

SOURCE INFORMATION GROUND WATER

Date Form Completed

12/10/04

PWS
01-95-115

Owner Assigned

Source Code

Well Name (If purchase, name of seller)

W01

Well 1

Code

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

G

If purchase, seller ID#

Source Begin Date

Direct Influence Date

Availability

P

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

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

near maintenance shop

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-09-16.79

81-46-24.41

G

GPS File Name D061315B-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

Entry Point Name

B46

Lot B-46

Use Code

Availability

Entry Point Begin Date

Entry Point End Date

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

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

MM / YY

MM / YY

Location: first house where all wells enter the distribution system

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 If yes, actual distance If yes, bact. samples collected? Y (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: good Type of freeze protection: insulated, heater

Well: Diameter: 6 1/4" Type: drilled 1970 Yield (gpm): 32 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth: unk ft (If unknown, put 'UNK') Well depth: 220 Meter available? Y (Y,N)

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

Size of blow-off: 1.5 Sample tap?: Before treatment? Y (Y,N) After Treatment? Y (Y,N)

Pumps: Capacity: GPM: 32 HP: 7 1/2 Pump intake depth: 200' Auxiliary Power? Y (Y,N)

Type pump: submersible Height above floor (pump/casing): / 22"

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? 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.