

030

SOURCE INFORMATION GROUND WATER

Date Form Completed

03/13/06

01-95-118

PWS

Owner Assigned

Source Code

W06

Well Name (If purchase, name of seller)

Well 6

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

G

Availability

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

P

If purchase, seller ID#

Source Begin Date
MM - YY

Direct Influence Date
MM - DD - YY

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

near Devils Lake

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-09-42.60

81-47-30.22

G

GPS File Name U030116A-1999

If purchase, use seller's primary source lat/long

Vulnerable VOC's Y
 N

Assessment Date

MM - DD - YY

ENTRY POINT INFORMATION

Owner Assigned

Entry Point Code

E06

Well 6

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

03-99

MM / YY

Location:

Well Site: Owned or controlled? Y (Y,N) Control Area (100' radius)? N (Y,N) If no, explain: road <100'

Sources of pollution/distance: wet weather stream bed 15'

Surface water within 200'? Y N If yes, actual distance 15 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: excellent, new Type of freeze protection: heater

Well: Diameter: 6 1/4" Type: drilled 1970 Yield (gpm): 69 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth 31 ft (If unknown, put 'UNK') Well depth: 270' 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? Y (Y,N)

Pumps: Capacity: GPM: 68 HP: 15 Pump intake depth: 250' Auxiliary Power? N (Y,N)

Type pump: submersible Height above floor (pump/casing): / 36"

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.