

SOURCE INFORMATION
GROUND WATER

Date Form Completed

10/28/04

01-95-112

PWS

Owner Assigned

Source Code

Well Name (If purchase, name of system)

6BT

Well 6

Code

G=Ground
W=Purchase/G
Y=G w/direct influence
Z=W w/direct influence

G

Availability

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

P

If purchase, seller ID#

Source Begin Date

Direct Influence Date

MM - YY

MM - DD - YY

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

300' uphill of well 5

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

GPS File Name U091517B-2000

36-10-32.14

81-43-43.03

G

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

6AT

Well 6

Use Code

C=Ground/Permanent
D=Ground/non-Permanent

C

Availability

P=Year-round
E=Emergency
S=Seasonal
I=Interim
O=Other

P

Entry Point Begin Date

MM / YY

Entry Point End Date

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 6-29-78 Yield (gpm): 22 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth 50 ft (If unknown, put 'UNK') Well depth: 354' Meter available? Y (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 (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.