

SOURCE INFORMATION
GROUND WATER

Date Form Completed
07/23/07

PWS
 01-95-110

Owner Assigned
 Source Code **3BT** 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 _____ Direct Influence Date _____
 MM - YY MM - DD - YY

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

Location of well within the system (If purchase, location of master meter)
off of Hound Ears Drive

Latitude (N) _____ Longitude (W) _____ How Determined _____
 Deg. Min Sec Deg. Min Sec G=GPS
36-10-24.40 **81-43-40.70** **G** M=Map GPS File Name **U020614B-2001**
 S=Surveyed
 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 **3AT** Entry Point Name **Well 3**
 Use Code _____ Availability _____ Entry Point Begin Date _____ Entry Point End Date _____
C C=Ground/Permanent P=Year-round S=Seasonal
 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** ^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: **excellent** Type of freeze protection: **electric heat**
 Well: Diameter: **6 1/4"** Type: **drilled** Yield (gpm): **23** Properly sealed? **y** (Y,N)
 Properly vented? **Y** (Y,N) Casing Depth: **32** ft ^(If unknown, put 'UNK') Well depth: **500'** Meter available? **Y** (Y,N)
 Concrete slab adequate? **Y** (Y,N) If no, explain: _____ Size: **4'r**
 Size of blow-off: **2"** Sample tap?: Before treatment? **Y** (Y,N) After Treatment? **Y** (Y,N)
 Pumps: Capacity: GPM: **17** HP: **7 1/2** Pump intake depth: **unk** Auxiliary Power? **N** (Y,N)
 Type pump: **submersible** Height above floor (pump/casing): / **12"**
 Storage at well site: Elev: _____ Hydro: _____ 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 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.