

050

SOURCE INFORMATION GROUND WATER

Date Form Completed

12/08/05

PWS
01-95-150

Owner Assigned

Source Code

Well Name (If purchase, name of seller)

S06

Well 2

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

Availability

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

If purchase, seller ID#

Source Begin Date
MM - YY

Direct Influence Date
MM - DD - YY

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

near Chalet 18

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-12-33.30

81-44-14.62

G

GPS File Name U062613B-2001

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

600

Well 2

Use Code

Availability

Entry Point Begin Date

Entry Point End Date

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

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

MM/YY

MM/YY

Location:

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

Sources of pollution/distance: **wet weather drainage 10' from well**

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? **N** (Y,N)

Condition of house: **good, tile w/lid** Type of freeze protection: **insulated**

Well: Diameter: **6 1/4** Type: **drilled 6-3-86** Yield (gpm): **20** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **38** ft (If unknown, put 'UNK') Well depth: **200'** Meter available? **N** (Y,N)

Concrete slab adequate? **N** (Y,N) If no, explain: **2' circular pad** Size: **12"r**

Size of blow-off: **none** Sample tap?: Before treatment? **Y** (Y,N) After Treatment? **na** (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): / **4"**

Storage at well site: Elev: _____ Hydro: **40 buried** 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.