

042

SOURCE INFORMATION
GROUND WATER

Date Form Completed
07/25/05

FWS
01-95-132

Owner Assigned

Source Code Well Name (If purchase, name of seller)

WEL **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=Permanent I=Interim
E=Emergency O=Other
S=Seasonal

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

next to picnic shelter across creek from the office

Latitude (N) Longitude (W) How Determined

Deg. Min. Sec

Deg. Min. Sec

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

36-13-13.60

81-42-47.03

GPS File Name **U090412A-1998**

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

OFF

Office

Use Code Availability Entry Point Begin Date Entry Point End Date

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

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

MM / YY

MM / YY

Location: **office sink**

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

Sources of pollution/distance: **none visible**

Surface water within 200'? **Y** (Y,N) If yes, actual distance **130'** If yes, bact. samples collected? **N** (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: **fair** Type of freeze protection: **drained in winter**

Well: Diameter: **6 1/4"** Type: **drilled pre 1970** Yield (gpm): **35est** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth: **60** ft (If unknown, put 'UNK') Well depth: **230'** Meter available? **N** (Y,N)

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

Size of blow-off: **none** Sample tap?: Before treatment? **Y** (Y,N) After Treatment? **n/a** (Y,N)

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

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

Storage at well site: Elev: Hydro: Ground:

If hydro, air volume control? **N** (Y,N) Safety valves: **N** (Y,N) Coded? **Y** (Y,N)

High service pumps: 1. gpm hp 2. gpm hp 3. gpm hp Auxiliary power? (Y,N)

Is water treated? **N** (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.