

011

SOURCE INFORMATION
GROUND WATER

Date Form Completed
07/20/07

FWS
 01-95-112

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

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

down hill of well 4A

Latitude (N) _____ Longitude (W) _____
 Deg. Min Sec Deg. Min Sec

How Determined

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

GPS File Name **R021015B-1997**

36-11-06.77

81-44-09.01

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 C=Ground/Permanent
C D=Ground/non-Permanent
 Availability **P** P=Year-round S=Seasonal
 E=Emergency I=Interim O=Other

Entry Point Begin Date _____ Entry Point End Date _____
 MM / YY MM / YY

Location: **after treatment at 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'? 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** **10-15-1971** Yield (gpm): **15** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **38"** ft (If unknown, put 'UNK') Well depth: **300'** 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: **15** HP: **5** Pump intake depth: **210** 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.