

SOURCE INFORMATION GROUND WATER

Date Form Completed

01/25/07

063

01-95-169

PWS

Owner Assigned

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

W02 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=Permanent
E=Emergency I=Interim
S=Seasonal O=Other

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

200' uphill of well 1, just downhill of the maintenance building

Latitude (N) Longitude (W) How Determined

Deg. Min Sec Deg. Min Sec
36-10-23.82 81-35-12.77

G=GPS
M=Map
S=Surveyed
D=Differential GPS
GPS File Name U101713B-2000

If purchase, use seller's primary source lat/long

Vulnerable VOC's Y
 N

Assessment Date

ENTRY POINT INFORMATION

Owner Assigned

Entry Point Code Entry Point Name

E01 Storage Facility

Use Code Availability Entry Point Begin Date Entry Point End Date
C=C=Ground/Permanent P=P=Year-round S=Seasonal
D=Ground/non-Permanent E=Emergency I=Interim O=Other
06-96
MM / YY MM / YY

Location: after storage tank

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

Sources of pollution/distance:

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: excellent

Well House: Free of stored materials? Y (Y,N) Properly drained? Y (Y,N) Locked? Y (Y,N)

Condition of house: excellent Type of freeze protection: insulate and heated

Well: Diameter: 6 1/4" Type: drilled 10-28-95 Yield (gpm): 12 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth: 21 ft (If unknown, put 'UNK') Well depth: 755' Meter available? Y (Y,N)

Concrete slab adequate? Y (Y,N) If no, explain: 16 x 12 Size: 4'r

Size of blow-off: 3" Sample tap?: Before treatment? Y (Y,N) After Treatment? Y (Y,N)

Pumps: Capacity: GPM: 13 HP: 3 Pump intake depth: unk Auxiliary Power? Y (Y,N)

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

Storage at well site: Elev: Hydro: Ground:

If hydro, air volume control? (Y,N) Safety valves: (Y,N) Coded? (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? well 1

If purchase, retreat? (Y/N) If yes, complete back of form.