

**SOURCE INFORMATION**  
**GROUND WATER**

Date Form Completed

**10/28/04**

**01-95-112**

PWS

Owner Assigned

Source Code **0BT** Well Name (If purchase, name of system) **Well 11**

Code **G**  
G=Ground  
W=Purchase/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  
E=Emergency  
S=Seasonal  
I=Interim  
O=Other

Location of well within the system (If purchase, location of master meter)  
**next to ski slope**

Latitude (N) **36-10-44.30** Longitude (W) **81-44-17.93**  
Deg. Min Sec Deg. Min Sec

How Determined **G**  
G=GPS  
M=Map  
S=Surveyed  
D=Differential GPS  
GPS File Name **U112815B-2000**

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 **0AT** Entry Point Name **Well 11**

Use Code **C** Availability **P** Entry Point Begin Date \_\_\_\_\_ Entry Point End Date \_\_\_\_\_  
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'?  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** **7-3-90** Yield (gpm): **37** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth: **63** ft (If unknown, put 'UNK') Well depth: **600'** 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: **unk** HP: **15** 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.