

022

SOURCE INFORMATION GROUND WATER

Date Form Completed

12/10/04

01-95-115

PWS

Owner Assigned

Source Code

Well Name (If purchase, name of seller)

W03

Well 3 Back-Up ONLY

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

MM - YY

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)

uphill of wells 1 and 2

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg Min Sec

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

36-09-14.90

81-46-23.93

G

GPS File Name D061314C-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

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** (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**

Well: Diameter: **6 1/4"** Type: **drilled** **10-12-84** Yield (gpm): **21** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth: **43** ft (If unknown, put 'UNK') Well depth: **264'** 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: **21** HP: **5** Pump intake depth: **unk** 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.