

SOURCE INFORMATION
GROUND WATER

Date Form Completed

09/11/06

01-95-122

PWS

Owner Assigned

Source Code

Well Name (If purchase, name of system)

3BT

Well 3

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)

Powder Horn and Horseshoe Ridge roads

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-10-23.30

81-30-56.16

G

GPS File Name U091513C-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

3AT

Well 3

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: **in well house after treatment**

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** ^Y/_N If yes, actual distance **100** If yes, bact. samples collected? **Y** (Y,N)

Adequate slope? **Y** (Y,N) Flooding? **Y** (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: **excellent** Type of freeze protection: **electric heat**

Well: Diameter: **6 1/4"** Type: **drilled** **8-1-78** Yield (gpm): **40** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **40** ft (If unknown, put 'UNK') Well depth: **340'** Meter available? **Y** (Y,N)

Concrete slab adequate? **Y** (Y,N) If no, explain: **8 feet by 10 feet** Size: **3'r**

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

Pumps: Capacity: GPM: **43** HP: **7 1/2** Pump intake depth: **300'** Auxiliary Power? **Y** (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? **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.