

082

### SOURCE INFORMATION GROUND WATER

Date Form Completed

03/16/07

PWS  
01-95-440

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

If purchase, seller ID#

Source Begin Date  
MM - YY

Direct Influence Date  
MM - DD - YY

Availability

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

P

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

in pasture

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-13-28.64

81-42-26.35

G

GPS File Name D061313A-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

Storage Facility

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: in basement of home

Well Site: Owned or controlled? **Y** (Y,N) Control Area (100' radius?) (Y,N) If no, explain: **10' to prop. line**

Sources of pollution/distance: **when horses are in the pasture, no fence to keep horses 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: **good, tile with lid** Type of freeze protection: **insulated**

Well: Diameter: **6 1/4"** Type: **drilled** **1970's** Yield (gpm): **unk** Properly sealed? **Y** (Y,N)

Properly vented? **N** (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: **none** Sample tap?: Before treatment? **Y** (Y,N) After Treatment? **n/a** (Y,N)

Pumps: Capacity: GPM: **unk** HP: **1 1/2** Pump intake depth: **unk** 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,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,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.