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

049

SOURCE INFORMATION
GROUND WATER

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

PWS **01-95-149**

Owner Assigned well

Source Code **S05** Well Name (If purchase, name of seller) **Well 5**

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)

near Chalets 1 to 8

Latitude (N) Deg. Min Sec **36-12-27.57**

Longitude (W) Deg Min Sec **81-44-12.84**

How Determined **G** G=GPS M=Map S=Surveyed D=Differential GPS

GPS File Name **U062613A-2001**

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

Vulnerable VOC's Y N

Assessment Date MM - DD - YY

ENTRY POINT INFORMATION

Owner Assigned Entry Point Code **500**

Entry Point Name **Well 5**

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: **bldg. 35'**

Sources of pollution/distance:

Surface water within 200'? **N** Y N If yes, actual distance If yes, bact. samples collected? (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: **good** Type of freeze protection: **elec. heater**

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

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

Concrete slab adequate? **N** (Y,N) If no, explain: **well head too close to edge of slab** Size: **18"r**

Size of blow-off: **none** Sample tap?: Before treatment? **Y** (Y,N) After Treatment? (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): / **1"**

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? **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.

DENR 3803 (Revised 9-97)
Public Water Supply Section (Review 9-00)