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

052

SOURCE INFORMATION
GROUND WATER

Date Form Completed: 12/08/05

PWS: 01-95-152

Owner Assigned Source Code: S08

Well Name (If purchase, name of seller): Well 2

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 building C and G

Latitude (N) Deg. Min Sec: 36-12-34.71

Longitude (W) Deg Min Sec: 81-44-07.21

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

GPS File Name: U062612A-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: 800

Entry Point Name: Well 2

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

Availability: P (P=Year-round, S=Seasonal, E=Emergency, 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: parking 15'

Sources of pollution/distance: parking 15' and building les than 100'

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? N (Y,N) Locked? N (Y,N)

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

Well: Diameter: 6 1/4" Type: drilled 8-16-89 Yield (gpm): 50 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth 42 ft (If unknown, put 'UNK') Well depth: 205' 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? 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): / 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.