

SOURCE INFORMATION GROUND WATER

Date Form Completed

03/22/07

01-95-103
FWS

Owner Assigned

Source Code

Well Name (If purchase, name of seller)

006

Well 1

Code

G

G=Ground
W=Purchase/G
Y=G w/direct influence
Z=W w/direct influence

Availability

P

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

If purchase, seller ID#

Source Begin Date

Direct Influence Date

MM - YY

MM - DD - YY

Location of well within the system (If purchase, location of master meter)

rear of park next to river (to right of well 2)

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-09-15.92

81-47-04.71

G

GPS File Name U071416A-2000

If purchase, use seller's primary source lat/long

MM - DD - YY

Vulnerable VOC's: Y
N

Assessment Date

all of these wells are in Watauga Co., NC

ENTRY POINT INFORMATION

Owner Assigned

Entry Point Code

Entry Point Name

006

Well 1

Use Code

C=C=Ground/Permanent
D=D=Ground/non-Permanent

Availability

P=P=Year-round
E=E=Emergency
S=Seasonal
I=Interim
O=Other

Entry Point Begin Date

MM / YY

Entry Point End Date

MM / YY

Location:

Well Site: Owned or controlled? **Y** (Y,N) Control Area (100' radius?) **N** (Y,N) If no, explain: **river and MH's**

Sources of pollution/distance: **are less than 100' also in flood plain for Watauga River**

Surface water within 200'? **Y** (Y,N) If yes, actual distance **80** If yes, bact. samples collected? (Y/N)

Adequate slope? **Y** (Y,N) Flooding? **Y** (Y,N) Maintenance: **fair**

Well House: Free of stored materials? **Y** (Y,N) Properly drained? **Y** (Y,N) Locked? **Y** (Y,N)

Condition of house: **fair** Type of freeze protection: **electric heat**

Well: Diameter: **6 1/4"** Type: **drilled** Yield (gpm): **10est.** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **35** ft (If unknown, put 'UNK') Well depth: **224** Meter available? **Y** (Y,N)

Concrete slab adequate? **Y** (Y,N) If no, explain: Size: **3'r**

Size of blow-off: **none** Sample tap?: Before treatment? **Y** (Y,N) After Treatment? **Y** (Y,N)

Pumps: Capacity: GPM: **unk** HP: **1 1/2** Pump intake depth: **unk** Auxiliary Power? **N** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): / **6"**

Storage at well site: Elev: Hydro: **0,238** Ground:

If hydro, air volume control? (Y,N) Safety valves: (Y,N) Coded? (Y,N)

High service pumps: 1. gpm hp 2. gpm hp 3. gpm hp Auxiliary power? (Y,N)

Is water treated? **N** (Y,N) If yes, complete back of form.

If other wells are treated here, which ones? If treated elsewhere, where?

If purchase, retreat? (Y/N) If yes, complete back of form.