

026

### SOURCE INFORMATION GROUND WATER

Date Form Completed

03/13/06

811-95-118  
PWS

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

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)

Skyland Drive across from lot #901

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-09-15.03

81-48-08.41

G

GPS File Name U021515B-1999

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

E12

Well 1

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: Skyland Drive across from lot 901

Well Site: Owned or controlled? **Y** (Y,N) Control Area (100' radius?) **N** (Y,N) If no, explain: **street 60' from well**

Sources of pollution/distance: **nothing other than road**

Surface water within 200'? **N** (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: **good** Type of freeze protection: **heated**

Well: Diameter: **6 1/4"** Type: **drilled** **1969** Yield (gpm): **42** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **30** ft (If unknown, put 'UNK') Well depth: **334'** Meter available? **Y** (Y,N)

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

Size of blow-off: **2"** Sample tap?: Before treatment? **Y** (Y,N) After Treatment? **N** (Y,N)

Pumps: Capacity: GPM: **35-43** HP: **15** Pump intake depth: **252'** Auxiliary Power? **N** (Y,N)

Type pump: **submersible** Height above floor (pump/casing):  / **20"**

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.