

043

SOURCE INFORMATION
GROUND WATER

Date Form Completed
02/03/05

FWS
 01-95-134

Owner Assigned
 Source Code **W02** Well Name (If purchase, name of system) **Well 2**

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

Location of well within the system (If purchase, location of master meter)
south end of campground near river, Next to site 27

Latitude (N) _____ Longitude (W) _____ How Determined _____
 Deg. Min Sec Deg. Min Sec G=GPS
36-08-32.95 **81-47-59.72** **G** M=Map
 S=Surveyed GPS File Name **A051516A-2002**
 D=Differential GPS

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 **E02** Entry Point Name **Well 2**

Use Code **C** C=Ground/Permanent Availability **P** P=Year-round S=Seasonal
 D=Ground/non-Permanent E=Emergency I=Interim O=Other
 Entry Point Begin Date **08-96** Entry Point End Date _____
 MM / YY MM / YY

Location: **at well 2**

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 **170** 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: **insulated and heated**

Well: Diameter: **6 1/4"** Type: **drilled** **5-12-92** Yield (gpm): **34** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **95** ft (If unknown, put 'UNK') Well depth: **365'** Meter available? **Y** (Y,N)

Concrete slab adequate? **Y** (Y,N) If no, explain: **12 x 12** Size: **4'r**

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

Pumps: Capacity: GPM: **29** HP: **5** Pump intake depth: **unk** Auxiliary Power? **N** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): / **36"**

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.