

039

SOURCE INFORMATION GROUND WATER

Date Form Completed
11/10/05

FWS
01-95-127

Owner Assigned
Source Code **W01** Well Name (If purchase, name of system) **Well 1**

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

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

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

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

far right end of apartment building

Latitude (N) _____ Longitude (W) _____
Deg. Min Sec Deg. Min Sec

How Determined

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

GPS File Name **U090816A-2000**

36-12-18.11

81-43-20.17

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 **E01** Entry Point Name **Well 1**

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 _____ Entry Point End Date _____
MM / YY MM / YY

Location: **after treatment in the well house**

Well Site: Owned or controlled? **Y** (Y,N) Control Area (100' radius?) **N** (Y,N) If no, explain: **20' building**

Sources of pollution/distance: **parking 10', river 50', stream 30'**

Surface water within 200'? **Y** (Y,N) If yes, actual distance **80** 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? **N** (Y,N)

Condition of house: **new well house - good** Type of freeze protection: **heater**

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

Properly vented? **Y** (Y,N) Casing Depth **unk** (If unknown, put 'UNK') Well depth: **300'+** Meter available? **Y** (Y,N)

Concrete slab adequate? **Y** (Y,N) If no, explain: **6x6** Size: **3'r**

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

Pumps: Capacity: GPM: **40** HP: **1 1/2** Pump intake depth: **300'** Auxiliary Power? **na** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): **/ 6"**

Storage at well site: Elev: _____ Hydro: _____ Ground: _____
If hydro, air volume control? **Y** (Y,N) Safety valves: **na** (Y,N) Coded? **na** (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.