

SOURCE INFORMATION GROUND WATER

Date Form Completed
12/08/05

054
FWS
01-95-158

Owner Assigned

Source Code **S10** Well Name (If purchase, name of seller) **Well 2**

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

Location of well within the system (If purchase, location of master meter)
corner of SR 1109 and 1167

Latitude (N) **36-12-31.63** Longitude (W) **81-43-51.71**

How Determined

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

GPS File Name **U062612C-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 **900** 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 _____ Entry Point End Date _____
MM / YY MM / YY

Location: **same entry point, just a new well**

Well Site: Owned or controlled? **Y** (Y,N) Control Area (100' radius)? **N** (Y,N) If no, explain: **building 70'**

Sources of pollution/distance: **dumpster 15' on concrete pad**

Surface water within 200'? **Y** ^Y/_N If yes, actual distance **150'** 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: **good tile with lid** Type of freeze protection: **insulated**

Well: Diameter: **6 1/4"** Type: **drilled 3-26-03** Yield (gpm): **5** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **83** ft (If unknown, put 'UNK') Well depth: **605** Meter available? **Y** (Y,N)

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

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

Pumps: Capacity: GPM: **5** HP: **1 1/2** Pump intake depth: **unk** Auxiliary Power? **N** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): / **6"**

Storage at well site: Elev: _____ Hydro: **0,080** 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.