

065

SOURCE INFORMATION GROUND WATER

Date Form Completed

01/25/07

01-95-173

FWS

Owner Assigned

Source Code **W13** Well Name (If purchase, name of seller) **Well 13**

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 MM - YY _____ Direct Influence Date MM - DD - YY _____

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

west of wellhouse 10 about 800 feet

Latitude (N)
Deg. Min Sec

36-10-27.077

Longitude (W)
Deg. Min Sec

81-33-09.970

How Determined

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

GPS File Name **U031114A-2005**

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 **EP1** Entry Point Name **Ground Storage Tank**

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: **sample tap in valve box next to 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: **good**

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

Condition of house: **excellent** Type of freeze protection: **insulated and heated**

Well: Diameter: **6 1/4"** Type: **drilled** **12/2001** Yield (gpm): **20** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **84** ft (If unknown, put 'UNK') Well depth: **1005'** Meter available? **Y** (Y,N)

Concrete slab adequate? **Y** (Y,N) If no, explain: _____ Size: **4'r**

Size of blow-off: **2"** Sample tap?: Before treatment? **Y** (Y,N) After Treatment? **Y** (Y,N)

Pumps: Capacity: GPM: **20** HP: **7 1/2** Pump intake depth: _____ Auxiliary Power? **N** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): _____ / **12"**

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? **Y** (Y,N) If yes, complete back of form.

If other wells are treated here, which ones? _____ If treated elsewhere, where? **well house #10**

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