077

North Carolina Department of Environment, Health, and Natural Resources
Division of Environmental Health, Public Water Supply Section

SOURCE INFORMATION
GROUND WATER

Date Form Completed: 03/01/07

PWS 01-95-424

Owner Assigned Source Code: S02

Well Name (If purchase, name of seller): Well #2

Code: G (G=Ground, W=Purchase/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 (P=Permanent, E=Emergency, S=Seasonal, I=Interim, O=Other)

Location of well within the system (If purchase, location of master meter): behind building on hill (NE end of building)

Latitude (N) Deg. Min Sec: 36-15-49.61

Longitude (W) Deg Min Sec: 81-47-07.14

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

How Determined: G (G=GPS, M=Map, S=Surveyed, D=Differential GPS)

GPS File Name: U060813A-2004

Vulnerable VOC's: Y / N

Assessment Date (MM - DD - YY):

ENTRY POINT INFORMATION

Owner Assigned Entry Point Code: E02

Entry Point Name: Well #2

Use Code: C (C=Ground/Permanent, D=Ground/non-Permanent)

Availability: P (P=Year-round, E=Emergency, S=Seasonal, I=Interim, O=Other)

Entry Point Begin Date (MM / YY): 07-04

Entry Point End Date (MM / YY):

Location: tap in well house

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? Y (Y,N)

Condition of house: excellent Type of freeze protection: insulated, heated

Well: Diameter: 6 1/4" Type: drilled 7-17-03 Yield (gpm): 3.5 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth 63 ft (If unknown, put 'UNK') Well depth: 720 Meter available? Y (Y,N)

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

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

Pumps: Capacity: GPM: 3.5 HP: 3/4 Pump intake depth: 300 Auxiliary Power? N (Y,N)

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

Storage at well site: Elev: Hydro: 2,200 Ground:

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

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