

069

SOURCE INFORMATION
GROUND WATER

Date Form Completed
01/25/07

PWS
01-95-176

Owner Assigned

Source Code **W22** Well Name (If purchase, name of seller) **Well #22**

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

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

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

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

middle well

Latitude (N)
Deg. Min Sec

Longitude (W)
Deg. Min Sec

How Determined

36-10-26.58

81-33-38.52

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

GPS File Name **U010516B-2001**

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 **Storage Valve Vault**

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 **01-01** Entry Point End Date _____
MM / YY MM / YY

Location: **tap in valve vault between tanks**

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,N) If yes, actual distance _____ If yes, bact. samples collected? _____ (Y,N)

Adequate slope? **Y** (Y,N) Flooding? **Y** (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: **good** Type of freeze protection: **heated and insulated**

Well: Diameter: **6 1/4"** Type: **drilled** **11-4-97** Yield (gpm): **7** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth: **84** ft (If unknown, put 'UNK') Well depth: **1020'** 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: **6.5** HP: **1** Pump intake depth: **760** 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,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 20 well house**

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