

066

SOURCE INFORMATION GROUND WATER

Date Form Completed

05/24/05

PWS
01-95-174

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

Location of well within the system (If purchase, location of master meter)
across from site 27 down hill next to owner residence

Latitude (N) Longitude (W) How Determined
Deg. Min Sec Deg. Min Sec
36-13-18.43 **81-32-08.57** **G**
G=GPS
M=Map
S=Surveyed
D=Differential GPS

GPS File Name **S050113A-1998**

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

Entry Point Name

W01 **Well 1**
Use Code Availability Entry Point Begin Date Entry Point End Date
C C=Ground/Permanent **S** P=Year-round S=Seasonal
D=Ground/non-Permanent E=Emergency I=Interim O=Other
MM / YY MM / YY

Location: **well 1**

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

Sources of pollution/distance: **none**

Surface water within 200'? N Y 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? **Y** (Y,N)

Condition of house: **very good** Type of freeze protection: **electric heater**

Well: Diameter: **6 1/4"** Type: **drilled 7-16-84** Yield (gpm): **12est** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **95** ft (If unknown, put 'UNK') Well depth: **304** Meter available? **Y** (Y,N)

Concrete slab adequate? **Y** (Y,N) If no, explain: **10 feet by 10 feet** Size: **4'r**

Size of blow-off: **1 1/4"** Sample tap?: Before treatment? **Y** (Y,N) After Treatment? **na** (Y,N)

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

Type pump: **submersible** Height above floor (pump/casing): / **4"**

Storage at well site: Elev: _____ Hydro: **0,160** 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 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.