

SOURCE INFORMATION GROUND WATER

Date Form Completed

09/28/06

01-95-106

FWS

Owner Assigned

Source Code **000** Well Name (If purchase, name of system) **Well 2**

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

If purchase, seller ID# _____ Source Begin Date MM - YY _____ Direct Influence Date MM - DD - YY _____

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

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

lower well in playground

Latitude (N) Deg. Min Sec **36-12-44.57** Longitude (W) Deg. Min Sec **81-38-21.45**

How Determined

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

GPS File Name **U082213B-2000**

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

MM - DD - YY

Vulnerable VOC's Y N

Assessment Date: _____

ENTRY POINT INFORMATION

Owner Assigned

Entry Point Code **003** Entry Point Name **Well 3**

Use Code **C** C=Ground/Permanent D=Ground/non-Permanent Availability **P** P=Year-round E=Emergency S=Seasonal I=Interim O=Other Entry Point Begin Date MM / YY _____ Entry Point End Date MM / YY _____

Location: **well after treatment**

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

Sources of pollution/distance: _____

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

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

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

Condition of house: **good** Type of freeze protection: **elec heater**

Well: Diameter: **6 1/4"** Type: **drilled** **1971** Yield (gpm): **37.5** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **50** ft (If unknown, put 'UNK') Well depth: **135"** Meter available? **Y** (Y,N)

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

Size of blow-off: **1 1/4"** 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/a** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): **/ 30"**

Storage at well site: Elev: _____

Hydro: _____

Ground: _____

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

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

Is water treated at this well? **Y** (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.