

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)

W02

Well 2

Code

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

G

If purchase, seller ID#

Source Begin Date
MM - YY

Direct Influence Date
MM - DD - YY

Availability

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

P

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

next to well 1

Latitude (N)

Deg. Min Sec

36-09-15.93

Longitude (W)

Deg. Min Sec

81-46-25.65

How Determined

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

G

GPS File Name D061315A-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

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: first house after entry into 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'? Y N If yes, actual distance _____ If yes, bact. samples collected? N (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: **heated, insulation**

Well: Diameter: 6 1/4" Type: **drilled** 9-28-78 Yield (gpm): 30 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth 50 ft (If unknown, put 'UNK') Well depth: 124' 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: 5 Pump intake depth: 115' Auxiliary Power? Y (Y,N)

Type pump: **submersible** Height above floor (pump/casing): _____ / **6"**

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.