

076

### SOURCE INFORMATION GROUND WATER

Date Form Completed

02/17/05

01-95-422

PWS

Owner Assigned

Source Code

Well Name (If purchase, name of seller)

W01

Well 1

Code

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

G

Availability

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

P

If purchase, seller ID#

Source Begin Date

Direct Influence Date

MM - YY

MM - DD - YY

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

next to SR 1112

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-12-33.95

81-46-44.03

G

GPS File Name U081814B-2000

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

Entry Point Name

E01

Utility Room in brick building

Use Code

Availability

Entry Point Begin Date

Entry Point End Date

C=Ground/Permanent  
D=Ground/non-Permanent

P=Year-round  
E=Emergency  
S=Seasonal  
I=Interim  
O=Other

MM / YY

MM / YY

Location: utility room sink

Well Site: Owned or controlled? Y (Y,N) Control Area (100' radius?) Y (Y,N) If no, explain: SR 1112 15'

Sources of pollution/distance: road 15', parking 10', school 40', fuel tank buried 30'

Surface water within 200'? Y (Y,N) If yes, actual distance 150 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? Y (Y,N)

Condition of house: excellent Type of freeze protection: insulated

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

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

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

Size of blow-off: 3/4" plugged "T" Sample tap?: Before treatment? Y (Y,N) After Treatment? Y (Y,N)

Pumps: Capacity: GPM: unk HP: 2 Pump intake depth: unk 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 (Y,N) Safety valves: N (Y,N) Coded? N (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?

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