North Carolina Department of Environment, Health, and Natural Resources
Division of Environmental Health, Public Water Supply Section

048

# SOURCE INFORMATION
# GROUND WATER

Date Form Completed **12/08/05**

PWS **01-95-148**

Owner Assigned Source Code: **S04**

Well Name (If purchase, name of seller): **Well 4**

Code: **G** (G=Ground, W=Purchase/G, Y=G w/direct influence, Z=W w/direct influence)

If purchase, seller ID#

Source Begin Date (MM - YY)

Direct Influence Date (MM - DD - YY)

Availability: **P** (P=Permanent, E=Emergency, S=Seasonal, I=Interim, O=Other)

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

**next to stream near cabin 14 and 15**

Latitude (N) Deg. Min Sec: **36-12-23.76**

Longitude (W) Deg Min Sec: **81-44-31.28**

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

How Determined: **G** (G=GPS, M=Map, S=Surveyed, D=Differential GPS)

GPS File Name **U112816C-2000**

Vulnerable VOC's: Y / N

Assessment Date (MM - DD - YY)

## ENTRY POINT INFORMATION

Owner Assigned Entry Point Code: **400**

Entry Point Name: **Well 4**

Use Code: **C** (C=Ground/Permanent, D=Ground/non-Permanent)

Availability: **P** (P=Year-round, E=Emergency, S=Seasonal, I=Interim, O=Other)

Entry Point Begin Date (MM / YY)

Entry Point End Date (MM / YY)

Location:

Well Site: Owned or controlled? **Y** (Y,N) Control Area (100' radius?) **N** (Y,N) If no, explain: **stream 45'**

Sources of pollution/distance:

Surface water within 200'? **Y** (Y/N) If yes, actual distance **45** 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: **POOR** Type of freeze protection: **elec. heater**

Well: Diameter: **6 1/4** Type: **drilled 10-31-81** Yield (gpm): **30** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **20** ft (If unknown, put 'UNK') Well depth: **104'** Meter available? **N** (Y,N)

Concrete slab adequate? **N** (Y,N) If no, explain: **too small** Size: **18"r**

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

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

Type pump: **submersible** Height above floor (pump/casing): **/ 8"**

Storage at well site: Elev: Hydro: **0,040** 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.