

019

SOURCE INFORMATION GROUND WATER

Date Form Completed

12/13/06

01-95-112

PWS

Owner Assigned

Source Code **12B** Well Name (If purchase, name of system) **Well 12**

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)
uphill of well #6 near Crystal Mtn. service gate

Latitude (N) **36-10-25.52** Longitude (W) **81-43-39.14**

How Determined **D**
G=GPS
M=Map
S=Surveyed
D=Differential GPS

GPS File Name **U121215A-2006**

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 **12A** Entry Point Name **Well House 12**

Use Code **C** Availability **P** Entry Point Begin Date **12-06** 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: **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): **242** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **58** ft (If unknown, put 'UNK') Well depth: **787** Meter available? **Y** (Y,N)

Concrete slab adequate? **Y** (Y,N) If no, explain: _____ Size: **4'r**

Size of blow-off: **3"** Sample tap?: Before treatment? **Y** (Y,N) After Treatment? **Y** (Y,N)

Pumps: Capacity: GPM: **242** HP: **25** Pump intake depth: **357** Auxiliary Power? **N** (Y,N)

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

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.