

038

SOURCE INFORMATION GROUND WATER

Date Form Completed

10/20/06

01-95-122

PWS

Owner Assigned

Source Code **5BT** Well Name (If purchase, name of system) **Well #5**

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

If purchase, seller ID# _____ Source Begin Date MM - YY _____ Direct Influence Date MM - DD - YY _____

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

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

on development side of river across from well 4

Latitude (N) Deg. Min Sec **36-10-32.463**

Longitude (W) Deg. Min Sec **81-31-50.769**

How Determined

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

GPS File Name **U102014A-2006**

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

Assessment Date MM - DD - YY _____

Vulnerable VOC's Y N

ENTRY POINT INFORMATION

Owner Assigned

Entry Point Code **5AT** Entry Point Name **Well House #5**

Use Code **C** C=Ground/Permanent
D=Ground/non-Permanent
Availability **P** P=Year-round S=Seasonal
E=Emergency I=Interim O=Other

Entry Point Begin Date **09-06** Entry Point End Date _____
MM / YY MM / YY

Location:

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 N If yes, actual distance _____ If yes, bact. samples collected? _____ (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: **excellent** Type of freeze protection: **electric heat**

Well: Diameter: **6 1/4"** Type: **drilled 3-10-04** Yield (gpm): **30** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **63** ft (If unknown, put 'UNK') Well depth: **940** 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: **30** HP: **20** Pump intake depth: **900'** Auxiliary Power? **N** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): _____ / **18"**

Storage at well site: Elev: **0,000** Hydro: **0,000** Ground: **0,000**

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.