

036

### SOURCE INFORMATION GROUND WATER

Date Form Completed

09/11/06

01-95-122

FWS

Owner Assigned

Source Code

Well Name (If purchase, name of system)

2BT

Well 2

Code

G

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

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)

300 feet from well 1

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-10-10.49

81-30-43.65

GPS File Name U091514B-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

1AT

Well 1

Use Code

Availability

Entry Point Begin Date

Entry Point End Date

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

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

MM / YY

MM / YY

Location: at well house #1 after chemical addition

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<sup>Y</sup><sub>N</sub> If yes, actual distance 100 If yes, bact. samples collected? Y (Y,N)

Adequate slope? Y (Y,N) Flooding? N (Y,N) Maintenance: excellent

Well House: Free of stored materials? Y (Y,N) Properly drained? Y (Y,N) Locked? Y (Y,N)

Condition of house: very good Type of freeze protection: electric heater

Well: Diameter: 6 1/4" Type: drilled Yield (gpm): 18 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth unk<sup>(If unknown, put 'UNK')</sup> ft Well depth: 480' Meter available? Y (Y,N)

Concrete slab adequate? Y (Y,N) If no, explain: 8 foot by 8 foot Size: 3'r

Size of blow-off: 1 1/2" Sample tap?: Before treatment? Y (Y,N) After Treatment? Y (Y,N)

Pumps: Capacity: GPM: 16 HP: 3 new Pump intake depth: 252' Auxiliary Power? na (Y,N)

Type pump: submersible Height above floor (pump/casing): / 12"

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 at this well? N (Y,N) If yes, complete back of form.

If other wells are treated here, which ones? If treated elsewhere, where? well #1

If purchase, retreat? (Y/N) If yes, complete back of form.