

056

SOURCE INFORMATION GROUND WATER

Date Form Completed

10/27/06

091-95-160
PWS

Owner Assigned

Source Code W01 Well Name (If purchase, name of seller) Well 1

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

Availability

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

If purchase, seller ID# _____ Source Begin Date _____ Direct Influence Date _____
MM - YY MM - DD - YY

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

300 feet behind townhouses

Latitude (N)
Deg. Min Sec

Longitude (W)
Deg. Min Sec

How Determined

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

GPS File Name **R022814C-1996**

36-14-03.70

81-39-39.52

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 E01 Entry Point Name Storage Facility

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: **in basement of apartment building**

Well Site: Owned or controlled? **Y** (Y,N) Control Area (100' radius?) **N** (Y,N) If no, explain: **prop line 10'**

Sources of pollution/distance: **road 30', parking for apt. 30'**

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 only**

Well: Diameter: **6 1/4"** Type: **drilled** **5-3-83** Yield (gpm): **10est** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **29** ft (If unknown, put 'UNK') Well depth: **250** Meter available? **N** (Y,N)

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

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

If hydro, air volume control? **Y** (Y,N) Safety valves: **n/a** (Y,N) Coded? **n/a** (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.