

SOURCE INFORMATION
GROUND WATER

Date Form Completed

09/28/06

FWS
01-95-106

Owner Assigned

Source Code 002 Well Name (If purchase, name of system) Well 3

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

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

rear park entrance, on right behind lots 203-204

Latitude (N)
 Deg. Min Sec

36-12-48.01

Longitude (W)
 Deg Min Sec

81-38-26.08

How Determined

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

GPS File Name **U082213A-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 S=Seasonal
 E=Emergency I=Interim O=Other

Entry Point Begin Date

MM / YY

Entry Point End Date

MM / YY

Location: **well house 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'? Y N If yes, actual distance _____ If yes, bact. samples collected? _____ (Y/N)

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

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 1973** Yield (gpm): **30** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **34** ft (If unknown, put 'UNK') Well depth: **104'** Meter available? **N** (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: **3** Pump intake depth: **unk** Auxiliary Power? **n/a** (Y,N)

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

Storage at well site: Elev: _____

Hydro: _____

Ground: _____

If hydro, air volume control? **n/a** (Y,N) Safety valves: **n/a** (Y,N) Coded? **n/a** (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.