

010

SOURCE INFORMATION
GROUND WATER

Date Form Completed
07/20/07

PWS
 01-95-112

Owner Assigned

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

1BT Well 1A formerly well 7

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

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

10 th green, approved 2-2-1987

Latitude (N) Longitude (W) How Determined
 Deg. Min Sec Deg. Min Sec G=GPS

36-10-13.51 **81-44-26.06** **G**

M=Map GPS File Name **R021014A-1997**
 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 Entry Point Name

1AT Well 1A

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

Location: **after treatment at well head**

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 (Y,N) If yes, actual distance _____ If yes, bact. samples collected? _____ (Y/N)

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

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: **8"** Type: **drilled** Yield (gpm): **22** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth: **unk** (If unknown, put 'UNK') Well depth: **604'** Meter available? **Y** (Y,N)

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

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

Pumps: Capacity: GPM: **20** HP: **10** Pump intake depth: **unk** Auxiliary Power? **N** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): / **36"**

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.