

SOURCE INFORMATION GROUND WATER

Date Form Completed

03/26/07

01-95-167

PWS

Owner Assigned

Source Code W01 Well Name (If purchase, name of system) 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
E=Emergency I=Interim
S=Seasonal O=Other

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

behind the auto repair shop

Latitude (N) _____ Longitude (W) _____
Deg. Min Sec Deg. Min Sec

How Determined

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

GPS File Name U062814A-2000

36-14-22.73

81-39-23.28

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 Office

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: auto shop office

Well Site: Owned or controlled? Y (Y,N) Control Area (100' radius?) N (Y,N) If no, explain: creek 5'

Sources of pollution/distance: cars within 30 feet, these cars have liens and are stored here for extended periods or for years.

Surface water within 200'? Y ^Y/_N If yes, actual distance 5 If yes, bact. samples collected? N (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: insulated

Well: Diameter: 6 1/4" Type: drilled 1964 Yield (gpm): unk Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth unk ft ^(If unknown, put 'UNK') Well depth: 500' Meter available? N (Y,N)

Concrete slab adequate? Y (Y,N) If no, explain: _____ Size: 3'r

Size of blow-off: none, 3/4" relief 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): / 24"

Storage at well site: Elev: _____ Hydro: 0,119 Ground: _____

If hydro, air volume control? na (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 at this well? 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.