON PURCHASE

WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED Over Ten years ago  
WHO CONSTRUCTED WELL? STARKS  
ADDRESS \_\_\_\_\_

TOTAL DEPTH 19 FT.  
IS THE CASING ABOVE GROUND  YES, 10 IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
<u>Concrete</u>	<u>24</u>			
2.				
3.				
4.				

IS THE ANNULUS SEALED?  yes, material used  no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump 15 yrs  no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  unknown

STATIC WATER LEVEL? 12.5 ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS Owner may abandon current well and use newer deeper well

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME McDaniel John W.  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_

INSPECTOR O'Dell, Phillip  
NAME Starks, Margaret ID # \_\_\_\_\_  
LAST FIRST MI

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 3

NUMBER OF HOUSEHOLDS SERVED: 1

TYPE OF TREATMENT SYSTEM:

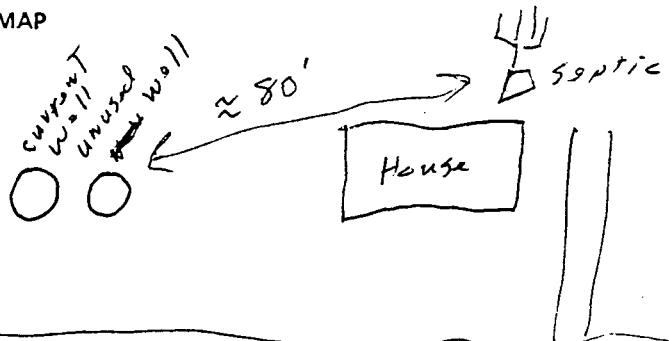
- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE  
Phillip W. O'Dell

DATE  
7/28/87

AKGWA NUMBER 010104 - 51088  
DATE OF INSPECTION 7/28/87

Attach photo copies of  
copy of a 7.5 minute to  
marked. Send to:  
KENTUCKY NATURAL RESC  
DIVISION OF WATER 18 REH  
PHONE 1-(502)-564-3410

0000-5088

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION

COUNTY Marshall  
QUADRANGLE MAP Elva  
ELEVATION 370  
LATITUDE 36° 57' 03"  
LONGITUDE 88° 26' 37"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED 1948  
WHO CONSTRUCTED WELL? Soft Dug  
ADDRESS \_\_\_\_\_

TOTAL DEPTH 19 FT.  
IS THE CASING ABOVE GROUND  YES 20 IN.  
 NO

CASING TYPE(S)	CASING(I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Concrete</u>	<u>24"</u>			
2.				
3.				
4.				

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT

PUMP TYPE:  jet  submersible  turbine  other Suction  
ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V

STATIC WATER LEVEL? 11' 10" ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS connected to N. Marshall water

pipe from pump not sealed in casing, slugs around pipe

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER

NAME Blackney Guy  
LAST FIRST MI  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
OWNE

INSPECTOR

NAME O'Dell, Phil       
Shanks, Margaret LAST FIRST MI ID #  
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: 1

TYPE OF TREATMENT SYSTEM:

NONE

- WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

SKETCH MAP

Abandoned  
well o House  
with  
PVS

SIGNATURE OF PERSON REPORTING SITE

Philips W. O'Dell

DATE

7/27/87



AKGWA NUMBER 000001-5089  
DATE OF INSPECTION 7/28/87

Attach photo copies of copy of a 7.5 minute to marked. Send to:  
KENTUCKY NATURAL RESOL  
DIVISION OF WATER 18 REILL  
PHONE 1-(502)-564-3410.

0000-5089

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION

COUNTY McCracken  
QUADRANGLE MAP Melbo  
ELEVATION 490  
LATITUDE 36° 59' 05"  
LONGITUDE 88° 43' 01"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_  
PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER

NAME Carroll William D.  
LAST FIRST MI

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

OWI \_\_\_\_\_

INSPECTOR

NAME Odell Phillip   
LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO 15 years ago

DATE WELL COMPLETED Ray Lucy

WHO CONSTRUCTED WELL? Ray Lucy  
ADDRESS \_\_\_\_\_

TOTAL DEPTH 100 FT.

IS THE CASING ABOVE GROUND  YES, 6 IN.  
 NO

CASING TYPE(S)	CASING (I D) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
<u>plastic</u>	<u>4"</u>			

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE  jet  submersible  turbine  other \_\_\_\_\_  
ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 1

NUMBER OF HOUSEHOLDS SERVED: 1

PWSID # \_\_\_\_\_

TYPE OF TREATMENT SYSTEM:

NONE

- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) \_\_\_\_\_  
\_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_  
\_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

SKETCH MAP

N  
↑

house

o well

SIGNATURE OF PERSON REPORTING SITE

Phillip W. Odell

DATE

7/28/87

AKGWA NUMBER 040101 -- 510110  
DATE OF INSPECTION 7/27/87

Attach photo copies  
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marked. Send to:  
KENTUCKY NATURAL RES  
DIVISION OF WATER 18 RE  
PHONE 1-(502)-564-3410.

0000-5090

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION

COUNTY Mason  
QUADRANGLE MAP Calvert City  
ELEVATION 347  
LATITUDE 37° 02' 55"  
LONGITUDE 88° 21' 29"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS  OHIO RIVER ALLUVIUM
- E. COAL FIELD  W. COAL FIELD
- MISS. PLATEAU  JACKSON PURCHASE

WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED 1965  
WHO CONSTRUCTED WELL? Laine Control  
ADDRESS \_\_\_\_\_

TOTAL DEPTH 80 FT.

IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>Steel</u>	<u>2" O.D.</u>	<u>3/2"</u>	<u>wellhead</u>	<u>1/2"</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. <u>16" O.D.</u>	<u>16"</u>	<u>10'</u>	<u>10'</u>	<u>1/2"</u>

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? 9 ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
yes

COMMENTS try on power box  
in left of pump

Well # 1

Minimum Pressure 7.50 GPM

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME GAF ATTN. John Walters  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
OWN: \_\_\_\_\_

INSPECTOR Odeh, Phillip Shanks, Margaret  
NAME LAST FIRST MI ID #

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: NA

TYPE OF TREATMENT SYSTEM:

- NONE
- WATER SOFTENER
- UV
- CHLORINATION
- AERATION
- CHARCOAL FILTER
- SAND FILTER
- IRON INHIBITOR
- OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO

REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

SKETCH MAP

SIGNATURE OF PERSON REPORTING SITE  
Phillip Odeh

DATE 7/29/87

AKGWA NUMBER 0000 -- 5091  
DATE OF INSPECTION 7/29/87

Attach photo copies of  
copy of a 7.5 minute tc  
marked. Send to:  
KENTUCKY NATURAL RESO  
DIVISION OF WATER 18 REIL  
PHONE 1-(502)-564-3410.

0000-5091

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
COUNTY Marshall  
QUADRANGLE MAP 22 West City  
ELEVATION 337  
LATITUDE 37° 02' 45"  
LONGITUDE 88° 21' 32"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_  
PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS  OHIO RIVER ALLUVIUM  
 E. COAL FIELD  W. COAL FIELD  
 MISS. PLATEAU  JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER  
NAME GAF Attn. John Walters  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
OW \_\_\_\_\_

WELL CHARACTERISTICS:  
IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED \_\_\_\_\_  
WHO CONSTRUCTED WELL? \_\_\_\_\_  
ADDRESS \_\_\_\_\_

INSPECTOR Odell, Phillip  
NAME Shanks, Margaret   
AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH \_\_\_\_\_ FT.  
IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO  
CASING TYPE(S) CASING (I.D) DIAMETER (IN) FEET BELOW SURFACE FROM TO CASING WALL THICKNESS  
1. Steel 24" OD 0 \_\_\_\_\_ 5/16  
2. P.F. 1.25" \_\_\_\_\_ \_\_\_\_\_  
3. Screen 1.6 \_\_\_\_\_ \_\_\_\_\_  
4. \_\_\_\_\_ \_\_\_\_\_

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_  
NUMBER OF PEOPLE SERVED: \_\_\_\_\_  
NUMBER OF HOUSEHOLDS SERVED: N.A.  
TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE ANNULUS SEALED?  yes, material used  
 no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

SKETCH MAP

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
YES

COMMENTS  
750 gpm  
call Nelson D. 012 about  
Well # 2 additional information

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE  
Phillip Odell

DATE  
7/29/87

KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5092  
 DATE OF INSPECTION 7/29/87

Attach photo copy of a 7.5 minute marked. Send to:  
 KENTUCKY NATURAL  
 DIVISION OF WATER 18  
 PHONE 1-(502)-564-34...

0000-5092

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
 COUNTY Marshall  
 QUADRANGLE MAP Calvert City  
 ELEVATION 350  
 LATITUDE 37° 02' 57"  
 LONGITUDE 88° 21' 42"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME GAF ATTN. John Walter  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 OWN: \_\_\_\_\_

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED \_\_\_\_\_  
 WHO CONSTRUCTED WELL? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

INSPECTOR Odeh, Phillip  
 NAME Shanks, Margaret   
LAST FIRST MI ID #  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH 125 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

WELL USE: <input type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	NUMBER OF PEOPLE SERVED: _____	TYPE OF TREATMENT SYSTEM: <input type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input checked="" type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____
	NUMBER OF HOUSEHOLDS SERVED: <u>N.A.</u>	WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) _____ _____ _____

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1 <u>Steel</u>	<u>30"</u>	<u>0</u>	<u>100</u>	<u>.279</u>
2 <u>Steel</u>	<u>18"</u>	<u>0</u>	<u>100</u>	<u>.312</u>
3 <u>Steel</u>	<u>16</u>	<u>100</u>	<u>125</u>	
4 _____				

IS THE ANNULUS SEALED?  Yes, material used \_\_\_\_\_  
 no  
 WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_  
 DOES THE WELL HAVE A PUMP?  Yes, age of pump \_\_\_\_\_  
 no  
 DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.  
 PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown  
 STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_  
 \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SKETCH MAP  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMENTS 750 gpm  
 \_\_\_\_\_  
Well # 3  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE Phillip Odeh DATE 7/29/87

KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5093  
DATE OF INSPECTION 7/29/87

Attach photo copies c  
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marked. Send to:  
KENTUCKY NATURAL RES  
DIVISION OF WATER 18 REI  
PHONE 1-(502)-564-3410.

0000.5093

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION

COUNTY Marshall  
QUADRANGLE MAP Calvert City  
ELEVATION 342  
LATITUDE 37° 02' 49"  
LONGITUDE 88° 21' 17"  
UTM GRID ZONE \_\_\_\_\_  
NORTHING \_\_\_\_\_  
EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS  OHIO RIVER ALLUVIUM
- E. COAL FIELD  W. COAL FIELD
- MISS. PLATEAU  JACKSON PURCHASE

WELL CHARACTERISTICS:

IS THIS A DUG WELL?  YES  NO  
DATE WELL COMPLETED \_\_\_\_\_  
WHO CONSTRUCTED WELL? \_\_\_\_\_  
ADDRESS \_\_\_\_\_

TOTAL DEPTH 106 FT.

IS THE CASING ABOVE GROUND  YES  NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
<u>Steel</u>	<u>3.6</u>	<u>0</u>	<u>4</u>	

IS THE ANNULUS SEALED?  yes, material used  no

WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  OPEN  OTHER

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V Disc 1  unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

COMMENTS Capacitor 1500 GPM well pump

Well #4

HAVE YOU INCLUDED ANY ATTACHMENTS?  
NO. OF PAGES \_\_\_\_\_

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

OWNER NAME GAF ATTN, John Walter  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_  
ZIP \_\_\_\_\_

INSPECTOR Odell, Phillip   
NAME Shultz, Margaret ID # \_\_\_\_\_  
LAST FIRST MI

AGENCY  CHR  DOW  OTHER \_\_\_\_\_

WELL USE:

- DOMESTIC
- MUNICIPAL
- IRRIGATION
- INDUSTRIAL
- STOCK
- MONITOR
- ABANDONED
- OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: NA

TYPE OF TREATMENT SYSTEM:

- NONE
  - WATER SOFTENER
  - UV
  - CHLORINATION
  - AERATION
  - CHARCOAL FILTER
  - SAND FILTER
  - IRON INHIBITOR
  - OTHER \_\_\_\_\_
- WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED
- SPECIFIC COMPLAINT INVESTIGATION
- GENERAL SURVEY
- AMBIENT GROUNDWATER MONITORING
- OTHER \_\_\_\_\_

SKETCH MAP

SIGNATURE OF PERSON REPORTING SITE

Phillip R. Odell

DATE

7/29/87

**KENTUCKY WELL INSPECTION FORM**

AKGWA NUMBER 0000 -- 5094

DATE OF INSPECTION \_\_\_\_\_

COMPLETE THIS FORM  
Attach photo copies of  
copy of a 7.5 minute to  
marked. Send to:  
KENTUCKY NATURAL RESO:  
DIVISION OF WATER 18 REIL:  
PHONE 1-(502)-564-3410.

**0000-5094**

SHADED AREA FOR OFFICIAL USE ONLY

**WELL LOCATION**  
 COUNTY Marshall  
 QUADRANGLE MAP Briensburg  
 ELEVATION 410  
 LATITUDE 36° 59' 47"  
 LONGITUDE 88° 20' 47"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

**CHECK ONE:**  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

**OWNER** Burton  
 NAME Ernie Ernie Ernie  
LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_

**WELL CHARACTERISTICS:**  
 IS THIS A DUG WELL?  YES  NO  
 DATE WELL COMPLETED 1984  
 WHO CONSTRUCTED WELL? (Smith) Jones  
 ADDRESS \_\_\_\_\_

**INSPECTOR** Cell, Phillip  
 NAME Shanks, Phillip Shanks, Phillip Shanks, Phillip  
LAST FIRST MI ID # \_\_\_\_\_  
 AGENCY  CHR  DOW  OTHER \_\_\_\_\_

TOTAL DEPTH Unknown FT.  
 IS THE CASING ABOVE GROUND  YES  NO

CASING TYPE(S)	CASING (I.D) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. PVC	4"			
2.				
3.				
4.				

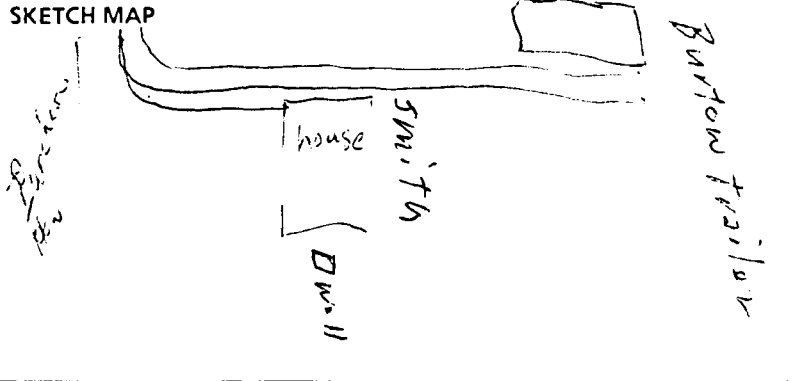
<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>5</u>  <b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>2</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____ WATER QUALITY PROBLEM REQUIRING TREATMENT. (describe) _____
	PWSID # _____	

IS THE ANNULUS SEALED?  yes, material used  no  
 WELL HEAD (casing top):  WELL CAP  SANITARY SEAL  
 OPEN  OTHER \_\_\_\_\_  
 DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no  
 DOES THE WELL HAVE A PITLESS ADAPTER?  yes  no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.  
 PUMP TYPE:  jet  submersible  turbine  other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V,  3 wire, 220V  
 unknown  
 STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured  not measured

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES  NO IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES  NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_



COMMENTS Well owner was not home part water from neighbors trailer  
typical Jones well construction

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE Phillip W. Cell DATE 7/29/87

# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 -- 5095

DATE OF INSPECTION \_\_\_\_\_

0000-5095

COMPLETE THIS I  
Attach photo copy of a 7.5 min marked. Send to KENTUCKY NATURAL DIVISION OF WATER PHONE 1-(502)-564-3410.

SHADED AREA FOR OFFICIAL USE ONLY

## WELL LOCATION

COUNTY Marshall

QUADRANGLE MAP BRIENSRURG

ELEVATION 370

LATITUDE 36° 59' 27"

LONGITUDE 88° 21' 32"

UTM GRID ZONE \_\_\_\_\_

NORTHING \_\_\_\_\_

EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION

- BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

## WELL CHARACTERISTICS:

IS THIS A DUG WELL?     YES     NO

DATE WELL COMPLETED Unknown

WHO CONSTRUCTED WELL? Unknown

ADDRESS \_\_\_\_\_

TOTAL DEPTH 127 FT.

IS THE CASING ABOVE GROUND     YES     NO

CASING TYPE(S)	CASING (I.D.) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>AK</u>	<u>4</u>	<u>0</u>	<u>117</u>	
2. <u>Screen</u>	<u>4</u>	<u>117</u>	<u>127</u>	
3. _____				
4. _____				

IS THE ANNULUS SEALED?     yes, material used     no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL

OPEN     OTHER

DOES THE WELL HAVE A PUMP?     yes, age of pump \_\_\_\_\_

no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no

LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_

ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V

unknown

STATIC WATER LEVEL? 17 ft. below surface, reported

can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)

Has drawing of system

COMMENTS 35' sand, clay + gravel

60' clay

20' sand

Backfilled to 127'

Paul Harrington Jr.

HAVE YOU INCLUDED ANY ATTACHMENTS?

NO. OF PAGES \_\_\_\_\_

DISTRIBUTION: YELLOW COPY-OWNER WHITE COPY-AGENCY PINK COPY-INSPECTOR

CHECK ONE:  original inspection  
 modification of previous well inspection form  
(fill in AKGWA # and only those sections with changes)

## OWNER

NAME Calvert Drive-in Theater

LAST FIRST MI

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_  
OWN \_\_\_\_\_

## INSPECTOR

NAME Odell, Phillip Shanks, Margaret

LAST FIRST MI ID #

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

## WELL USE:

- DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_

NUMBER OF HOUSEHOLDS SERVED: N.A.

PWSID # \_\_\_\_\_

## TYPE OF TREATMENT SYSTEM:

- NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_

WATER QUALITY PROBLEM REQUIRING TREATMENT (describe) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?

YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?     YES     NO

REASON FOR INSPECTION (check all that are applicable)

- GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

## SKETCH MAP



SIGNATURE OF PERSON REPORTING SITE

Phillip E. Odell

DATE

7/29/87

**KENTUCKY WELL INSPECTION FORM**

AKGWA NUMBER 0000 - 5096  
 DATE OF INSPECTION \_\_\_\_\_

COMPLETE THIS FOR  
 Attach photo copies  
 copy of a 7.5 minute  
 marked. Send to:  
 KENTUCKY NATURAL RE  
 DIVISION OF WATER 18 R  
 PHONE 1-(502)-564-341C.

**0000-5096**

**SHADED AREA FOR OFFICIAL USE ONLY**

**WELL LOCATION**

COUNTY Marshall  
 QUADRANGLE MAP Elva  
 ELEVATION 465  
 LATITUDE 36° 57' 00"  
 LONGITUDE 88° 23' 09"  
 UTM GRID ZONE \_\_\_\_\_  
 NORTHING \_\_\_\_\_  
 EASTING \_\_\_\_\_

PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

**WELL CHARACTERISTICS:**

IS THIS A DUG WELL?     YES     NO  
 DATE WELL COMPLETED 1973  
 WHO CONSTRUCTED WELL? J. Jones  
 ADDRESS \_\_\_\_\_

TOTAL DEPTH 165 FT.  
 IS THE CASING ABOVE GROUND     YES     NO

CASING TYPE(S)	CASING(I D) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4</u>			
2. _____				
3. _____				
4. _____				

IS THE ANNULUS SEALED?     yes, material used  
 no

WELL HEAD (casing top):     WELL CAP     SANITARY SEAL  
 OPEN     OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?     yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?     yes     no  
 LEVEL OF PUMP INTAKE. \_\_\_\_\_ FT.

PUMP TYPE:     jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:     2 wire, 110V,     3 wire, 220V  
 unknown

STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMENTS  
Picture 13 Roll pg. 2  
typical Jones well construction  
well box not rusted on -  
could not remove box

HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

CHECK ONE:     original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Hancock, James W.  
LAST                      FIRST                      MI

ADDRESS \_\_\_\_\_  
 CITY E  
 OWNER'S \_\_\_\_\_

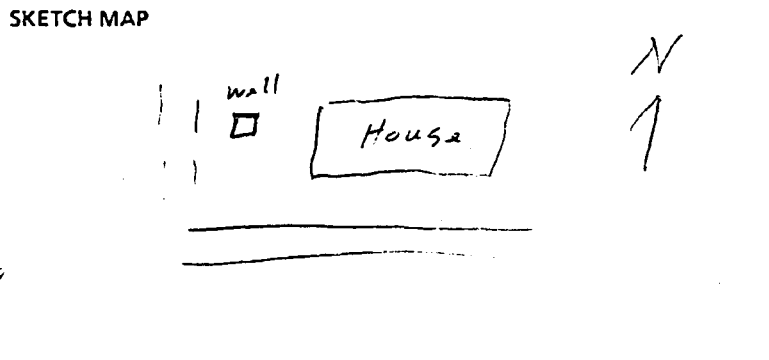
INSPECTOR Odell, Phillip  
 NAME Shanks, Margaret      
LAST                      FIRST                      MI                      ID #

AGENCY     CHR     DOW     OTHER \_\_\_\_\_

<b>WELL USE:</b> <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> STOCK <input type="checkbox"/> MONITOR <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER _____	<b>NUMBER OF PEOPLE SERVED:</b> <u>2</u>	<b>TYPE OF TREATMENT SYSTEM:</b> <input type="checkbox"/> NONE <input checked="" type="checkbox"/> WATER SOFTENER <input type="checkbox"/> UV <input type="checkbox"/> CHLORINATION <input type="checkbox"/> AERATION <input type="checkbox"/> CHARCOAL FILTER <input type="checkbox"/> SAND FILTER <input type="checkbox"/> IRON INHIBITOR <input type="checkbox"/> OTHER _____
	<b>NUMBER OF HOUSEHOLDS SERVED:</b> <u>1</u>	

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?     YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_



SIGNATURE OF PERSON REPORTING SITE Phillip W. Odell    DATE 7/29/87



# KENTUCKY WELL INSPECTION FORM

AKGWA NUMBER 0000 - 5097  
 DATE OF INSPECTION 7/29/87

COMPLETE THIS FORM!  
 Attach photo copies of a 7.5 minute marked. Send to:  
 KENTUCKY NATURAL RESOURCES  
 DIVISION OF WATER 181  
 PHONE 1-(502)-564-3411

0000-5097

SHADED AREA FOR OFFICIAL USE ONLY

WELL LOCATION  
 COUNTY Marshall  
 QUADRANGLE MAP ELVA  
 ELEVATION 428  
 LATITUDE 36° 58' 38"  
 LONGITUDE 85° 22' 39"  
 UTM GRID ZONE  
 NORTHING  
 EASTING  
 PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 BLUE GRASS     OHIO RIVER ALLUVIUM  
 E. COAL FIELD     W. COAL FIELD  
 MISS. PLATEAU     JACKSON PURCHASE

CHECK ONE:  original inspection  
 modification of previous well inspection form  
 (fill in AKGWA # and only those sections with changes)

OWNER NAME Hurley Eugene  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_

WELL CHARACTERISTICS:  
 IS THIS A DUG WELL?  YES     NO  
 DATE WELL COMPLETED 1976  
 WHO CONSTRUCTED WELL? J. Jerry  
 ADDRESS \_\_\_\_\_

INSPECTOR O'Dell, Phillip  
 NAME Shanks, Margaret   
LAST FIRST MI ID #

AGENCY  CHR     DOW     OTHER \_\_\_\_\_

TOTAL DEPTH 195 FT.  
 IS THE CASING ABOVE GROUND  YES, \_\_\_\_\_ IN.  
 NO

CASING TYPE(S)	CASING(I.D) DIAMETER (IN)	FEET BELOW SURFACE FROM	TO	CASING WALL THICKNESS
1. <u>PVC</u>	<u>4</u>			
2. _____				
3. _____				
4. _____				

WELL USE:  
 DOMESTIC  
 MUNICIPAL  
 IRRIGATION  
 INDUSTRIAL  
 STOCK  
 MONITOR  
 ABANDONED  
 OTHER \_\_\_\_\_

NUMBER OF PEOPLE SERVED: 2

NUMBER OF HOUSEHOLDS SERVED: 1

TYPE OF TREATMENT SYSTEM:  
 NONE  
 WATER SOFTENER  
 UV  
 CHLORINATION  
 AERATION  
 CHARCOAL FILTER  
 SAND FILTER  
 IRON INHIBITOR  
 OTHER \_\_\_\_\_  
 WATER QUALITY PROBLEM REQUIRING TREATMENT (specify) \_\_\_\_\_

IS THE ANNULUS SEALED?  yes, material used \_\_\_\_\_  
 no

WELL HEAD (casing top):  WELL CAP     SANITARY SEAL  
 OPEN     OTHER \_\_\_\_\_

DOES THE WELL HAVE A PUMP?  yes, age of pump \_\_\_\_\_  
 no

DOES THE WELL HAVE A PITLESS ADAPTER?  yes     no  
 LEVEL OF PUMP INTAKE: \_\_\_\_\_ FT.

PUMP TYPE:  jet     submersible     turbine     other \_\_\_\_\_  
 ELECTRIC CONNECTION FOR PUMP:  2 wire, 110V.     3 wire, 220V  
 unknown

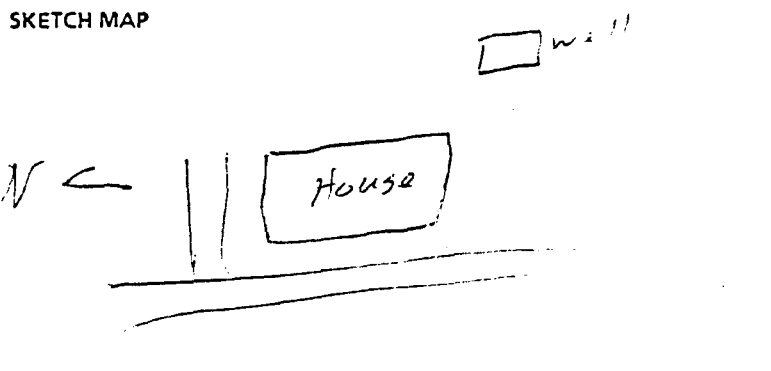
STATIC WATER LEVEL? \_\_\_\_\_ ft. below surface.  
 can't be measured     not measured

DOES THE OWNER HAVE ANY LOG OR RECORD CONCERNING THIS WELL? (e.g. bill of sale, casing record, pump specifications) \_\_\_\_\_

IS THE WELL IN COMPLIANCE WITH STATE WATER WELL CONSTRUCTION STANDARDS?  
 YES     NO    IF NO, DESCRIBE VIOLATIONS \_\_\_\_\_

WAS A WATER QUALITY SAMPLE TAKEN AS PART OF THIS INSPECTION?  YES     NO  
 REASON FOR INSPECTION (check all that are applicable)  
 GENERAL WATER QUALITY ANALYSIS REQUESTED  
 SPECIFIC COMPLAINT INVESTIGATION  
 GENERAL SURVEY  
 AMBIENT GROUNDWATER MONITORING  
 OTHER \_\_\_\_\_

COMMENTS Typical Jones well construction



HAVE YOU INCLUDED ANY ATTACHMENTS?  
 NO. OF PAGES \_\_\_\_\_

SIGNATURE OF PERSON REPORTING SITE  
Phillip M. O'Dell

DATE  
7/29/87

**Printed With State Funds**

**APPENDIX D**

**WATER QUALITY ANALYSIS REPORTS**  
**(INORGANIC, ORGANIC, and MICROBIOLOGICAL ANALYSES)**

**WATER WELL STUDY of the CALVERT CITY AREA, KENTUCKY**  
**MARSHALL, LIVINGSTON and McCRACKEN COUNTIES**

**August 1988**

**APPENDIX D**

**WATER QUALITY ANALYSIS REPORTS**

**All laboratory analyses and water quality reports were conducted and developed by the  
Division of Environmental Services, Department for Environmental Protection.**

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Blakney Well  
Marshall County  
ID #0000-0729

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director  
Division of Environmental Services

**DATE:** August 26, 1987

**Collected by:** E. Lovins/D. Leo      **Date:** 07/14/87      **Time:** 1557

**Delivered by:** Tom Spalding      **Date:** 07/15/87      **Time:** 0830

**Received by:** Polly Ellis      **Date:** 07/15/87      **Time:** 0830

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:** Well samples

**REPORT OF ANALYSIS**

**Report No:** A21-0168

**SA No:** 87-2875

**Finished:** 08/25/87

**Approved:** 08/25/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	16.0 mg/l
Chloride	0.42 mg/l
Hardness	15.8 mg/l
pH	6.1 S.U.
Dissolved Solids	16 mg/l
Sulfate	3.80 mg/l
Nitrate	0.055 mg/l
Arsenic	< 0.001 mg/l
Barium	0.008 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	< 0.01 mg/l
Lead	< 0.001 mg/l
Manganese	0.04 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
beta-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
August 26, 1987

Report No: A21-0168  
SA No: 87-2875

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	1 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	8000 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API #3704553)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Manning Well  
Marshall County  
ID #0000-0747

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director  
Division of Environmental Services

**DATE:** August 26, 1987

**Collected by:** E. Lovins/D. Leo

**Date:** 07/14/87

**Time:** 1458

**Delivered by:** Tom Spalding

**Date:** 07/15/87

**Time:** 0830

**Received by:** Polly Ellis

**Date:** 07/15/87

**Time:** 0830

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Well samples

**REPORT OF ANALYSIS**

**Report No:** A21-0160

**SA No:** 87-2867

**Finished:** 08/25/87

**Approved:** 08/26/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	14.8 mg/l
Chloride	4.62 mg/l
Hardness	17.8 mg/l
pH	5.9 S.U.
Dissolved Solids	48 mg/l
Sulfate	4.36 mg/l
Nitrate	0.500 mg/l
Arsenic	< 0.001 mg/l
Barium	0.055 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.03 mg/l
Lead	0.001 mg/l
Manganese	0.30 mg/l
Mercury	< 0.0001 mg/l



Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	0.003 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
beta-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
August 26, 1987

Report No: A21-0160  
SA No: 87-2867

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	14,800 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml



Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	4900 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Mifflin Well  
Livingston County  
ID #0000-2006

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director  
Division of Environmental Services

**DATE:** August 26, 1987

**Collected by:** Margaret Shanks

**Date:** 07/14/87

**Time:** 1845

**Delivered by:** Tom Spalding

**Date:** 07/15/87

**Time:** 0830

**Received by:** Polly Ellis

**Date:** 07/15/87

**Time:** 0830

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Bathroom sink

REPORT OF ANALYSIS

**Report No:** A21-0158

**SA No:** 87-2865

**Finished:** 08/25/87

**Approved:** 08/26/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	243 mg/l
Chloride	4.00 mg/l
Hardness	227 mg/l
pH	7.4 S.U.
Dissolved Solids	248 mg/l
Sulfate	4.55 mg/l
Nitrate	0.435 mg/l
Arsenic	< 0.001 mg/l
Barium	0.001 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.001 mg/l
Iron	0.19 mg/l
Lead	0.002 mg/l
Manganese	0.02 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
beta-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	9600 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml



MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Shumaker Well  
Livingston County  
ID #0000-2038

ATTN: Geary Schindel

FROM: William E. Davis, Director  
Division of Environmental Services

DATE: August 26, 1987

Collected by: Margaret Shanks

Date: 07/14/87

Time: 1800

Delivered by: Tom Spalding

Date: 07/15/87

Time: 0830

Received by: Polly Ellis

Date: 07/15/87

Time: 0830

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Bathroom sink

REPORT OF ANALYSIS

Report No: A21-0159

SA No: 87-2866

Finished: 08/25/87

Approved: 08/26/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	68.2 mg/l
Chloride	2.00 mg/l
Hardness	77.1 mg/l
pH	6.7 S.U.
Dissolved Solids	106 mg/l
Sulfate	3.05 mg/l
Nitrate	0.405 mg/l
Arsenic	< 0.001 mg/l
Barium	0.087 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.24 mg/l
Lead	< 0.001 mg/l
Manganese	0.03 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
beta-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
August 26, 1987

Report No: A21-0159  
SA No: 87-2866

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	4600 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Myrich Well  
Marshall County  
ID #0000-2039

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 11, 1987

**Collected by:** Eric Lovins **Date:** 07/22/87 **Time:** 1325

**Delivered by:** Phillip O'Dell **Date:** 07/22/87 **Time:** 2330

**Received by:** Polly Ellis **Date:** 07/23/87 **Time:** 0750

**Sample Matrix:** Water **Collection Method:** Grab

**Sample Identification:** From hose coming out of pump

REPORT OF ANALYSIS

**Report No:** A21-0202

**SA No:** 87-3011

**Finished:** 09/02/87

**Approved:** 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	227 mg/l
Chloride	8.21 mg/l
Hardness	235 mg/l
pH	7.2 S.U.
Dissolved Solids	283 mg/l
Sulfate	13.0 mg/l
Nitrate	0.020 mg/l
Arsenic	< 0.001 mg/l
Barium	0.070 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.001 mg/l
Iron	3.76 mg/l
Lead	0.029 mg/l
Manganese	0.16 mg/l
Mercury	0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Meade Well  
Livingston County  
ID #0000-2040

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director  
Division of Environmental Services

**DATE:** August 26, 1987

**Collected by:** Margaret Shanks

**Date:** 07/14/87

**Time:** 1630

**Delivered by:** Tom Spalding

**Date:** 07/15/87

**Time:** 0830

**Received by:** Polly Ellis

**Date:** 07/15/87

**Time:** 0830

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Bathroom sink

**REPORT OF ANALYSIS**

**Report No:** A21-0156

**SA No:** 87-2863

**Finished:** 08/25/87

**Approved:** 08/26/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	204 mg/l
Chloride	3.30 mg/l
Hardness	215 mg/l
pH	7.3 S.U.
Dissolved Solids	256 mg/l
Sulfate	11.8 mg/l
Nitrate	0.110 mg/l
Arsenic	< 0.001 mg/l
Barium	0.001 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.001 mg/l
Iron	0.02 mg/l
Lead	< 0.001 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
beta-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l



Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	340 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Merchants Grain, Inc. Well  
Livingston County  
ID #0000-2506

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: August 19, 1987

Collected by: D. Trimble/M. Shanks

Date: 07/14/87

Time: 1515

Delivered by: Tom Spalding

Date: 07/15/87

Time: 0830

Received by: Polly Ellis

Date: 07/15/87

Time: 0830

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Bathroom sink

REPORT OF ANALYSIS

Report No: A21-0155

SA No: 87-2862

Finished: 08/17/87

Approved: 08/17/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	112 mg/l
Chloride	27.8mg/l
Hardness	< 2.00 mg/l
pH	7.2 S.U.
Dissolved Solids	182 mg/l
Sulfate	6.61 mg/l
Nitrate	0.010 mg/l
Arsenic	< 0.001 mg/l
Barium	0.006 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.001 mg/l
Iron	< 0.01 mg/l
Lead	< 0.001 mg/l
Manganese	0.010 mg/l
Mercury	0.0001 mg/l

Selenium	0.002 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlorane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Page 3 of 3 pages  
August 19, 1987

Report No: A21-0155  
SA No: 87-2862

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	< 1 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Duncan Well  
Marshall County  
ID #0000-5000

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director  
Division of Environmental Services

**DATE:** August 26, 1987

**Collected by:** E. Lovins/D. Leo

**Date:** 07/14/87

**Time:** 1650

**Delivered by:** Tom Spalding

**Date:** 07/15/87

**Time:** 0830

**Received by:** Polly Ellis

**Date:** 07/15/87

**Time:** 0830

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Well samples

REPORT OF ANALYSIS

**Report No:** A21-0161

**SA No:** 87-2868

**Finished:** 08/25/87

**Approved:** 08/26/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	32.4 mg/l
Chloride	3.99 mg/l
Hardness	55.3 mg/l
pH	6.5 S.U.
Dissolved Solids	119 mg/l
Sulfate	32.4 mg/l
Nitrate	0.470 mg/l
Arsenic	< 0.001 mg/l
Barium	0.076 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.59 mg/l
Lead	< 0.001 mg/l
Manganese	0.03 mg/l
Mercury	0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
beta-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
August 26, 1987

Report No: A21-0161  
SA No: 87-2868

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	3000 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Bonnell Well  
Marshall County  
ID #0000-5001

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 8, 1987

**Collected by:** P. O'dell/S. Silverman

**Date:** 07/15/87

**Time:** 1041

**Delivered by:** Phillip O'Dell

**Date:** 07/15/87

**Time:** 2223

**Received by:** Polly Ellis

**Date:** 07/16/87

**Time:** 0820

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:**

**REPORT OF ANALYSIS**

**Report No:** A21-0174

**SA No:** 87-2920

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	80.6 mg/l
Chloride	1.00 mg/l
Hardness	80.9 mg/l
pH	7.0 S.U.
Dissolved Solids	94 mg/l
Sulfate	3.99 mg/l
Nitrate	0.205 mg/l
Arsenic	< 0.001 mg/l
Barium	0.017 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	< 0.01 mg/l
Lead	< 0.001 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l



Selenium	0.005 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	68 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	60 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API 3604773)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Story Well  
Marshall County  
ID #0000-5002

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: September 10, 1987

Collected by: E. Lovins/M. Shanks

Date: 07/21/87

Time: 1015

Delivered by: Margaret Shanks

Date: 07/21/87

Time: 2335

Received by: Polly Ellis

Date: 07/22/87

Time: 0730

Sample Matrix: Water

Collection Method: Grab

Sample Identification:

REPORT OF ANALYSIS

Report No: A21-0189

SA No: 87-2987

Finished: 09/02/87

Approved: 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	245 mg/l
Chloride	7.10 mg/l
Hardness	152 mg/l
pH	6.7 S.U.
Dissolved Solids	266 mg/l
Sulfate	< 3.0 mg/l
Nitrate	0.020 mg/l
Arsenic	0.007 mg/l
Barium	0.060 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	9.42 mg/l
Lead	< 0.001 mg/l
Manganese	1.54 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.010 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlorane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	7600 cfu/ml
Fecal Streptococci	1 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Pace Well  
Marshall County  
ID #0000-5003

ATTN: Geary Schindel

FROM: William E. Davis, Director  
Division of Environmental Services

DATE: August 26, 1987

Collected by: E. Lovins/D. Leo

Date: 07/14/87

Time: 1830

Delivered by: Tom Spalding

Date: 07/15/87

Time: 0830

Received by: Polly Ellis

Date: 07/15/87

Time: 0830

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Well samples

REPORT OF ANALYSIS

Report No: A21-0167

SA No: 87-2874

Finished: 08/25/87

Approved: 08/25/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	39.1 mg/l
Chloride	3.20 mg/l
Hardness	53.4 mg/l
pH	6.7 S.U.
Dissolved Solids	68 mg/l
Sulfate	8.84 mg/l
Nitrate	0.850 mg/l
Arsenic	< 0.001 mg/l
Barium	0.039 mg/l
Cadmium	0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.62 mg/l
Lead	< 0.001 mg/l
Manganese	0.15 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
beta-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
August 26, 1987

Report No: A21-0167  
SA No: 87-2874

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	300 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	16,100 cfu/ml
Fecal Streptococci	36 colony(ies)/100ml
Fecal Coliform	1 colony(ies)/100ml
<u>Klebsiella pneumoniae</u>	Present
(API #5215773)	



MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Scillian Well  
Marshall County  
ID #0000-5004

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 8, 1987

**Collected by:** P. O'dell/S. Silverman      **Date:** 07/15/87      **Time:** 1115

**Delivered by:** Phillip O'Dell      **Date:** 07/15/87      **Time:** 2223

**Received by:** Polly Ellis      **Date:** 07/16/87      **Time:** 0820

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:**

(Note: Water has large amounts of Natural Gases)

REPORT OF ANALYSIS

**Report No:** A21-0173

**SA No:** 87-2919

**Finished:** 09/02/87

**Approved:** 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	32.8 mg/l
Chloride	2.60 mg/l
Hardness	29.6 mg/l
pH	6.7 S.U.
Dissolved Solids	52 mg/l
Sulfate	< 3.0 mg/l
Nitrate	1.10 mg/l
Arsenic	< 0.001 mg/l
Barium	0.001 mg/l
Cadmium	0.001 mg/l
Chromium	< 0.001 mg/l
Iron	< 0.01 mg/l
Lead	< 0.001 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	0.002 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlorane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 8, 1987

Report No: A21-0173  
SA No: 87-2919

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	2660 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Doyle Well  
Marshall County  
ID #0000-5005

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 9, 1987

**Collected by:** M. Shanks/E. Lovins

**Date:** 07/21/87

**Time:** 1100

**Delivered by:** Margaret Shanks

**Date:** 07/21/87

**Time:** 2335

**Received by:** Polly Ellis

**Date:** 07/22/87

**Time:** 0730

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Outside tap (through hose before water softener)

**REPORT OF ANALYSIS**

**Report No:** A21-0182

**SA No:** 87-2980

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	237 mg/l
Chloride	16.5 mg/l
Hardness	276 mg/l
pH	6.2 S.U.
Dissolved Solids	304 mg/l
Sulfate	21.4 mg/l
Nitrate	0.020 mg/l
Arsenic	< 0.001 mg/l
Barium	0.036 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.001 mg/l
Iron	0.15 mg/l
Lead	0.002 mg/l
Manganese	0.01 mg/l
Mercury	0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	0.011 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlorane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	260 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

CARL H. BRADLEY  
SECRETARY



WALLACE G. WILKINSON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Harry J. Doyle Well  
Marshall County  
ID #0000-5005

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** March 28, 1988

**Collected by:** Joseph Devers

**Date:** 03/11/88

**Time:** 1245

**Delivered by:** Purolator

**Date:** 03/14/88

**Time:** 1105

**Received by:** Polly Ellis

**Date:** 03/14/88

**Time:** 1105

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Doyle's Well

**REPORT OF ANALYSIS**

**Report No:** A21-0266

**SA No:** 88-0868

**Finished:** 03/24/88

**Approved:** 03/24/88

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Acidity	25.0 mg/l
Alkalinity	23.7 mg/l
Chloride	17.7 mg/l
pH	5.8 S.U.
Sulfate	20.9 mg/l
Calcium	86.6 mg/l
Magnesium	16.3 mg/l
Sodium	6.9 mg/l
Dichlorodifluoromethane	< 0.001 mg/l
Chloromethane	< 0.001 mg/l
Vinyl Chloride	< 0.001 mg/l
Bromomethane	< 0.001 mg/l
Chloroethane	< 0.001 mg/l
Trichlorofluoromethane	< 0.001 mg/l
1,1-Dichloroethene	< 0.001 mg/l

Acetone	< 0.001 mg/l
Carbon Disulfide	< 0.001 mg/l
Dichloromethane (Methylene Chloride)	< 0.001 mg/l
trans-1,2-Dichloroethene	< 0.001 mg/l
1,1-Dichloroethane	< 0.001 mg/l
Vinyl Acetate	< 0.001 mg/l
2-Butanone (Methyl Ethyl Ketone)	< 0.001 mg/l
2,2-Dichloropropane	< 0.001 mg/l
cis-1,2-Dichloroethene	< 0.001 mg/l
Bromochloromethane	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
1,1-Dichloropropene	< 0.001 mg/l
Benzene	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromomethane	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
2-Chloroethylvinylether	< 0.001 mg/l
cis-1,3-Dichloropropene	< 0.001 mg/l
4-Methyl-2-pentanone (MIBK)	< 0.001 mg/l
Toluene	< 0.001 mg/l
trans-1,3-Dichloropropene	< 0.001 mg/l
1,1,2-Trichloroethane	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
1,3-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
2-Hexanone (Methyl butyl ketone)	< 0.001 mg/l
1,2-Dibromoethane (EDB)	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
1-Chlorohexane	< 0.001 mg/l
Ethylbenzene	< 0.001 mg/l
1,1,1,2-Tetrachloroethane	< 0.001 mg/l
1,3-Xylene	< 0.001 mg/l
1,4-Xylene	< 0.001 mg/l
1,2-Xylene	< 0.001 mg/l
Styrene	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Isopropylbenzene (Cumene)	< 0.001 mg/l
Bromobenzene	< 0.001 mg/l
1,2,3-Trichloropropane	< 0.001 mg/l
1,1,2,2-Tetrachloroethane	< 0.001 mg/l
n-Propylbenzene	< 0.001 mg/l
2-Chlorotoluene	< 0.001 mg/l
3-Chlorotoluene	< 0.001 mg/l
4-Chlorotoluene	< 0.001 mg/l
1,3,5-Trimethylbenzene	< 0.001 mg/l
tert-Butylbenzene	< 0.001 mg/l
1,2,4-Trimethylbenzene	< 0.001 mg/l



Page 3 of 3 pages  
March 28, 1988

Report No: A21-0266  
SA No: 88-0868

sec-Butylbenzene	< 0.001 mg/l
1,3-Dichlorobenzene	< 0.001 mg/l
1,4-Dichlorobenzene	< 0.001 mg/l
Isopropyl toluene (Cymene)	< 0.001 mg/l
1,2-Dichlorobenzene	< 0.001 mg/l
n-Butylbenzene	< 0.001 mg/l
1,2-Dibromo-3-chloropropane (DBCP)	< 0.001 mg/l
1,2,4-Trichlorobenzene	< 0.001 mg/l
Napthalene	< 0.001 mg/l
Hexachlorobutadiene	< 0.001 mg/l
1,2,3-Trichlorobenzene	< 0.001 mg/l

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Sporea Well  
Marshall County  
ID #0000-5006

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 10, 1987

**Collected by:** D. Leo/G. Hoffman      **Date:** 07/21/87      **Time:** 1005

**Delivered by:** Margaret Shanks      **Date:** 07/21/87      **Time:** 2335

**Received by:** Polly Ellis      **Date:** 07/22/87      **Time:** 0730

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:** Outdoor spigot

REPORT OF ANALYSIS

**Report No:** A21-0185

**SA No:** 87-2983

**Finished:** 09/02/87

**Approved:** 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	177 mg/l
Chloride	59.5 mg/l
Hardness	270 mg/l
pH	6.9 S.U.
Dissolved Solids	452 mg/l
Sulfate	61.2 mg/l
Nitrate	9.10 mg/l
Arsenic	0.006 mg/l
Barium	0.065 mg/l
Cadmium	0.003 mg/l
Chromium	0.002 mg/l
Iron	2.58 mg/l
Lead	0.050 mg/l
Manganese	0.34 mg/l
Mercury	0.0001 mg/l

Selenium	0.033 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	0.011 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l*
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l*
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l*
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l*
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l*
Heptachlor	< 0.0001 mg/l*
Aldrin	< 0.0001 mg/l*
Heptachlor Epoxide	< 0.0001 mg/l*
Oxychlorane	< 0.0001 mg/l*
trans-Chlordane	< 0.0001 mg/l*
cis-Chlordane	< 0.0001 mg/l*
trans-Nonachlor	< 0.0001 mg/l*
alpha-Chlordene	< 0.0001 mg/l*
Chlordene	< 0.0001 mg/l*
gamma-Chlordene	< 0.0001 mg/l*
O, P' - DDE	< 0.0001 mg/l*
P, P' - DDE	< 0.0001 mg/l*
Dieldrin	< 0.0001 mg/l*
Endrin	< 0.0001 mg/l*
O, P' - DDD	< 0.0001 mg/l*
P, P' - DDD	< 0.0001 mg/l*
O, P' - DDT	< 0.0001 mg/l*
P, P' - DDT	< 0.0001 mg/l*
Total DDT	< 0.0001 mg/l*
Methoxychlor	< 0.0001 mg/l*
Mirex	< 0.0001 mg/l*

Endosulfan I	< 0.0001 mg/l*
Endosulfan II	< 0.0001 mg/l*
Endosulfan Sulfate	< 0.0001 mg/l*
Endrin Aldehyde	< 0.0001 mg/l*
Endrin Ketone	< 0.0001 mg/l*
Toxaphene	< 0.001 mg/l*
Aroclor 1016	< 0.001 mg/l*
Aroclor 1221	< 0.001 mg/l*
Aroclor 1232	< 0.001 mg/l*
Aroclor 1242	< 0.001 mg/l*
Aroclor 1248	< 0.001 mg/l*
Aroclor 1254	< 0.001 mg/l*
Aroclor 1260	< 0.001 mg/l*
Aroclor 1262	< 0.001 mg/l*
Aroclor 1268	< 0.001 mg/l*
Total Coliform Density	Positive**
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	Unable to count - spreaders
Fecal Streptococci	0 colony(ies)/100me
Fecal Coliform	0 colony(ies)/100me
<u>Enterobacter aerogenes</u>	Present
(API 5305773)	

\*Analytical results are suspect as the quality control criteria were expected on this sample.

\*\*Unable to quantify at 100ml, 25ml, or 1ml portion because of excess amount of debris.

CARL H. BRADLEY  
SECRETARY



WALLACE G. WILKINSON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Adrian Sporea Well  
Marshall County  
ID #0000-5006

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: April 6, 1988

Collected by: Joseph Devers

Date: 03/11/88

Time: 1505

Delivered by: Purolator

Date: 03/14/88

Time: 1105

Received by: Polly Ellis

Date: 03/14/88

Time: 1105

Sample Matrix: Water

Collection Method: Grab

Sample Identification: #1 Sporea's well collected immediately

REPORT OF ANALYSIS

Report No: A21-0271

SA No: 88-0873

Finished: 04/06/88

Approved: 04/06/88

TOTAL CONSTITUENTS

CONCENTRATION

Acidity	22.6 mg/l
Alkalinity	39.7 mg/l
Chloride	10.7 mg/l
Fluoride	< 0.10 mg/l
pH	5.5 S.U.
Sulfate	12.5 mg/l
Calcium	21.0 mg/l
Magnesium	1.64 mg/l
Sodium	7 mg/l
Copper	0.389 mg/l
Lead	0.003 mg/l
Selenium	< 0.001 mg/l
Zinc	0.374 mg/l
Dichlorodifluoromethane	< 0.001 mg/l
Chloromethane	< 0.001 mg/l

Vinyl Chloride	< 0.001 mg/l
Bromomethane	< 0.001 mg/l
Chloroethane	< 0.001 mg/l
Trichlorofluoromethane	< 0.001 mg/l
1,1-Dichloroethene	< 0.001 mg/l
Acetone	< 0.001 mg/l
Carbon Disulfide	< 0.001 mg/l
Dichloromethane (Methylene Chloride)	< 0.001 mg/l
trans-1,2-Dichloroethene	< 0.001 mg/l
1,1-Dichloroethane	< 0.001 mg/l
Vinyl Acetate	< 0.001 mg/l
2-Butanone (Methyl Ethyl Ketone)	< 0.001 mg/l
2,2-Dichloropropane	< 0.001 mg/l
cis-1,2-Dichloroethene	< 0.001 mg/l
Bromochloromethane	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
1,1-Dichloropropene	< 0.001 mg/l
Benzene	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromomethane	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
2-Chloroethylvinylether	< 0.001 mg/l
cis-1,3-Dichloropropene	< 0.001 mg/l
4-Methyl-2-pentanone (MIBK)	< 0.001 mg/l
Toluene	< 0.001 mg/l
trans-1,3-Dichloropropene	< 0.001 mg/l
1,1,2-Trichloroethane	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
1,3-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
2-Hexanone (Methyl butyl ketone)	< 0.001 mg/l
1,2-Dibromoethane (EDB)	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
1-Chlorohexane	< 0.001 mg/l
Ethylbenzene	< 0.001 mg/l
1,1,1,2-Tetrachloroethane	< 0.001 mg/l
1,3-Xylene	< 0.001 mg/l
1,4-Xylene	< 0.001 mg/l
1,2-Xylene	< 0.001 mg/l
Styrene	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Isopropylbenzene (Cumene)	< 0.001 mg/l
Bromobenzene	< 0.001 mg/l
1,2,3-Trichloropropane	< 0.001 mg/l
1,1,2,2-Tetrachloroethane	< 0.001 mg/l
n-Propylbenzene	< 0.001 mg/l
2-Chlorotoluene	< 0.001 mg/l

3-Chlorotoluene	< 0.001 mg/l
4-Chlorotoluene	< 0.001 mg/l
1,3,5-Trimethylbenzene	< 0.001 mg/l
tert-Butylbenzene	< 0.001 mg/l
1,2,4-Trimethylbenzene	< 0.001 mg/l
sec-Butylbenzene	< 0.001 mg/l
1,3-Dichlorobenzene	< 0.001 mg/l
1,4-Dichlorobenzene	< 0.001 mg/l
Isopropyl toluene (Cymene)	< 0.001 mg/l
1,2-Dichlorobenzene	< 0.001 mg/l
n-Butylbenzene	< 0.001 mg/l
1,2-Dibromo-3-chloropropane (DBCP)	< 0.001 mg/l
1,2,4-Trichlorobenzene	< 0.001 mg/l
Napthalene	< 0.001 mg/l
Hexachlorobutadiene	< 0.001 mg/l
1,2,3-Trichlorobenzene	< 0.001 mg/l

CARL H. BRADLEY  
SECRETARY



WALLACE G. WILKINSON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Adrian Sporea Well  
Marshall County  
ID #0000-5006

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** April 6, 1988

**Collected by:** Joseph Devers

**Date:** 03/11/88

**Time:** 1510

**Delivered by:** Purolator

**Date:** 03/14/88

**Time:** 1105

**Received by:** Polly Ellis

**Date:** 03/14/88

**Time:** 1105

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** #2 Sporea's well collected five minutes after first sample

**REPORT OF ANALYSIS**

**Report No:** A21-0272

**SA No:** 88-0874

**Finished:** 04/06/88

**Approved:** 04/06/88

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Calcium  
Copper  
Lead  
Selenium  
Zinc

24.1 mg/l  
0.048 mg/l  
< 0.002 mg/l  
< 0.001 mg/l  
0.057 mg/l



MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Parrish Well  
Marshall County  
ID #0000-5007

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: September 8, 1987

Collected by: P. O'dell/S. Silverman

Date: 07/15/87

Time: 1145

Delivered by: Phillip O'Dell

Date: 07/15/87

Time: 2223

Received by: Polly Ellis

Date: 07/16/87

Time: 0820

Sample Matrix: Water

Collection Method: Grab

Sample Identification:

REPORT OF ANALYSIS

Report No: A21-0170

SA No: 87-2916

Finished: 09/02/87

Approved: 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	46.4 mg/l
Chloride	0.74 mg/l
Hardness	35.5 mg/l
pH	6.9 S.U.
Dissolved Solids	32 mg/l
Sulfate	3.99 mg/l
Nitrate	0.005 mg/l
Arsenic	< 0.001 mg/l
Barium	< 0.001 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.004 mg/l
Iron	12.04 mg/l
Lead	0.002 mg/l
Manganese	0.07 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 8, 1987

Report No: A21-0170  
SA No: 87-2916

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	1 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	50 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API 3604773)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Hall Well  
Marshall County  
ID #0000-5008

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 10, 1987

**Collected by:** M. Shanks/E. Lovins      **Date:** 07/21/87      **Time:** 1145

**Delivered by:** Margaret Shanks      **Date:** 07/21/87      **Time:** 2335

**Received by:** Polly Ellis      **Date:** 07/22/87      **Time:** 0730

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:** Through hose attached to pump

REPORT OF ANALYSIS

**Report No:** A21-0183

**SA No:** 87-2981

**Finished:** 09/02/87

**Approved:** 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	194 mg/l
Chloride	7.10 mg/l
Hardness	198 mg/l
pH	6.8 S.U.
Dissolved Solids	206 mg/l
Sulfate	3.99 mg/l
Nitrate	0.260 mg/l
Arsenic	0.001 mg/l
Barium	0.024 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.001 mg/l
Iron	< 0.01 mg/l
Lead	< 0.001 mg/l
Manganese	0.03 mg/l
Mercury	0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	0.011 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	1210 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

CARL H. BRADLEY  
SECRETARY



WALLACE G. WILKINSON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
**NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET**  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Ray Hall Well  
Marshall County  
ID #0000-5008

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** March 28, 1988

<b>Collected by:</b> Joseph Devers	<b>Date:</b> 03/11/88	<b>Time:</b> 1130
<b>Delivered by:</b> Purolator	<b>Date:</b> 03/14/88	<b>Time:</b> 1105
<b>Received by:</b> Polly Ellis	<b>Date:</b> 03/14/88	<b>Time:</b> 1105

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:** Hall's Well

**REPORT OF ANALYSIS**

**Report No:** A21-0265

**SA No:** 88-0867

**Finished:** 03/24/88

**Approved:** 03/24/88

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Acidity	18.3 mg/l
Alkalinity	199 mg/l
Chloride	9.2 mg/l
pH	6.5 S.U.
Sulfate	6.4 mg/l
Calcium	68.1 mg/l
Magnesium	7.84 mg/l
Sodium	10.3 mg/l
Dichlorodifluoromethane	< 0.001 mg/l
Chloromethane	< 0.001 mg/l
Vinyl Chloride	< 0.001 mg/l
Bromomethane	< 0.001 mg/l
Chloroethane	< 0.001 mg/l
Trichlorofluoromethane	< 0.001 mg/l
1,1-Dichloroethene	< 0.001 mg/l

Acetone	< 0.001 mg/l
Carbon Disulfide	< 0.001 mg/l
Dichloromethane (Methylene Chloride)	< 0.001 mg/l
trans-1,2-Dichloroethene	< 0.001 mg/l
1,1-Dichloroethane	< 0.001 mg/l
Vinyl Acetate	< 0.001 mg/l
2-Butanone (Methyl Ethyl Ketone)	< 0.001 mg/l
2,2-Dichloropropane	< 0.001 mg/l
cis-1,2-Dichloroethene	< 0.001 mg/l
Bromochloromethane	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
1,1-Dichloropropene	< 0.001 mg/l
Benzene	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromomethane	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
2-Chloroethylvinylether	< 0.001 mg/l
cis-1,3-Dichloropropene	< 0.001 mg/l
4-Methyl-2-pentanone (MIBK)	< 0.001 mg/l
Toluene	< 0.001 mg/l
trans-1,3-Dichloropropene	< 0.001 mg/l
1,1,2-Trichloroethane	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
1,3-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
2-Hexanone (Methyl butyl ketone)	< 0.001 mg/l
1,2-Dibromoethane (EDB)	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
1-Chlorohexane	< 0.001 mg/l
Ethylbenzene	< 0.001 mg/l
1,1,1,2-Tetrachloroethane	< 0.001 mg/l
1,3-Xylene	< 0.001 mg/l
1,4-Xylene	< 0.001 mg/l
1,2-Xylene	< 0.001 mg/l
Styrene	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Isopropylbenzene (Cumene)	< 0.001 mg/l
Bromobenzene	< 0.001 mg/l
1,2,3-Trichloropropane	< 0.001 mg/l
1,1,2,2-Tetrachloroethane	< 0.001 mg/l
n-Propylbenzene	< 0.001 mg/l
2-Chlorotoluene	< 0.001 mg/l
3-Chlorotoluene	< 0.001 mg/l
4-Chlorotoluene	< 0.001 mg/l
1,3,5-Trimethylbenzene	< 0.001 mg/l
tert-Butylbenzene	< 0.001 mg/l
1,2,4-Trimethylbenzene	< 0.001 mg/l



Page 3 of 3 pages  
March 28, 1988

Report No: A21-0265  
SA No: 88-0867

sec-Butylbenzene	< 0.001 mg/l
1,3-Dichlorobenzene	< 0.001 mg/l
1,4-Dichlorobenzene	< 0.001 mg/l
Isopropyl toluene (Cymene)	< 0.001 mg/l
1,2-Dichlorobenzene	< 0.001 mg/l
n-Butylbenzene	< 0.001 mg/l
1,2-Dibromo-3-chloropropane (DBCP)	< 0.001 mg/l
1,2,4-Trichlorobenzene	< 0.001 mg/l
Napthalene	< 0.001 mg/l
Hexachlorobutadiene	< 0.001 mg/l
1,2,3-Trichlorobenzene	< 0.001 mg/l

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Stevenson Well  
Marshall County  
ID #0000-5009

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 10, 1987

**Collected by:** D. Leo/G. Hoffman

**Date:** 07/21/87

**Time:** 1105

**Delivered by:** Margaret Shanks

**Date:** 07/21/87

**Time:** 2335

**Received by:** Polly Ellis

**Date:** 07/22/87

**Time:** 0730

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Outdoor spigot

**REPORT OF ANALYSIS**

**Report No:** A21-0186

**SA No:** 87-2984

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	188 mg/l
Chloride	19.0 mg/l
Hardness	217 mg/l
pH	7.0 S.U.
Dissolved Solids	270 mg/l
Sulfate	8.66 mg/l
Nitrate	4.10 mg/l
Arsenic	< 0.001 mg/l
Barium	0.026 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.001 mg/l
Iron	< 0.01 mg/l
Lead	< 0.001 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.010 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 10, 1987

Report No: A21-0186  
SA No: 87-2984

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	4 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	470 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API 1604573)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Maddox Well  
Marshall County  
ID #0000-5010

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: September 8, 1987

Collected by: P. O'dell/S. Silverman      Date: 07/15/87      Time: 1440

Delivered by: Phillip O'Dell      Date: 07/15/87      Time: 2223

Received by: Polly Ellis      Date: 07/16/87      Time: 0820

Sample Matrix: Water      Collection Method: Grab

Sample Identification:

REPORT OF ANALYSIS

Report No: A21-0171

SA No: 87-2917

Finished: 09/02/87

Approved: 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	16.6 mg/l
Chloride	0.53 mg/l
Hardness	27.6 mg/l
pH	6.2 S.U.
Dissolved Solids	28 mg/l
Sulfate	3.61 mg/l
Nitrate	0.165 mg/l
Arsenic	< 0.001 mg/l
Barium	< 0.001 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.003 mg/l
Iron	< 0.01 mg/l
Lead	0.015 mg/l
Manganese	0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlorane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	120 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Williams Well  
Marshall County  
ID #0000-5011

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 10, 1987

**Collected by:** E. Lovins/M. Shanks      **Date:** 07/21/87      **Time:** 1335

**Delivered by:** Margaret Shanks      **Date:** 07/21/87      **Time:** 2335

**Received by:** Polly Ellis      **Date:** 07/22/87      **Time:** 0730

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:** Sampled from rusted metal bailer

REPORT OF ANALYSIS

**Report No:** A21-0188

**SA No:** 87-2986

**Finished:** 09/02/87

**Approved:** 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	181 mg/l
Chloride	9.69 mg/l
Hardness	232 mg/l
pH	6.6 S.U.
Dissolved Solids	286 mg/l
Sulfate	36.0 mg/l
Nitrate	4.60 mg/l
Arsenic	0.001 mg/l
Barium	0.018 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.002 mg/l
Iron	0.28 mg/l
Lead	< 0.001 mg/l
Manganese	0.03 mg/l
Mercury	< 0.0001 mg/l



Selenium	0.002 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.010 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlorane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	240 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Deitsch Well  
Marshall County  
ID #0000-5012

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: September 10, 1987

Collected by: D. Leo/G. Hoffman

Date: 07/21/87

Time: 1305

Delivered by: Margaret Shanks

Date: 07/21/87

Time: 2335

Received by: Polly Ellis

Date: 07/22/87

Time: 0730

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Outdoor spigot

REPORT OF ANALYSIS

Report No: A21-0184

SA No: 87-2982

Finished: 09/02/87

Approved: 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity  
Chloride  
Hardness  
pH  
Dissolved Solids  
Sulfate  
Nitrate  
Arsenic  
Barium  
Cadmium  
Chromium  
Iron  
Lead  
Manganese  
Mercury

94.5 mg/l  
18.2 mg/l  
88.4 mg/l  
5.9 S.U.  
176 mg/l  
30.0 mg/l  
2.10 mg/l  
0.002 mg/l  
0.030 mg/l  
< 0.001 mg/l  
0.003 mg/l  
0.01 mg/l  
< 0.001 mg/l  
< 0.01 mg/l  
< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.010 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	240 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Howard Well  
Marshall County  
ID #0000-5015

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 10, 1987

**Collected by:** G. Hoffman/D. Leo

**Date:** 07/21/87

**Time:** 1430

**Delivered by:** Margaret Shanks

**Date:** 07/21/87

**Time:** 2335

**Received by:** Polly Ellis

**Date:** 07/22/87

**Time:** 0730

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Outside spigot

**REPORT OF ANALYSIS**

**Report No:** A21-0190

**SA No:** 87-2988

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	34.2 mg/l
Chloride	43.6 mg/l
Hardness	80.2 mg/l
pH	6.1 S.U.
Dissolved Solids	298 mg/l
Sulfate	37.4 mg/l
Nitrate	11.6 mg/l
Arsenic	< 0.001 mg/l
Barium	0.025 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.003 mg/l
Iron	0.02 mg/l
Lead	< 0.001 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	0.007 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.010 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 10, 1987

Report No: A21-0190  
SA No: 87-2988

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	Unable to count - spreaders
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml



CARL H. BRADLEY  
SECRETARY



WALLACE G. WILKINSON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
John A. Howard Well  
Marshall County  
ID #0000-5015

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: April 8, 1988

Collected by: Joseph Devers

Date: 03/11/88

Time: 1330

Delivered by: Purolator

Date: 03/14/88

Time: 1105

Received by: Polly Ellis

Date: 03/14/88

Time: 1105

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Howard's well

REPORT OF ANALYSIS

Report No: A21-0267

SA No: 88-0869

Finished: 04/08/88

Approved: 04/08/88

TOTAL CONSTITUENTS

CONCENTRATION

Acidity	48.5 mg/l
Alkalinity	61.5 mg/l
Chloride	65.9 mg/l
pH	5 S.U.
Sulfate	6.1 mg/l
Ammonia-Nitrogen	< 0.050 mg/l
Kjeldhal Nitrogen	< 0.050 mg/l
Nitrate	15.4 mg/l
Phosphorus	0.012 mg/l
Calcium	37.5 mg/l
Magnesium	10.9 mg/l
Potassium	0.58 mg/l
Sodium	37.7 mg/l

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Goheen Well  
Marshall County  
ID #0000-5017

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 10, 1987

**Collected by:** E. Lovins/M. Shanks

**Date:** 07/21/87

**Time:** 1420

**Delivered by:** Margaret Shanks

**Date:** 07/21/87

**Time:** 2335

**Received by:** Polly Ellis

**Date:** 07/22/87

**Time:** 0730

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Kitchen sink tap with straight tap

**REPORT OF ANALYSIS**

**Report No:** A21-0187

**SA No:** 87-2985

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	89.0 mg/l
Chloride	9.30 mg/l
Hardness	116 mg/l
pH	6.4 S.U.
Dissolved Solids	178 mg/l
Sulfate	27.8 mg/l
Nitrate	0.070 mg/l
Arsenic	0.001 mg/l
Barium	0.026 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.002 mg/l
Iron	0.03 mg/l
Lead	< 0.001 mg/l
Manganese	0.07 mg/l
Mercury	0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.010 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	150 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Gum Spring  
Livingston County  
ID #0000-5018

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director  
Division of Environmental Services

**DATE:** August 26, 1987

<b>Collected by:</b> Margaret Shanks	<b>Date:</b> 07/14/87	<b>Time:</b> 1700
<b>Delivered by:</b> Tom Spalding	<b>Date:</b> 07/15/87	<b>Time:</b> 0830
<b>Received by:</b> Polly Ellis	<b>Date:</b> 07/15/87	<b>Time:</b> 0830

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:** Gum Spring

**REPORT OF ANALYSIS**

**Report No:** A21-0157

**SA No:** 87-2864

**Finished:** 08/25/87

**Approved:** 08/26/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	144 mg/l
Chloride	0.74 mg/l
Hardness	144 mg/l
pH	7.8 S.U.
Dissolved Solids	158 mg/l
Sulfate	< 3.0 mg/l
Nitrate	0.400 mg/l
Arsenic	< 0.001 mg/l
Barium	0.014 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.006 mg/l
Iron	< 0.01 mg/l
Lead	< 0.001 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
beta-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
August 26, 1987

Report No: A21-0157  
SA No: 87-2864

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	4 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	160 cfu/ml
Fecal Streptococci	4 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>E. coli</u>	Present
(API #1444512)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Loften Well  
Marshall County  
ID #0000-5020

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 10, 1987

**Collected by:** P. O'Dell/A. White      **Date:** 07/21/87      **Time:** 1255

**Delivered by:** Margaret Shanks      **Date:** 07/21/87      **Time:** 2335

**Received by:** Polly Ellis      **Date:** 07/22/87      **Time:** 0730

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:** Loftens well

**REPORT OF ANALYSIS**

**Report No:** A21-0194

**SA No:** 87-2992

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	93.5 mg/l
Chloride	10.1 mg/l
Hardness	84.8 mg/l
pH	6.4 S.U.
Dissolved Solids	152 mg/l
Sulfate	4.36 mg/l
Nitrate	2.95 mg/l
Arsenic	< 0.001 mg/l
Barium	0.032 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.002 mg/l
Iron	< 0.01 mg/l
Lead	< 0.001 mg/l
Manganese	0.01 mg/l
Mercury	< 0.0001 mg/l



Selenium	0.006 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.010 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 10, 1987

Report No: A21-0194  
SA No: 87-2992

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	52 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	400 cfu/ml
Fecal Streptococci	7 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API 1604573)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Schaefer Well  
Marshall County  
ID #0000-5021

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: September 8, 1987

Collected by: Margaret Shanks Date: 07/15/87 Time: 1410

Delivered by: Phillip O'Dell Date: 07/15/87 Time: 2223

Received by: Polly Ellis Date: 07/16/87 Time: 0820

Sample Matrix: Water Collection Method: Grab

Sample Identification: Bathroom sink

REPORT OF ANALYSIS

Report No: A21-0176

SA No: 87-2922

Finished: 09/02/87

Approved: 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	47.3 mg/l
Chloride	2.00 mg/l
Hardness	63.1 mg/l
pH	6.1 S.U.
Dissolved Solids	76 mg/l
Sulfate	3.61 mg/l
Nitrate	0.055 mg/l
Arsenic	< 0.001 mg/l
Barium	0.022 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.002 mg/l
Iron	< 0.01 mg/l
Lead	0.077 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlorane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	2970 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

CARL H. BRADLEY  
SECRETARY



WALLACE G. WILKINSON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Saundra Schaefer Well  
Marshall County  
ID #0000-5021

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** April 6, 1988

**Collected by:** Joseph Devers

**Date:** 03/11/88

**Time:** 1400

**Delivered by:** Purolator

**Date:** 03/14/88

**Time:** 1105

**Received by:** Polly Ellis

**Date:** 03/14/88

**Time:** 1105

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** #1 Schaefer's well collected immediately

REPORT OF ANALYSIS

**Report No:** A21-0268

**SA No:** 88-0870

**Finished:** 04/06/88

**Approved:** 04/06/88

TOTAL CONSTITUENTS

CONCENTRATION

Acidity	28.8 mg/l
Alkalinity	47.1 mg/l
Chloride	3.2 mg/l
Fluoride	0.14 mg/l
pH	6.4 S.U.
Sulfate	11.1 mg/l
Calcium	15.3 mg/l
Magnesium	4.68 mg/l
Sodium	4 mg/l
Copper	0.018 mg/l
Lead	< 0.002 mg/l
Zinc	0.018 mg/l

CARL H. BRADLEY  
SECRETARY



WALLACE G. WILKINSON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Saundra Schaefer Well  
Marshall County  
ID #0000-5021

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** April 6, 1988

**Collected by:** Joseph Devers

**Date:** 03/11/88

**Time:** 1405

**Delivered by:** Purolator

**Date:** 03/14/88

**Time:** 1105

**Received by:** Polly Ellis

**Date:** 03/14/88

**Time:** 1105

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** #2 Schaefer's well collected five minutes after first sample

REPORT OF ANALYSIS

**Report No:** A21-0269

**SA No:** 88-0871

**Finished:** 04/06/88

**Approved:** 04/06/88

TOTAL CONSTITUENTS

CONCENTRATION

Calcium  
Magnesium  
Copper  
Lead  
Zinc

14.1 mg/l  
4.73 mg/l  
0.003 mg/l  
< 0.002 mg/l  
0.013 mg/l

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Hall Well  
Marshall County  
ID #0000-5023

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 10, 1987

**Collected by:** P. O'Dell/A. White

**Date:** 07/21/87

**Time:** 1340

**Delivered by:** Margaret Shanks

**Date:** 07/21/87

**Time:** 2335

**Received by:** Polly Ellis

**Date:** 07/22/87

**Time:** 0730

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Jerry Hall's domestic well

REPORT OF ANALYSIS

**Report No:** A21-0193

**SA No:** 87-2991

**Finished:** 09/02/87

**Approved:** 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	31.0 mg/l
Chloride	5.90 mg/l
Hardness	92.4 mg/l
pH	6.0 S.U.
Dissolved Solids	212 mg/l
Sulfate	74.9 mg/l
Nitrate	1.55 mg/l
Arsenic	< 0.001 mg/l
Barium	0.024 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.007 mg/l
Iron	< 0.01 mg/l
Lead	< 0.001 mg/l
Manganese	< 0.01 mg/l
Mercury	0.0001 mg/l



Selenium	0.005 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.010 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 10, 1987

Report No: A21-0193  
SA No: 87-2991

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	50 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Tidwell Well  
Marshall County  
ID #0000-5025

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 10, 1987

**Collected by:** P. O'Dell/A. White

**Date:** 07/21/87

**Time:** 1445

**Delivered by:** Margaret Shanks

**Date:** 07/21/87

**Time:** 2335

**Received by:** Polly Ellis

**Date:** 07/22/87

**Time:** 0730

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:**

**REPORT OF ANALYSIS**

**Report No:** A21-0196

**SA No:** 87-2994

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity  
Chloride  
Hardness  
pH  
Dissolved Solids  
Sulfate  
Nitrate  
Arsenic  
Barium  
Cadmium  
Chromium  
Iron  
Lead  
Manganese  
Mercury

434 mg/l  
41.4 mg/l  
529 mg/l  
7.7 S.U.  
880 mg/l  
102 mg/l  
1.62 mg/l  
< 0.001 mg/l  
0.042 mg/l  
< 0.001 mg/l  
0.002 mg/l  
0.25 mg/l  
0.005 mg/l  
0.46 mg/l  
0.0001 mg/l

Selenium	0.002 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.010 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlorane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	1400 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
English Well  
Marshall County  
ID #0000-5026

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 10, 1987

**Collected by:** G. Hoffman/D. Leo      **Date:** 07/21/87      **Time:** 1540

**Delivered by:** Margaret Shanks      **Date:** 07/21/87      **Time:** 2335

**Received by:** Polly Ellis      **Date:** 07/22/87      **Time:** 0730

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:** Outside spigot

REPORT OF ANALYSIS

**Report No:** A21-0191

**SA No:** 87-2989

**Finished:** 09/02/87

**Approved:** 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	54.9 mg/l
Chloride	64.5 mg/l
Hardness	121 mg/l
pH	6.2 S.U.
Dissolved Solids	367 mg/l
Sulfate	2.49 mg/l
Nitrate	14.2 mg/l
Arsenic	< 0.001 mg/l
Barium	0.044 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.20 mg/l
Lead	< 0.001 mg/l
Manganese	0.01 mg/l
Mercury	0.0001 mg/l

Selenium	0.005 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.010 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlorane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	100 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	Est. 91,200 cfu/ml
Fecal Streptococci	TNTC colony(ies)/100ml
Fecal Coliform	4 colony(ies)/100ml
<u>Klebsiella pneumoniae</u>	Present
(API 5215773)	



CARL H. BRADLEY  
SECRETARY



WALLACE G. WILKINSON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Luther B. English Well  
Marshall County  
ID #0000-5026

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** April 8, 1988

**Collected by:** Joseph Devers

**Date:** 03/11/88

**Time:** 1435

**Delivered by:** Purolator

**Date:** 03/14/88

**Time:** 1105

**Received by:** Polly Ellis

**Date:** 03/14/88

**Time:** 1105

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** English's well

REPORT OF ANALYSIS

**Report No:** A21-0270

**SA No:** 88-0872

**Finished:** 04/08/88

**Approved:** 04/08/88

TOTAL CONSTITUENTS

CONCENTRATION

Acidity	37.5 mg/l
Alkalinity	89 mg/l
Chloride	9.6 mg/l
pH	6.9 S.U.
Sulfate	27.8 mg/l
Ammonia-Nitrogen	< 0.050 mg/l
Kjeldhal Nitrogen	< 0.050 mg/l
Nitrate	0.065 mg/l
Phosphorus	0.063 mg/l
Calcium	38.3 mg/l
Magnesium	8.52 mg/l
Potassium	1.72 mg/l
Sodium	8.5 mg/l

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Gillum Well  
Livingston County  
ID #0000-5029

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** November 6, 1987

**Collected by:** D. Leo/S. Silverman      **Date:** 07/28/87      **Time:** 1610

**Delivered by:** David Trimble      **Date:** 07/29/87      **Time:** 0140

**Received by:** Polly Ellis      **Date:** 07/29/87      **Time:** 0758

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:** Sample taken from outside spigot

**REPORT OF ANALYSIS**

**Report No:** A21-0224

**SA No:** 87-3111

**Finished:** 09/30/87

**Approved:** 09/30/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	168 mg/l
Chloride	1.87 mg/l
Hardness	172 mg/l
pH	5.8 S.U.
Dissolved Solids	184 mg/l
Sulfate	5.11 mg/l
Nitrate	0.535 mg/l
Arsenic	0.003 mg/l
Barium	0.088 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.24 mg/l
Lead	< 0.001 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	110 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Devine Well  
Marshall County  
ID #0000-5031

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *W.E.D.*  
Division of Environmental Services

**DATE:** September 11, 1987

**Collected by:** E. Lovins/D. Leo

**Date:** 07/22/87

**Time:** 1420

**Delivered by:** Phillip O'Dell

**Date:** 07/22/87

**Time:** 2330

**Received by:** Polly Ellis

**Date:** 07/23/87

**Time:** 0750

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** From hose with spigot out of well

REPORT OF ANALYSIS

**Report No:** A21-0201

**SA No:** 87-3010

**Finished:** 09/02/87

**Approved:** 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	167 mg/l
Chloride	26.7 mg/l
Hardness	380 mg/l
pH	7.0 S.U.
Dissolved Solids	526 mg/l
Sulfate	32.4 mg/l
Nitrate	7.70 mg/l
Arsenic	< 0.001 mg/l
Barium	0.030 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.003 mg/l
Iron	< 0.01 mg/l
Lead	0.014 mg/l
Manganese	0.02 mg/l
Mercury	0.0001 mg/l

Selenium	0.003 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 11, 1987

Report No: A21-0201  
SA No: 87-3010

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	18,800 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Noles Well  
Livingston County  
ID #0000-5032

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** November 6, 1987

**Collected by:** D. Leo/S. Silverman

**Date:** 07/28/87

**Time:** 1800

**Delivered by:** David Trimble

**Date:** 07/29/87

**Time:** 0140

**Received by:** Polly Ellis

**Date:** 07/29/87

**Time:** 0758

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Sample taken from outside spigot

REPORT OF ANALYSIS

**Report No:** A21-0225

**SA No:** 87-3112

**Finished:** 09/30/87

**Approved:** 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	20.0 mg/l
Chloride	4.04 mg/l
Hardness	42.3 mg/l
pH	7.6 S.U.
Dissolved Solids	42 mg/l
Sulfate	8.52 mg/l
Nitrate	0.580 mg/l
Arsenic	0.005 mg/l
Barium	0.017 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	3.83 mg/l
Lead	< 0.001 mg/l
Manganese	< 0.01 mg/l
Mercury	0.0006 mg/l



Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	3350 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Ford Well  
Marshall County  
ID #0000-5036

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director  
Division of Environmental Services

**DATE:** August 26, 1987

**Collected by:** P. O'dell/S. Silverman      **Date:** 07/14/87      **Time:** 1527

**Delivered by:** Tom Spalding      **Date:** 07/15/87      **Time:** 0830

**Received by:** Polly Ellis      **Date:** 07/15/87      **Time:** 0830

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:**

REPORT OF ANALYSIS

**Report No:** A21-0166

**SA No:** 87-2873

**Finished:** 08/25/87

**Approved:** 08/25/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	60.2 mg/l
Chloride	61.4 mg/l
Hardness	152 mg/l
pH	7.2 S.U.
Dissolved Solids	304 mg/l
Sulfate	57.9 mg/l
Nitrate	9.30 mg/l
Arsenic	< 0.001 mg/l
Barium	0.160 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.002 mg/l
Iron	1.81 mg/l
Lead	0.131 mg/l
Manganese	0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
beta-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
August 26, 1987

Report No: A21-0166  
SA No: 87-2873

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	16 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	11,900 cfu/ml
Fecal Streptococci	6 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

CARL H. BRADLEY  
SECRETARY



WALLACE G. WILKINSON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Kate Ford Well  
Marshall County  
ID #0000-5036

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** April 6, 1988

**Collected by:** Joseph Devers

**Date:** 03/11/88

**Time:** 0950

**Delivered by:** Purolator

**Date:** 03/14/88

**Time:** 1105

**Received by:** Polly Ellis

**Date:** 03/14/88

**Time:** 1105

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** #1 Ford's well collected immediately

REPORT OF ANALYSIS

**Report No:** A21-0262

**SA No:** 88-0864

**Finished:** 04/06/88

**Approved:** 04/06/88

TOTAL CONSTITUENTS

CONCENTRATION

Acidity	20.1 mg/l
Alkalinity	73.8 mg/l
Chloride	57.5 mg/l
Fluoride	0.13 mg/l
pH	6.7 S.U.
Sulfate	49.6 mg/l
Calcium	48.0 mg/l
Magnesium	13.4 mg/l
Copper	6.61 mg/l
Lead	0.169 mg/l
Zinc	1.23 mg/l

CARL H. BRADLEY  
SECRETARY



WALLACE G. WILKINSON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Kate Ford Well  
Marshall County  
ID #0000-5036

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** April 6, 1988

**Collected by:** Joseph Devers

**Date:** 03/11/88

**Time:** 0955

**Delivered by:** Purolator

**Date:** 03/14/88

**Time:** 1105

**Received by:** Polly Ellis

**Date:** 03/14/88

**Time:** 1105

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** #2 Ford's well collected five minutes after first sample

**REPORT OF ANALYSIS**

**Report No:** A21-0263

**SA No:** 88-0865

**Finished:** 04/06/88

**Approved:** 04/06/88

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Calcium  
Magnesium  
Sodium  
Copper  
Lead  
Zinc

47.6 mg/l  
12.4 mg/l  
36.9 mg/l  
0.303 mg/l  
0.007 mg/l  
0.061 mg/l

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Foust Well  
Marshall County  
ID #0000-5039

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director  
Division of Environmental Services

**DATE:** August 26, 1987

**Collected by:** P. O'dell/S. Silverman

**Date:** 07/14/87

**Time:** 1620

**Delivered by:** Tom Spalding

**Date:** 07/15/87

**Time:** 0830

**Received by:** Polly Ellis

**Date:** 07/15/87

**Time:** 0830

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:**

REPORT OF ANALYSIS

**Report No:** A21-0162

**SA No:** 87-2869

**Finished:** 08/25/87

**Approved:** 08/26/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	14.3 mg/l
Chloride	30.9 mg/l
Hardness	37.5 mg/l
pH	5.7 S.U.
Dissolved Solids	108 mg/l
Sulfate	< 3.0 mg/l
Nitrate	1.32 mg/l
Arsenic	< 0.001 mg/l
Barium	0.105 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.54 mg/l
Lead	< 0.001 mg/l
Manganese	0.02 mg/l
Mercury	0.0001 mg/l



Selenium	0.006 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
beta-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
August 26, 1987

Report No: A21-0162  
SA No: 87-2869

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	2300 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	2200 cfu/ml
Fecal Streptococci	5 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Enterobactes aerogenes</u>	Present
(API #5305773)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Kettula Well  
Marshall County  
ID #0000-5042

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director  
Division of Environmental Services

**DATE:** August 26, 1987

**Collected by:** P. O'dell/S. Silverman      **Date:** 07/14/87      **Time:** 1700

**Delivered by:** Tom Spalding      **Date:** 07/15/87      **Time:** 0830

**Received by:** Polly Ellis      **Date:** 07/15/87      **Time:** 0830

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:**

**REPORT OF ANALYSIS**

**Report No:** A21-0165

**SA No:** 87-2872

**Finished:** 08/25/87

**Approved:** 08/26/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	10.2 mg/l
Chloride	61.1 mg/l
Hardness	21.7 mg/l
pH	5.8 S.U.
Dissolved Solids	22 mg/l
Sulfate	< 3.0 mg/l
Nitrate	0.650 mg/l
Arsenic	< 0.001 mg/l
Barium	0.042 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.001 mg/l
Iron	< 0.01 mg/l
Lead	< 0.001 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
beta-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
August 26, 1987

Report No: A21-0165  
SA No: 87-2872

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	490 cfu/ml
Fecal Streptococci	6 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Alexander Well  
McCracken County  
ID #0000-5044

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 11, 1987

**Collected by:** G. Hoffman/P. O'Dell

**Date:** 07/22/87

**Time:** 1422

**Delivered by:** Phillip O'Dell

**Date:** 07/22/87

**Time:** 2330

**Received by:** Polly Ellis

**Date:** 07/23/87

**Time:** 0750

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Outdoor spigot

**REPORT OF ANALYSIS**

**Report No:** A21-0200

**SA No:** 87-3009

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	44.3 mg/l
Chloride	51.4 mg/l
Hardness	133 mg/l
pH	6.0 S.U.
Dissolved Solids	282 mg/l
Sulfate	56.6 mg/l
Nitrate	1.53 mg/l
Arsenic	< 0.001 mg/l
Barium	0.048 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.005 mg/l
Iron	0.11 mg/l
Lead	0.003 mg/l
Manganese	< 0.01 mg/l
Mercury	0.0001 mg/l

Selenium	0.004 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	150 cfu/ml
Fecal Streptococci	1 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml



MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Kilby Well  
Marshall County  
ID #0000-5045

ATTN: Geary Schindel

FROM: William E. Davis, Director  
Division of Environmental Services

DATE: August 26, 1987

Collected by: P. O'dell/S. Silverman

Date: 07/14/87

Time: 1730

Delivered by: Tom Spalding

Date: 07/15/87

Time: 0830

Received by: Polly Ellis

Date: 07/15/87

Time: 0830

Sample Matrix: Water

Collection Method: Grab

Sample Identification:

REPORT OF ANALYSIS

Report No: A21-0163

SA No: 87-2870

Finished: 08/25/87

Approved: 08/26/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	8.6 mg/l
Chloride	11.2 mg/l
Hardness	23.7 mg/l
pH	5.8 S.U.
Dissolved Solids	70 mg/l
Sulfate	< 3.0 mg/l
Nitrate	2.45 mg/l
Arsenic	< 0.001 mg/l
Barium	0.087 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.003 mg/l
Iron	0.10 mg/l
Lead	0.002 mg/l
Manganese	0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
beta-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	320 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Davis Well  
Marshall County  
ID #0000-5046

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 11, 1987

**Collected by:** G. Hoffman/P. O'Dell

**Date:** 07/22/87

**Time:** 1538

**Delivered by:** Phillip O'Dell

**Date:** 07/22/87

**Time:** 2330

**Received by:** Polly Ellis

**Date:** 07/23/87

**Time:** 0750

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Outdoor spigot

**REPORT OF ANALYSIS**

**Report No:** A21-0204

**SA No:** 87-3013

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	13.6 mg/l
Chloride	60.0 mg/l
Hardness	137 mg/l
pH	5.6 S.U.
Dissolved Solids	428 mg/l
Sulfate	122 mg/l
Nitrate	14.7 mg/l
Arsenic	< 0.001 mg/l
Barium	0.039 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.004 mg/l
Iron	< 0.01 mg/l
Lead	< 0.001 mg/l
Manganese	0.05 mg/l
Mercury	0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 11, 1987

Report No: A21-0204  
SA No: 87-3013

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	1 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	1,410 cfu/ml
Fecal Streptococci	2 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Klebsiella pneumoniae</u>	Present
(API 5215773)	

CARL H. BRADLEY  
SECRETARY



WALLACE G. WILKINSON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
William Davis, Sr. Well  
Marshall County  
ID #0000-5046

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: April 8, 1988

Collected by: Joseph Devers

Date: 03/11/88

Time: 0830

Delivered by: Purolator

Date: 03/14/88

Time: 1105

Received by: Polly Ellis

Date: 03/14/88

Time: 1105

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Davis' well

REPORT OF ANALYSIS

Report No: A21-0261

SA No: 88-0863

Finished: 04/08/88

Approved: 04/08/88

TOTAL CONSTITUENTS

CONCENTRATION

Acidity	55.4 mg/l
Alkalinity	17.6 mg/l
Chloride	62.9 mg/l
pH	5.9 S.U.
Sulfate	159 mg/l
Ammonia-Nitrogen	0.145 mg/l
Kjeldhal Nitrogen	< 0.050 mg/l
Nitrate	14.3 mg/l
Phosphorus	0.006 mg/l
Calcium	36.7 mg/l
Magnesium	13.2 mg/l
Potassium	1.49 mg/l
Sodium	74 mg/l

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Phelps Well  
Marshall County  
ID #0000-5047

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 10, 1987

**Collected by:** G. Hoffman/P. O'Dell

**Date:** 07/22/87

**Time:** 1615

**Delivered by:** Phillip O'Dell

**Date:** 07/22/87

**Time:** 2330

**Received by:** Polly Ellis

**Date:** 07/23/87

**Time:** 0750

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Outdoor spigot

**REPORT OF ANALYSIS**

**Report No:** A21-0199

**SA No:** 87-3008

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	37.7 mg/l
Chloride	3.50 mg/l
Hardness	110 mg/l
pH	5.8 S.U.
Dissolved Solids	154 mg/l
Sulfate	64.3 mg/l
Nitrate	0.255 mg/l
Arsenic	< 0.001 mg/l
Barium	0.006 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.014 mg/l
Iron	0.42 mg/l
Lead	< 0.002 mg/l
Manganese	0.01 mg/l
Mercury	0.0001 mg/l



Selenium	0.005 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlorane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 10, 1987

Report No: A21-0199  
SA No: 87-3008

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	270 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
King Well  
Marshall County  
ID #0000-5048

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director  
Division of Environmental Services

**DATE:** August 26, 1987

**Collected by:** S. Silverman/P. O'Dell

**Date:** 07/14/87

**Time:** 1815

**Delivered by:** Tom Spalding

**Date:** 07/15/87

**Time:** 0830

**Received by:** Polly Ellis

**Date:** 07/15/87

**Time:** 0830

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:**

**REPORT OF ANALYSIS**

**Report No:** A21-0164

**SA No:** 87-2871

**Finished:** 08/25/87

**Approved:** 08/26/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	25.9 mg/l
Chloride	0.90 mg/l
Hardness	33.6 mg/l
pH	6.4 S.U.
Dissolved Solids	46 mg/l
Sulfate	4.74 mg/l
Nitrate	0.050 mg/l
Arsenic	< 0.001 mg/l
Barium	0.099 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.001 mg/l
Iron	0.02 mg/l
Lead	< 0.001 mg/l
Manganese	0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
beta-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
August 26, 1987

Report No: A21-0164  
SA No: 87-2871

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	320 cfu/ml
Fecal Streptococci	1 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Jones Well  
Livingston County  
ID #0000-5049

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: November 6 1987

Collected by: D. Leo/S. Silverman

Date: 07/28/87

Time: 1345

Delivered by: David Trimble

Date: 07/29/87

Time: 0140

Received by: Polly Ellis

Date: 07/29/87

Time: 0758

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Sample taken from outside spigot

REPORT OF ANALYSIS

Report No: A21-0226

SA No: 87-3113

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	171 mg/l
Chloride	2.10 mg/l
Hardness	170 mg/l
pH	7.4 S.U.
Dissolved Solids	182 mg/l
Sulfate	3.21 mg/l
Nitrate	0.240 mg/l
Arsenic	< 0.001 mg/l
Barium	0.012 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.003 mg/l
Iron	0.16 mg/l
Lead	0.012 mg/l
Manganese	< 0.01 mg/l
Mercury	0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis Nonarochlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	4 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	140 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	5 colony(ies)/100ml
<u>Klebsiella pneumoniae</u>	Present
(API 5205773)	



CARL H. BRADLEY  
SECRETARY



WALLACE G. WILKINSON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
LWD Land Company  
Marshall County  
ID #0000-5050

ATTN: Geary Schindel

FROM: William E. Davis, Director *sg/wed*  
Division of Environmental Services

DATE: November 9, 1987 - Appended January 23, 1987

Collected by: Clifford Schneider Date: 08/24/87 Time: 1000

Delivered by: Phillip O'Dell Date: 08/25/87 Time: 0925

Received by: Polly Ellis Date: 08/25/87 Time: 0925

Sample Matrix: Water Collection Method: Grab

Sample Identification: Sample from drinking water well

REPORT OF ANALYSIS

Report No: A21-0247

SA No: 87-3443

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	186 mg/l
Chloride	3.9 mg/l
Hardness	189 mg/l
pH	7.1 S.U.
Dissolved Solids	208 mg/l
Ammonia-Nitrogen	< 0.050 mg/l
Nitrate	0.010 mg/l
Phosphorus	0.065 mg/l
Arsenic	< 0.001 mg/l
Barium	0.031 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.002 mg/l
Iron	1.05 mg/l
Lead	< 0.002 mg/l

Manganese	0.02 mg/l
Mercury	0.0001 mg/l
Selenium	< 0.002 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.010 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l

Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	28 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	1150 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	4 colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API 1604573)	
<u>E. coli</u>	Present
(API 5144572)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Stokes Well  
Marshall County  
ID #0000-5052

ATTN: Gery Schindel

FROM: William E. Davis, Director *so forwarded*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: D. Trimble/G. Hoffman	Date: 07/28/87	Time: 1430
Delivered by: David Trimble	Date: 07/29/87	Time: 0140
Received by: Polly Ellis	Date: 07/29/87	Time: 0758

Sample Matrix: Water      Collection Method: Grab

Sample Identification: Sample taken from well bucket

REPORT OF ANALYSIS

Report No: A21-0228

SA No: 87-3115

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	13.3 mg/l
Chloride	136 mg/l
Hardness	192 mg/l
pH	5.6 S.U.
Dissolved Solids	562 mg/l
Sulfate	26.2 mg/l
Nitrate	28.3 mg/l
Arsenic	< 0.001 mg/l
Barium	0.190 mg/l
Cadmium	0.002 mg/l
Chromium	< 0.001 mg/l
Iron	0.44 mg/l
Lead	0.003 mg/l
Manganese	0.21 mg/l
Mercury	0.0001 mg/l

Selenium	0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	est. > 20,000 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	est. 11,400 cfu/ml
Fecal Coliform	20 colony(ies)/100ml
Fecal Streptococci	TNTC colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API 1604773)	
<u>E. coli</u>	Present
(API 5144572)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Evans Well  
McCracken County  
ID #0000-5053

ATTN: Geary Schindel

FROM: William E. Davis, Director *in for WCP*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: D. Trimble/G. Hoffman      Date: 07/28/87      Time: 1600

Delivered by: David Trimble      Date: 07/29/87      Time: 0140

Received by: Polly Ellis      Date: 07/29/87      Time: 0758

Sample Matrix: Water      Collection Method: Grab

Sample Identification: Sample taken from outside spigot

REPORT OF ANALYSIS

Report No: A21-0229

SA No: 87-3116

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	11.8 mg/l
Chloride	3.0 mg/l
Hardness	12.7 mg/l
pH	5.7 S.U.
Dissolved Solids	36 mg/l
Sulfate	3.97 mg/l
Nitrate	0.030 mg/l
Arsenic	< 0.001 mg/l
Barium	0.024 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.30 mg/l
Lead	0.005 mg/l
Manganese	0.01 mg/l
Mercury	0.0001 mg/l

Selenium	0.002 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l



Page 3 of 3 pages  
November 9, 1987

Report No: A21-0229  
SA No: 87-3116

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	1040 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Rudolph Well  
Marshall County  
ID #0000-5054

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 8, 1987

**Collected by:** Margaret Shanks

**Date:** 07/15/87

**Time:** 1115

**Delivered by:** Phillip O'Dell

**Date:** 07/15/87

**Time:** 2223

**Received by:** Polly Ellis

**Date:** 07/16/87

**Time:** 0820

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Bathroom sink

**REPORT OF ANALYSIS**

**Report No:** A21-0177

**SA No:** 87-2923

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	116 mg/l
Chloride	16.2 mg/l
Hardness	27.6 mg/l
pH	6.3 S.U.
Dissolved Solids	218 mg/l
Sulfate	42.1 mg/l
Nitrate	3.80 mg/l
Arsenic	< 0.001 mg/l
Barium	0.038 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.002 mg/l
Iron	< 0.01 mg/l
Lead	0.002 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	32 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	410 cfu/ml
Fecal Streptococci	1 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API 1604773)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Alexander Well  
Marshall County  
ID #0000-5057

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 8, 1987

**Collected by:** David Trimble **Date:** 07/15/87 **Time:** 1200

**Delivered by:** Phillip O'Dell **Date:** 07/15/87 **Time:** 2223

**Received by:** Polly Ellis **Date:** 07/16/87 **Time:** 0820

**Sample Matrix:** Water **Collection Method:** Grab

**Sample Identification:** Tap on well

**REPORT OF ANALYSIS**

**Report No:** A21-0178

**SA No:** 87-2924

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	214 mg/l
Chloride	11.0 mg/l
Hardness	225 mg/l
pH	7.1 S.U.
Dissolved Solids	262 mg/l
Sulfate	12.4 mg/l
Nitrate	1.90 mg/l
Arsenic	< 0.001 mg/l
Barium	0.209 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.003 mg/l
Iron	8.85 mg/l
Lead	0.040 mg/l
Manganese	0.03 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordan	< 0.0001 mg/l
trans-Chlordan	< 0.0001 mg/l
cis-Chlordan	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 8, 1987

Report No: A21-0178  
SA No: 87-2924

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	100 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	Unable to count - spreaders
Fecal Streptococci	10 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API 1604773)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Cobb Well  
Livingston County  
ID #0000-5058

ATTN: Geary Schindel

FROM: William E. Davis, Director *W E Davis*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: G. Hoffman/D. Leo

Date: 07/29/87

Time: 1345

Delivered by: David Leo

Date: 07/29/87

Time: 2201

Received by: Polly Ellis

Date: 07/30/87

Time: 0810

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Sample taken outside spigot

REPORT OF ANALYSIS

Report No: A21-0235

SA No: 87-3130

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	28.5 mg/l
Chloride	17.1 mg/l
Hardness	40.4 mg/l
pH	5.9 S.U.
Dissolved Solids	134 mg/l
Sulfate	4.73 mg/l
Nitrate	1.36 mg/l
Arsenic	< 0.002 mg/l
Barium	0.026 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.13 mg/l
Lead	0.008 mg/l
Manganese	0.02 mg/l
Mercury	< 0.0001 mg/l



Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Page 3 of 3 pages  
November 9, 1987

Report No: A21-0235  
SA No: 87-3130

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	250 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Ham Well  
McCracken County  
ID #0000-5059

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: G. Hoffman/D. Leo

Date: 07/29/87

Time: 1515

Delivered by: David Leo

Date: 07/29/87

Time: 2201

Received by: Polly Ellis

Date: 07/30/87

Time: 0810

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Sample taken outside spigot

REPORT OF ANALYSIS

Report No: A21-0236

SA No: 87-3131

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	34.3 mg/l
Chloride	24.1 mg/l
Hardness	58.6 mg/l
pH	5.9 S.U.
Dissolved Solids	214 mg/l
Sulfate	23.3 mg/l
Nitrate	7.80 mg/l
Arsenic	< 0.002 mg/l
Barium	0.050 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.02 mg/l
Lead	0.002 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	0.002 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Page 3 of 3 pages  
November 9, 1987

Report No: A21-0236  
SA No: 87-3131

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	200 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	69,800 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	4 colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API 1704553)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Schaffer Well  
Marshall County  
ID #0000-5060

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 8, 1987

<b>Collected by:</b> Margaret Shanks	<b>Date:</b> 07/15/87	<b>Time:</b> 1250
<b>Delivered by:</b> Phillip O'Dell	<b>Date:</b> 07/15/87	<b>Time:</b> 2223
<b>Received by:</b> Polly Ellis	<b>Date:</b> 07/16/87	<b>Time:</b> 0820

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:** Schaffer's well

REPORT OF ANALYSIS

**Report No:** A21-0175

**SA No:** 87-2921

**Finished:** 09/02/87

**Approved:** 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	222 mg/l
Chloride	10.5 mg/l
Hardness	235 mg/l
pH	8.1 S.U.
Dissolved Solids	270 mg/l
Sulfate	4.55 mg/l
Nitrate	2.15 mg/l
Arsenic	< 0.001 mg/l
Barium	0.107 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.01 mg/l
Lead	< 0.001 mg/l
Manganese	0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 8, 1987

Report No: A21-0175  
SA No: 87-2921

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	100 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	Est. 22,000 cfu/ml
Fecal Streptococci	14 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API 1604573)	



MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Durart Well  
Livingston County  
ID #0000-5061

ATTN: Geary Schindel

FROM: William E. Davis, Director *for WED*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: G. Hoffman/D. Leo      Date: 07/29/87      Time: 1150

Delivered by: David Leo      Date: 07/29/87      Time: 2201

Received by: Polly Ellis      Date: 07/30/87      Time: 0810

Sample Matrix: Water      Collection Method: Grab

Sample Identification: Sample taken from outside spigot

REPORT OF ANALYSIS

Report No: A21-0231

SA No: 87-3126

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	30.3 mg/l
Chloride	12.9 mg/l
Hardness	65.5 mg/l
pH	6.0 S.U.
Dissolved Solids	200 mg/l
Sulfate	18.6 mg/l
Nitrate	5.90 mg/l
Arsenic	0.004 mg/l
Barium	0.012 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.004 mg/l
Iron	0.07 mg/l
Lead	0.002 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	30 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Hubbard Well  
Livingston County  
ID #0000-5062

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: G. Hoffman/D. Leo      Date: 07/29/87      Time: 1300  
Delivered by: David Leo      Date: 07/29/87      Time: 2201  
Received by: Polly Ellis      Date: 07/30/87      Time: 0810

Sample Matrix: Water      Collection Method: Grab

Sample Identification: Sample taken from outside garden hose

REPORT OF ANALYSIS

Report No: A21-0232

SA No: 87-3127

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	120 mg/l
Chloride	21.7 mg/l
Hardness	87.8 mg/l
pH	6.7 S.U.
Dissolved Solids	272 mg/l
Sulfate	24.4 mg/l
Nitrate	0.615 mg/l
Arsenic	0.004 mg/l
Barium	0.033 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.006 mg/l
Iron	0.18 mg/l
Lead	0.002 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	0.006 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Page 3 of 3 pages  
November 9, 1987

Report No: A21-0232  
SA No: 87-3127

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	11,500 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Henson Well  
Livingston County  
ID #0000-5063

ATTN: Geary Schindel

FROM: William E. Davis, Director *cg for WCP*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: D. Leo/S. Silverman

Date: 07/28/87

Time: 1450

Delivered by: David Trimble

Date: 07/29/87

Time: 0140

Received by: Polly Ellis

Date: 07/29/87

Time: 0758

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Outside spigot (Note: sample taken from house about 1000' from well)

REPORT OF ANALYSIS

Report No: A21-0227

SA No: 87-3114

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	180 mg/l
Chloride	2.0 mg/l
Hardness	227 mg/l
pH	7.6 S.U.
Dissolved Solids	276 mg/l
Sulfate	43.8 mg/l
Nitrate	0.205 mg/l
Arsenic	< 0.001 mg/l
Barium	0.026 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.12 mg/l
Lead	< 0.001 mg/l
Manganese	< 0.01 mg/l
Mercury	0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l



Page 3 of 3 pages  
November 9, 1987

Report No: A21-0227  
SA No: 87-3114

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	400 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Fondaw Well  
Livingston County  
ID #0000-5064

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: G. Hoffman/D. Leo

Date: 07/29/87

Time: 1015

Delivered by: David Leo

Date: 07/29/87

Time: 2201

Received by: Polly Ellis

Date: 07/30/87

Time: 0810

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Sample taken from spigot on well (Note: Oil & Grease spilled around well and cans in near by garage)

REPORT OF ANALYSIS

Report No: A21-0234

SA No: 87-3129

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	331 mg/l
Chloride	8.80 mg/l
Hardness	406 mg/l
pH	7.1 S.U.
Dissolved Solids	588 mg/l
Sulfate	77.9 mg/l
Nitrate	0.070 mg/l
Arsenic	< 0.002 mg/l
Barium	0.069 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.99 mg/l
Lead	0.002 mg/l
Manganese	0.04 mg/l

Mercury	0.0001 mg/l
Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l

Page 3 of 3 pages  
November 9, 1987

Report No: A21-0234  
SA No: 87-3129

Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	2640 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Fondaw Well  
Livingston County  
ID #0000-5065

ATTN: Geary Schindel

FROM: William E. Davis, Director *89 for well*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: G. Hoffman/D. Leo      Date: 07/29/87      Time: 1040

Delivered by: David Leo      Date: 07/29/87      Time: 2201

Received by: Polly Ellis      Date: 07/30/87      Time: 0810

Sample Matrix: Water      Collection Method: Grab

Sample Identification: Sample taken from outside spigot

REPORT OF ANALYSIS

Report No: A21-0233

SA No: 87-3128

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	311 mg/l
Chloride	24.2 mg/l
Hardness	348 mg/l
pH	7.0 S.U.
Dissolved Solids	430 mg/l
Sulfate	18.6 mg/l
Nitrate	0.090 mg/l
Arsenic	< 0.002 mg/l
Barium	0.063 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.003 mg/l
Iron	0.22 mg/l
Lead	0.008 mg/l
Manganese	0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Page 3 of 3 pages  
November 9, 1987

Report No: A21-0233  
SA No: 87-3128

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	10 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Harrington Well  
Livingston County  
ID #0000-5066

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 11, 1987

<b>Collected by:</b> E. Lovins/D. Leo	<b>Date:</b> 07/22/87	<b>Time:</b> 1530
<b>Delivered by:</b> Phillip O'Dell	<b>Date:</b> 07/22/87	<b>Time:</b> 2330
<b>Received by:</b> Polly Ellis	<b>Date:</b> 07/23/87	<b>Time:</b> 0750

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:** Harrington well

**REPORT OF ANALYSIS**

**Report No:** A21-0203

**SA No:** 87-3012

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	94.0 mg/l
Chloride	13.6 mg/l
Hardness	113 mg/l
pH	6.6 S.U.
Dissolved Solids	288 mg/l
Sulfate	39.2 mg/l
Nitrate	11.1 mg/l
Arsenic	< 0.001 mg/l
Barium	0.029 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.73 mg/l
Lead	< 0.001 mg/l
Manganese	0.04 mg/l
Mercury	< 0.0001 mg/l



Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,1-Dichloroethene	0.001 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	0.007 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlorane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	500 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	33,200 cfu/ml
Fecal Streptococci	34 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API 3704553)	

CARL H. BRADLEY  
SECRETARY



WALLACE G. WILKINSON  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Rodney Harrington Well  
Livingston County  
ID #0000-5066

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: April 8, 1988

Collected by: Joseph Devers

Date: 03/11/88

Time: 0955

Delivered by: Purolator

Date: 03/14/88

Time: 1105

Received by: Polly Ellis

Date: 03/14/88

Time: 1105

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Harrington's well

REPORT OF ANALYSIS

Report No: A21-0264

SA No: 88-0866

Finished: 04/08/88

Approved: 04/08/88

TOTAL CONSTITUENTS

CONCENTRATION

Acidity	15.3 mg/l
Alkalinity	91 mg/l
Chloride	14.1 mg/l
pH	6 S.U.
Sulfate	39.5 mg/l
Ammonia-Nitrogen	0.200 mg/l
Kjeldhal Nitrogen	< 0.050 mg/l
Nitrate	12.4 mg/l
Phosphorus	0.014 mg/l
Calcium	31.4 mg/l
Magnesium	11.8 mg/l
Potassium	0.45 mg/l
Sodium	37 mg/l
Dichlorodifluoromethane	< 0.001 mg/l
Chloromethane	< 0.001 mg/l

Vinyl Chloride	< 0.001 mg/l
Bromomethane	< 0.001 mg/l
Chloroethane	< 0.001 mg/l
Trichlorofluoromethane	< 0.001 mg/l
1,1-Dichloroethene	0.0036 mg/l
Carbon Disulfide	< 0.001 mg/l
trans-1,2-Dichloroethene	< 0.001 mg/l
1,1-Dichloroethane	< 0.001 mg/l
Vinyl Acetate	< 0.001 mg/l
2-Butanone (Methyl Ethyl Ketone)	< 0.001 mg/l
2,2-Dichloropropane	< 0.001 mg/l
cis-1,2-Dichloroethene	< 0.001 mg/l
Bromochloromethane	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,1,1-Trichloroethane	0.019 mg/l
Carbon Tetrachloride	0.0029 mg/l
1,1-Dichloropropene	< 0.001 mg/l
Benzene	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromomethane	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
2-Chloroethylvinylether	< 0.001 mg/l
cis-1,3-Dichloropropene	< 0.001 mg/l
4-Methyl-2-pentanone (MIBK)	< 0.001 mg/l
Toluene	< 0.001 mg/l
trans-1,3-Dichloropropene	< 0.001 mg/l
1,1,2-Trichloroethane	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
1,3-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
2-Hexanone (Methyl butyl ketone)	< 0.001 mg/l
1,2-Dibromoethane (EDB)	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
1-Chlorohexane	< 0.001 mg/l
Ethylbenzene	< 0.001 mg/l
1,1,1,2-Tetrachloroethane	< 0.001 mg/l
1,3 + 1,4-Xylenes	< 0.001 mg/l
1,2-Xylene	< 0.001 mg/l
Styrene	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Isopropylbenzene (Cumene)	< 0.001 mg/l
Bromobenzene	< 0.001 mg/l
1,2,3-Trichloropropane	< 0.001 mg/l
1,1,2,2-Tetrachloroethane	< 0.001 mg/l
n-Propylbenzene	< 0.001 mg/l
2-Chlorotoluene	< 0.001 mg/l
3-Chlorotoluene	< 0.001 mg/l
4-Chlorotoluene	< 0.001 mg/l
1,3,5-Trimethylbenzene	< 0.001 mg/l

Page 3 of 3 pages  
April 8, 1988

Report No: A21-264  
SA No: 88-0866

tert-Butylbenzene	< 0.001 mg/l
1,2,4-Trimethylbenzene	< 0.001 mg/l
sec-Butylbenzene	< 0.001 mg/l
1,3-Dichlorobenzene	< 0.001 mg/l
1,4-Dichlorobenzene	< 0.001 mg/l
Isopropyl toluene (Cymene)	< 0.001 mg/l
1,2-Dichlorobenzene	< 0.001 mg/l
n-Butylbenzene	< 0.001 mg/l
1,2-Dibromo-3-chloropropane (DBCP)	< 0.001 mg/l
1,2,4-Trichlorobenzene	< 0.001 mg/l
Hexachlorobutadiene	< 0.001 mg/l
1,2,3-Trichlorobenzene	< 0.001 mg/l

MARY HELEN MILLER  
SECRETARY



Wallace G. Wilkinson  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Wood Well  
Marshall County  
ID #0000-5084

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: January 4, 1988

Collected by: M. Shanks/P. O'Dell	Date: 07/28/87	Time: 1030
Delivered by: David Trimble	Date: 07/29/87	Time: 0140
Received by: Polly Ellis	Date: 07/29/87	Time: 0758

Sample Matrix: Water      Collection Method: Grab

Sample Identification: Sample taken from kitchen sink (after water softener)

REPORT OF ANALYSIS

Report No: A21-0219

SA No: 87-3106

Finished: 11/17/87

Approved: 11/17/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	667 mg/l
Hardness	51.2 mg/l
pH	7.4 S.U.
Dissolved Solids	3270 mg/l
Sulfate	602 mg/l
Nitrate	8.30 mg/l
Arsenic	< 0.001 mg/l
Barium	0.026 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.10 mg/l
Lead	< 0.001 mg/l
Manganese	0.01 mg/l
Mercury	< 0.0001 mg/l
Selenium	< 0.001 mg/l

Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
beta-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l

Page 3 of 3 pages  
January 4, 1988

Report No: A21-0219  
SA No: 87-3106

Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	1800 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	4500 cfu/ml
Fecal Streptococci	TNTC colony(ies)/100ml
Fecal Coliform	6 colony(ies)/100ml
<u>Klebsiella pneumoniae</u>	Present
(API 5215773)	



MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Reese Well  
Marshall County  
ID #0000-5085

ATTN: Geary Schindel

FROM: William E. Davis, Director *SB for WCD*  
Division of Environmental Services

DATE: November 5, 1987

Collected by: M. Shanks/P. O'Dell

Date: 07/28/87

Time: 1120

Delivered by: David Trimble

Date: 07/29/87

Time: 0140

Received by: Polly Ellis

Date: 07/29/87

Time: 0758

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Sample taken from kitchen sink

REPORT OF ANALYSIS

Report No: A21-0220

SA No: 87-3107

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	43.0 mg/l
Chloride	13.3 mg/l
Hardness	59.3 mg/l
pH	6.1 S.U.
Dissolved Solids	10 mg/l
Sulfate	11 mg/l
Nitrate	2.15 mg/l
Arsenic	0.003 mg/l
Barium	0.088 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.002 mg/l
Iron	0.18 mg/l
Lead	0.003 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	0.003 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	0.003 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	700 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	4500 cfu/ml
Fecal Streptococci	105 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Klebsiella oxytoca</u> (API 5255773)	Present
<u>Kluyvera species</u> (API 1344153)	Present

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Rosson Well  
Marshall County  
ID #0000-5086

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *44 forwarded*  
Division of Environmental Services

**DATE:** November 6, 1987

**Collected by:** M. Shanks/P. O'Dell

**Date:** 07/28/87

**Time:** 1535

**Delivered by:** David Trimble

**Date:** 07/29/87

**Time:** 0140

**Received by:** Polly Ellis

**Date:** 07/29/87

**Time:** 0758

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Sample taken from outside well house

REPORT OF ANALYSIS

**Report No:** A21-0223

**SA No:** 87-3110

**Finished:** 09/30/87

**Approved:** 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	31.3 mg/l
Chloride	8.60 mg/l
Hardness	55.1 mg/l
pH	6.2 S.U.
Dissolved Solids	92 mg/l
Sulfate	14.4 mg/l
Nitrate	1.10 mg/l
Arsenic	0.005 mg/l
Barium	0.065 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.05 mg/l
Lead	< 0.001 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	700 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	3500 cfu/ml
Fecal Streptococci	TNTC colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API 1604773)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
McDaniels Well  
Marshall County  
ID #0000-5087

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *ES for well*  
Division of Environmental Services

**DATE:** November 5, 1987

**Collected by:** M. Shanks/P. O'Dell

**Date:** 07/28/87

**Time:** 1300

**Delivered by:** David Trimble

**Date:** 07/29/87

**Time:** 0140

**Received by:** Polly Ellis

**Date:** 07/29/87

**Time:** 0758

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Sample taken from kitchen sink

**REPORT OF ANALYSIS**

**Report No:** A21-0221

**SA No:** 87-3108

**Finished:** 09/30/87

**Approved:** 09/30/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	26.7 mg/l
Chloride	8.20 mg/l
Hardness	54.4 mg/l
pH	6.2 S.U.
Dissolved Solids	110 mg/l
Sulfate	9.27 mg/l
Nitrate	5.40 mg/l
Arsenic	0.006 mg/l
Barium	0.100 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.10 mg/l
Lead	0.003 mg/l
Manganese	< 0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l



Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	2 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	550 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Enterobacter aerogenes</u>	Present
(API 5305773)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Blakney Well  
Marshall County  
ID #0000-5088

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** November 5, 1987

**Collected by:** M. Shanks/P. O'Dell      **Date:** 07/28/87      **Time:**

**Delivered by:** David Trimble      **Date:** 07/29/87      **Time:** 0140

**Received by:** Polly Ellis      **Date:** 07/29/87      **Time:** 0758

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:** Sample taken from outside spigot

**REPORT OF ANALYSIS**

**Report No:** A21-0222

**SA No:** 87-3109

**Finished:** 09/30/87

**Approved:** 0930/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	< 4.5 mg/l
Chloride	13.8 mg/l
Hardness	110 mg/l
pH	4.1 S.U.
Dissolved Solids	314 mg/l
Sulfate	162 mg/l
Nitrate	0.015 mg/l
Arsenic	0.006 mg/l
Barium	0.014 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	3.84 mg/l
Lead	0.003 mg/l
Manganese	0.15 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	3400 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	540 cfu/ml
Fecal Streptococci	est . 200 colony(ies)/100ml
Fecal Coliform	14 colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API 1604773)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Carroll Well  
McCracken County  
ID #0000-5089

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: Phillip O'Dell

Date: 07/29/87

Time: 1220

Delivered by: David Leo

Date: 07/29/87

Time: 2201

Received by: Polly Ellis

Date: 07/30/87

Time: 0810

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Sample from well

REPORT OF ANALYSIS

Report No: A21-0240

SA No: 87-3135

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	< 4.5 mg/l
Chloride	20.3 mg/l
Hardness	10.1 mg/l
Dissolved Solids	212 mg/l
Nitrate	1.40 mg/l
Arsenic	< 0.002 mg/l
Barium	0.012 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.05 mg/l
Lead	< 0.001 mg/l
Manganese	0.01 mg/l
Mercury	< 0.0001 mg/l
Selenium	0.010 mg/l

Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
November 9, 1987

Report No: A21-0240  
SA No: 87-3135

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	48 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	310 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml
<u>Enterobacter amnigenus 2</u>	Present
(API 1304553)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
GAF Well #1  
Marshall County  
ID #0000-5090

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: M. Shanks/P. O'Dell

Date: 07/29/87

Time: 0853

Delivered by: David Leo

Date: 07/29/87

Time: 2201

Received by: Polly Ellis

Date: 07/30/87

Time: 0810

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Industrial well

REPORT OF ANALYSIS

Report No: A21-0241

SA No: 87-3136

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	155 mg/l
Chloride	73.4 mg/l
Hardness	220 mg/l
pH	6.4 S.U.
Dissolved Solids	362 mg/l
Sulfate	36.6 mg/l
Nitrate	0.020 mg/l
Arsenic	< 0.002 mg/l
Barium	0.051 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	11.09 mg/l
Lead	0.002 mg/l
Manganese	0.25 mg/l
Mercury	< 0.0001 mg/l



Selenium	0.008 mg/l
Silver	0.001 mg/l
Vinyl Chloride	0.001 mg/l
1,1-Dichloroethene	0.003 mg/l
1,1-Dichloroethane	0.002 mg/l
1-2, Dichloroethane	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l

O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	90 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
GAF Well #2  
Marshall County  
ID #0000-5091

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: M. Shanks/P. O'Dell

Date: 07/29/87

Time: 0922

Delivered by: David Leo

Date: 07/29/87

Time: 2201

Received by: Polly Ellis

Date: 07/30/87

Time: 0810

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Industrial well valve

REPORT OF ANALYSIS

Report No: A21-0237

SA No: 87-3132

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity  
Chloride  
Hardness  
pH  
Dissolved Solids  
Sulfate  
Nitrate  
Arsenic  
Barium  
Cadmium  
Chromium  
Iron  
Lead  
Manganese  
Mercury

176 mg/l  
75.6 mg/l  
232 mg/l  
7.4 S.U.  
385 mg/l  
10.2 mg/l  
0.090 mg/l  
< 0.002 mg/l  
0.055 mg/l  
< 0.001 mg/l  
< 0.001 mg/l  
1.61 mg/l  
< 0.001 mg/l  
0.03 mg/l  
0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Vinyl Chloride	0.003 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	0.007 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l

Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	1 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	2,440 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml
<u>Citrobacter freundii</u>	Present
(API 1744573)	

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
GAF Well #3  
Marshall County  
ID #0000-5092

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: M. Shanks/P. O'Dell

Date: 07/29/87

Time: 1000

Delivered by: David Leo

Date: 07/29/87

Time: 2201

Received by: Polly Ellis

Date: 07/30/87

Time: 0810

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Industrial well valve

REPORT OF ANALYSIS

Report No: A21-0239

SA No: 87-3134

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	234 mg/l
Chloride	133 mg/l
Hardness	372 mg/l
pH	6.5 S.U.
Dissolved Solids	704 mg/l
Sulfate	231 mg/l
Nitrate	0.025 mg/l
Arsenic	< 0.002 mg/l
Barium	0.193 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	88.4 mg/l
Lead	< 0.001 mg/l
Manganese	1.40 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	0.001 mg/l
1-1, Dichloroethane	0.002 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l

Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	1180 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml
Chloromethane	< 0.010 mg/l
Bromomethane	< 0.010 mg/l
Vinyl Chloride	< 0.010 mg/l
Chloroethane	< 0.010 mg/l
Methylene Chloride	< 0.010 mg/l
Acetone	< 0.010 mg/l
Carbon Disulfide	< 0.005 mg/l
Trichlorofluoromethane	< 0.005 mg/l
1,1-Dichloroethene	< 0.005 mg/l *
1,1-Dichloroethane	< 0.005 mg/l *
trans-1,2-Dichloroethene	< 0.005 mg/l
Chloroform	< 0.005 mg/l
1,2-Dichloroethane	< 0.005 mg/l
2-Butanone	< 0.010 mg/l
1,1,1-Trichloroethane	< 0.005 mg/l
Carbon Tetrachloride	< 0.005 mg/l
Vinyl Acetate	< 0.010 mg/l
Bromodichloromethane	< 0.005 mg/l
1,2-Dichloropropane	< 0.005 mg/l
cis-1,3-Dichloropropene	< 0.005 mg/l
Trichloroethene	< 0.005 mg/l
Dibromochloromethane	< 0.005 mg/l
1,1,2-Trichloroethane	< 0.005 mg/l
trans-1,3-Dichloropropene	< 0.005 mg/l
Benzene	< 0.005 mg/l
2-Chloroethylvinylether	< 0.010 mg/l
Bromoform	< 0.005 mg/l
4-Methyl-2-Pentanone	< 0.010 mg/l
2-Hexanone	< 0.010 mg/l



Page 4 of 4 pages  
November 9, 1987

Report No: A21-0239  
SA No: 87-3134

Tetrachloroethene	< 0.005 mg/l
1,1,2,2-Tetrachloroethane	< 0.005 mg/l
Toluene	< 0.005 mg/l
Chlorobenzene	< 0.005 mg/l
Ethylbenzene	< 0.005 mg/l
Styrene	< 0.005 mg/l
o-Xylene	< 0.005 mg/l

\*Compound detected below quantification limits.

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
GAF Well #4  
Marshall County  
ID #0000-5093

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: M. Shanks/P. O'Dell	Date: 07/29/87	Time: 1020
Delivered by: David Leo	Date: 07/29/87	Time: 2201
Received by: Polly Ellis	Date: 07/30/87	Time: 0810

Sample Matrix: Water      Collection Method: Grab

Sample Identification: Industrial well valve - beside large diesel engine driving pump

REPORT OF ANALYSIS

Report No: A21-0238

SA No: 87-3133

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	171 mg/l
Chloride	21.7 mg/l
Hardness	189 mg/l
pH	6.9 S.U.
Dissolved Solids	300 mg/l
Sulfate	28.3 mg/l
Nitrate	0.030 mg/l
Arsenic	< 0.002 mg/l
Barium	0.067 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	20.2 mg/l
Lead	< 0.001 mg/l
Manganese	0.33 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Page 3 of 3 pages  
November 9, 1987

Report No: A21-0238  
SA No: 87-3133

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	10 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Burton Well  
Marshall County  
ID #0000-5094

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: M. Shanks/P. O'Dell      Date: 07/29/87      Time: 1220  
Delivered by: David Leo      Date: 07/29/87      Time: 2201  
Received by: Polly Ellis      Date: 07/30/87      Time: 0810

Sample Matrix: Water      Collection Method: Grab

Sample Identification: Sample from outdoor spigot

REPORT OF ANALYSIS

Report No: A21-0245

SA No: 87-3140

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

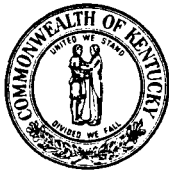
CONCENTRATION

Alkalinity	7.7 mg/l
Chloride	4.15 mg/l
Hardness	10.1 mg/l
pH	5.5 S.U.
Dissolved Solids	24 mg/l
Sulfate	< 3 mg/l
Nitrate	0.910 mg/l
Arsenic	< 0.002 mg/l
Barium	0.009 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.02 mg/l
Lead	0.002 mg/l
Manganese	0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	400 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Calvert Drive-in Theater  
Marshall County  
ID #0000-5095

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: M. Shanks/P. O'Dell

Date: 07/29/87

Time: 1300

Delivered by: David Leo

Date: 07/29/87

Time: 2201

Received by: Polly Ellis

Date: 07/30/87

Time: 0810

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Sink in building after chlorinator

REPORT OF ANALYSIS

Report No: A21-0242

SA No: 87-3137

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	18.3 mg/l
Chloride	4.5 mg/l
Hardness	6.06 mg/l
pH	5.9 S.U.
Dissolved Solids	48 mg/l
Sulfate	4.54 mg/l
Nitrate	1.28 mg/l
Arsenic	< 0.002 mg/l
Barium	0.007 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.12 mg/l
Lead	0.004 mg/l
Manganese	0.01 mg/l
Mercury	< 0.0001 mg/l



Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	0.002 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	< 10 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml



MARY HELEN MILLER  
SECRETARY

MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Hancock Well  
Marshall County  
ID #0000-5096

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: M. Shanks/P. O'Dell

Date: 07/29/87

Time: 1350

Delivered by: David Leo

Date: 07/29/87

Time: 2201

Received by: Polly Ellis

Date: 07/30/87

Time: 0810

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Sample from outdoor spigot before softener

REPORT OF ANALYSIS

Report No: A21-0244

SA No: 87-3139

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity  
Chloride  
Hardness  
pH  
Dissolved Solids  
Sulfate  
Nitrate  
Arsenic  
Barium  
Cadmium  
Chromium  
Iron  
Lead  
Manganese  
Mercury

19.7 mg/l  
4.0 mg/l  
12.1 mg/l  
6.0 S.U.  
42 mg/l  
< 3 mg/l  
0.055 mg/l  
< 0.002 mg/l  
0.023 mg/l  
< 0.001 mg/l  
< 0.001 mg/l  
0.62 mg/l  
< 0.001 mg/l  
0.11 mg/l  
< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Page 3 of 3 pages  
November 9, 1987

Report No: A21-0244  
SA No: 87-3139

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	370 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Hurley Well  
Marshall County  
ID #0000-5097

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: November 9, 1987

Collected by: M. Shanks/P. O'Dell

Date: 07/29/87

Time: 1435

Delivered by: David Leo

Date: 07/29/87

Time: 2201

Received by: Polly Ellis

Date: 07/30/87

Time: 0810

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Sample from kitchen sink

REPORT OF ANALYSIS

Report No: A21-0243

SA No: 87-3138

Finished: 09/30/87

Approved: 09/30/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	158 mg/l
Chloride	5.70 mg/l
Hardness	161.6 mg/l
pH	7.0 S.U.
Dissolved Solids	229 mg/l
Sulfate	8.52 mg/l
Nitrate	0.205 mg/l
Arsenic	< 0.002 mg/l
Barium	0.012 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.02 mg/l
Lead	< 0.001 mg/l
Manganese	0.01 mg/l
Mercury	< 0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
cis-Nonachlor	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l

Mirex	< 0.0001 mg/l
Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	150 cfu/ml
Fecal Coliform	0 colony(ies)/100ml
Fecal Streptococci	4 colony(ies)/100ml





MARY HELEN MILLER  
SECRETARY

MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Calvert City Municipal Wells  
Marshall County

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: September 10, 1987

Collected by: P. O'Dell/A. White	Date: 07/21/87	Time: 1010
Delivered by: Margaret Shanks	Date: 07/21/87	Time: 2335
Received by: Polly Ellis	Date: 07/22/87	Time: 0730

Sample Matrix: Water      Collection Method: Grab

Sample Identification: Raw water

REPORT OF ANALYSIS

Report No: A21-0192

SA No: 87-2990

Finished: 09/02/87

Approved: 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	170 mg/l
Chloride	13.1 mg/l
Hardness	182 mg/l
pH	7.0 S.U.
Dissolved Solids	248 mg/l
Sulfate	11.1 mg/l
Nitrate	0.045 mg/l
Arsenic	< 0.001 mg/l
Barium	0.030 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	6.66 mg/l
Lead	< 0.001 mg/l
Manganese	0.14 mg/l
Mercury	0.0001 mg/l

Selenium	0.006 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.010 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlorane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 10, 1987

Report No: A21-0192  
SA No: 87-2990

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	20 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Calvert City Municipal Wells  
Marshall County

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 10, 1987

**Collected by:** P. O'Dell/A. White

**Date:** 07/21/87

**Time:** 1020

**Delivered by:** Margaret Shanks

**Date:** 07/21/87

**Time:** 2335

**Received by:** Polly Ellis

**Date:** 07/22/87

**Time:** 0730

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Finished water

**REPORT OF ANALYSIS**

**Report No:** A21-0195

**SA No:** 87-2993

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	161 mg/l
Chloride	15.7 mg/l
Hardness	181 mg/l
pH	7.2 S.U.
Dissolved Solids	238 mg/l
Sulfate	11.1 mg/l
Nitrate	0.195 mg/l
Arsenic	< 0.001 mg/l
Barium	0.021 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.002 mg/l
Iron	0.02 mg/l
Lead	< 0.001 mg/l
Manganese	0.03 mg/l
Mercury	0.0001 mg/l

Selenium	0.005 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.010 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 10, 1987

Report No: A21-0195  
SA No: 87-2993

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	< 10 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Livingston County  
Ledbetter Water District Wells

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 11, 1987

**Collected by:** E. Lovins/D. Leo      **Date:** 07/22/87      **Time:** 1100

**Delivered by:** Phillip O'Dell      **Date:** 07/22/87      **Time:** 2330

**Received by:** Polly Ellis      **Date:** 07/23/87      **Time:** 0750

**Sample Matrix:** Water      **Collection Method:** Grab

**Sample Identification:** Sampled at well with screw valve - extremely aerated! Raw water

**REPORT OF ANALYSIS**

**Report No:** A21-0205

**SA No:** 87-3014

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	143 mg/l
Chloride	6.60 mg/l
Hardness	143 mg/l
pH	6.8 S.U.
Dissolved Solids	188 mg/l
Sulfate	4.73 mg/l
Nitrate	0.025 mg/l
Arsenic	< 0.001 mg/l
Barium	0.054 mg/l
Cadmium	< 0.001 mg/l
Chromium	0.002 mg/l
Iron	12.09 mg/l
Lead	< 0.001 mg/l
Manganese	0.16 mg/l
Mercury	0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l



Page 3 of 3 pages  
September 11, 1987

Report No: A21-0205  
SA No: 87-3014

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	< 1 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Livingston County  
Ledbetter Water District Wells

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 11, 1987

**Collected by:** E. Lovins/D. Leo

**Date:** 07/22/87

**Time:** 1115

**Delivered by:** Phillip O'Dell

**Date:** 07/22/87

**Time:** 2330

**Received by:** Polly Ellis

**Date:** 07/23/87

**Time:** 0750

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Samples taken from bathroom sink in office - finished water

**REPORT OF ANALYSIS**

**Report No:** A21-0206

**SA No:** 87-3015

**Finished:** 09/02/87

**Approved:** 09/02/87

**TOTAL CONSTITUENTS**

**CONCENTRATION**

Alkalinity	161 mg/l
Chloride	7.30 mg/l
Hardness	137 mg/l
pH	7.1 S.U.
Dissolved Solids	198 mg/l
Sulfate	3.78 mg/l
Nitrate	0.030 mg/l
Arsenic	< 0.001 mg/l
Barium	0.021 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	0.08 mg/l
Lead	0.002 mg/l
Manganese	0.02 mg/l
Mercury	0.0001 mg/l

Selenium	< 0.001 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlordane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 11, 1987

Report No: A21-0206  
SA No: 87-3015

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	30 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
N. Marshall W.D. #1 Wells  
Marshall County

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 8, 1987

**Collected by:** P. O'dell/S. Silverman

**Date:** 07/15/87

**Time:** 1330

**Delivered by:** Phillip O'Dell

**Date:** 07/15/87

**Time:** 2223

**Received by:** Polly Ellis

**Date:** 07/16/87

**Time:** 0820

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Bnesberg - Gilbertsville Road

REPORT OF ANALYSIS

**Report No:** A21-0172

**SA No:** 87-2918

**Finished:** 09/03/87

**Approved:** 09/03/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity  
Chloride  
Hardness  
pH  
Dissolved Solids  
Sulfate  
Nitrate  
Arsenic  
Barium  
Cadmium  
Chromium  
Iron  
Lead  
Manganese  
Mercury

107 mg/l  
1.60 mg/l  
105 mg/l  
8.2 S.U.  
124 mg/l  
3.80 mg/l  
0.350 mg/l  
< 0.001 mg/l  
0.003 mg/l  
< 0.001 mg/l  
0.004 mg/l  
0.01 mg/l  
< 0.001 mg/l  
< 0.01 mg/l  
< 0.0001 mg/l

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Page 3 of 3 pages  
September 8, 1987

Report No: A21-0172  
SA No: 87-2918

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	< 10 cfu/ml
Fecal Streptococci	5 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

MARY HELEN MILLER  
SECRETARY



MARTHA LAYNE COLLINS  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

**TO:** Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

**Re:** Calvert City Area  
Reidland Water Plant Wells  
McCracken County

**ATTN:** Geary Schindel

**FROM:** William E. Davis, Director *WED*  
Division of Environmental Services

**DATE:** September 11, 1987

**Collected by:** G. Hoffman/P. O'Dell

**Date:** 07/22/87

**Time:** 1230

**Delivered by:** Phillip O'Dell

**Date:** 07/22/87

**Time:** 2330

**Received by:** Polly Ellis

**Date:** 07/23/87

**Time:** 0750

**Sample Matrix:** Water

**Collection Method:** Grab

**Sample Identification:** Raw water

REPORT OF ANALYSIS

**Report No:** A21-0207

**SA No:** 87-3016

**Finished:** 09/02/87

**Approved:** 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity	122 mg/l
Chloride	31.9 mg/l
Hardness	143 mg/l
pH	7.2 S.U.
Dissolved Solids	242 mg/l
Sulfate	13.4 mg/l
Nitrate	0.020 mg/l
Arsenic	< 0.001 mg/l
Barium	0.102 mg/l
Cadmium	< 0.001 mg/l
Chromium	< 0.001 mg/l
Iron	1.19 mg/l
Lead	< 0.001 mg/l
Manganese	0.07 mg/l
Mercury	0.0001 mg/l



Selenium	0.002 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	< 0.001 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	< 0.001 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlorane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	1 colony(ies)/100ml
Presence/Absence for Coliform	Negative
Heterotrophic Plate Count	90 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml
<u>Klebsiella pneumoniae</u> (API 5205773)	Present

MARY HELEN MILLER  
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DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT OFFICE PARK  
18 REILLY ROAD  
FRANKFORT, KENTUCKY 40601

TO: Division of Water  
Frankfort Office Park, 18 Reilly Road  
Frankfort, Kentucky 40601

Re: Calvert City Area  
Reidland Water District  
Reidland Water Plant Wells  
McCracken County

ATTN: Geary Schindel

FROM: William E. Davis, Director *WED*  
Division of Environmental Services

DATE: September 11, 1987

Collected by: G. Hoffman/P. O'Dell

Date: 07/22/87

Time: 1202

Delivered by: Phillip O'Dell

Date: 07/22/87

Time: 2330

Received by: Polly Ellis

Date: 07/23/87

Time: 0750

Sample Matrix: Water

Collection Method: Grab

Sample Identification: Finished water

REPORT OF ANALYSIS

Report No: A21-0208

SA No: 87-3017

Finished: 09/02/87

Approved: 09/02/87

TOTAL CONSTITUENTS

CONCENTRATION

Alkalinity  
Chloride  
Hardness  
pH  
Dissolved Solids  
Sulfate  
Nitrate  
Arsenic  
Barium  
Cadmium  
Chromium  
Iron  
Lead  
Manganese  
Mercury

116 mg/l  
34.8 mg/l  
141 mg/l  
7.1 S.U.  
226 mg/l  
13.8 mg/l  
0.020 mg/l  
< 0.001 mg/l  
0.099 mg/l  
< 0.001 mg/l  
< 0.001 mg/l  
< 0.01 mg/l  
< 0.001 mg/l  
0.03 mg/l  
0.0001 mg/l

Selenium	0.004 mg/l
Silver	< 0.001 mg/l
Methylene Chloride	< 0.005 mg/l
1,2-Dichloroethene	< 0.001 mg/l
Chloroform	< 0.001 mg/l
1,2-Dichloroethane	< 0.001 mg/l
1,1,1-Trichloroethane	< 0.001 mg/l
Carbon Tetrachloride	< 0.001 mg/l
Bromodichloromethane	< 0.001 mg/l
Trichloroethene	< 0.001 mg/l
1,2-Dichloropropane	< 0.001 mg/l
Dibromochloromethane	0.003 mg/l
Chloroethylvinyl ether	< 0.001 mg/l
Bromoform	0.007 mg/l
Tetrachloroethene	< 0.001 mg/l
Chlorobenzene	< 0.001 mg/l
Benzene	< 0.001 mg/l
Toluene	< 0.001 mg/l
Ethyl benzene	< 0.001 mg/l
o-Xylene	< 0.001 mg/l
m-Xylene	< 0.001 mg/l
p-Xylene	< 0.001 mg/l
Total Xylenes	< 0.001 mg/l
Styrene	< 0.001 mg/l
o-Chlorotoluene	< 0.001 mg/l
Hexachlorobenzene	< 0.0001 mg/l
Hexachlorocyclohexane, alpha isomer	< 0.0001 mg/l
Hexachlorocyclohexane, beta isomer	< 0.0001 mg/l
Hexachlorocyclohexane, gamma isomer	< 0.0001 mg/l
Hexachlorocyclohexane, delta isomer	< 0.0001 mg/l
Heptachlor	< 0.0001 mg/l
Aldrin	< 0.0001 mg/l
Heptachlor Epoxide	< 0.0001 mg/l
Oxychlorane	< 0.0001 mg/l
trans-Chlordane	< 0.0001 mg/l
cis-Chlordane	< 0.0001 mg/l
trans-Nonachlor	< 0.0001 mg/l
alpha-Chlordene	< 0.0001 mg/l
Chlordene	< 0.0001 mg/l
gamma-Chlordene	< 0.0001 mg/l
O, P' - DDE	< 0.0001 mg/l
P, P' - DDE	< 0.0001 mg/l
Dieldrin	< 0.0001 mg/l
Endrin	< 0.0001 mg/l
O, P' - DDD	< 0.0001 mg/l
P, P' - DDD	< 0.0001 mg/l
O, P' - DDT	< 0.0001 mg/l
P, P' - DDT	< 0.0001 mg/l
Total DDT	< 0.0001 mg/l
Methoxychlor	< 0.0001 mg/l
Mirex	< 0.0001 mg/l

Page 3 of 3 pages  
September 11, 1987

Report No: A21-0208  
SA No: 87-3017

Endosulfan I	< 0.0001 mg/l
Endosulfan II	< 0.0001 mg/l
Endosulfan Sulfate	< 0.0001 mg/l
Endrin Aldehyde	< 0.0001 mg/l
Endrin Ketone	< 0.0001 mg/l
Toxaphene	< 0.001 mg/l
Aroclor 1016	< 0.001 mg/l
Aroclor 1221	< 0.001 mg/l
Aroclor 1232	< 0.001 mg/l
Aroclor 1242	< 0.001 mg/l
Aroclor 1248	< 0.001 mg/l
Aroclor 1254	< 0.001 mg/l
Aroclor 1260	< 0.001 mg/l
Aroclor 1262	< 0.001 mg/l
Aroclor 1268	< 0.001 mg/l
Total Coliform Density	0 colony(ies)/100ml
Presence/Absence for Coliform	Positive
Heterotrophic Plate Count	< 1 cfu/ml
Fecal Streptococci	0 colony(ies)/100ml
Fecal Coliform	0 colony(ies)/100ml

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