

051

SOURCE INFORMATION GROUND WATER

Date Form Completed

12/08/05

FWS
01-95-151

Owner Assigned

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

S07 **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
P E=Emergency I=Interim
S=Seasonal O=Other

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

next to #5 green

Latitude (N) Longitude (W) How Determined
Deg. Min Sec Deg. Min Sec

36-12-32.55

81-44-04.73

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

GPS File Name **U062612B-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

700

Well 1

Use Code Availability
C C=Ground/Permanent
D=Ground/non-Permanent
P P=Year-round S=Seasonal
E=Emergency I=Interim O=Other

Entry Point Begin Date Entry Point End Date

MM / YY

MM / YY

Location:

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

Sources of pollution/distance: **private drive 20'**

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** 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** ^(If unknown, put 'UNK') ft Well depth: **unk** Meter available? **N** (Y,N)

Concrete slab adequate? **N** (Y,N) If no, explain: **no slab** Size: **0'r**

Size of blow-off: **none** Sample tap?: Before treatment? **Y** (Y,N) After Treatment? **N** (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): / **6"**

Storage at well site: Elev: Hydro: **0,082** 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.