

081

SOURCE INFORMATION GROUND WATER

Date Form Completed
01/23/06

01-95-439

FWS

Owner Assigned

Source Code **004** Well Name (If purchase, name of seller) **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
P E=Emergency I=Interim
S=Seasonal O=Other

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

next to laundry room door

Latitude (N) Longitude (W)
Deg. Min Sec Deg Min Sec
36-13-25.26 **81-42-16.58**

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

GPS File Name **T091813A-1998**

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 **001** Entry Point Name **Kitchen sink**

Use Code C=Ground/Permanent
C D=Ground/non-Permanent
Availability P=Year-round S=Seasonal
P E=Emergency I=Interim O=Other

Entry Point Begin Date **11-98** Entry Point End Date _____
MM / YY MM / YY

Location: **sink in kitchen that is next to laundry room door**

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

Sources of pollution/distance: **parking 0', building 10', fuel tank buried in bank 50'+ from well**

Surface water within 200'? 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: **fair, block with sliding roof** Type of freeze protection: **insulated**

Well: Diameter: **6 1/4"** Type: **redrilled 1982** Yield (gpm): **15** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth: **unk** ft (If unknown, put 'UNK') Well depth: **404'** Meter available? **Y** (Y,N)

Concrete slab adequate? **N** (Y,N) If no, explain: **4x4 feet, then pavement for parking** Size: **1'r**

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

Pumps: Capacity: GPM: **unk** HP: **1** Pump intake depth: **300'+** Auxiliary Power? **N** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): / **8"**

Storage at well site: Elev: _____ Hydro: _____ Ground: _____

If hydro, air volume control? **Y** (Y,N) Safety valves: **n/a** (Y,N) Coded? **n/a** (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? **15' away in laundry room**

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