

### SOURCE INFORMATION GROUND WATER

Date Form Completed  
**07/23/07**

FWS  
01-95-110

Owner Assigned

Source Code 2BT 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 \_\_\_\_\_ Direct Influence Date \_\_\_\_\_  
MM - YY 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)

**corner of topside and Thorntree**

Latitude (N) 36-10-20.95 Longitude (W) 81-43-37.57 How Determined **G** G=GPS  
Deg. Min Sec Deg Min Sec M=Map  
S=Surveyed GPS File Name U020614A-2001  
D=Differential GPS  
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 2AT Entry Point Name Well 2

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

Location: **after treatment in well house**

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** <sup>Y</sup>/<sub>N</sub> 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: **excellent** Type of freeze protection: **electric heat**

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

Properly vented? **Y** (Y,N) Casing Depth: **unk** ft <sup>(If unknown, put 'UNK')</sup> Well depth: **425'** Meter available? **Y** (Y,N)

Concrete slab adequate? **Y** (Y,N) If no, explain: \_\_\_\_\_ Size: **4'r**

Size of blow-off: **1 1/2"** Sample tap?: Before treatment? **Y** (Y,N) After Treatment? **Y** (Y,N)

Pumps: Capacity: GPM: **10** HP: **1 1/2** Pump intake depth: **unk** Auxiliary Power? **N** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): \_\_\_\_\_ / **8 ft.**

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.