

093

SOURCE INFORMATION GROUND WATER

Date Form Completed

05/24/07

01-95-459

PWS

Owner Assigned

Source Code Well Name (If purchase, name of system)

WE3 Well 3 (well for future growth)

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

G

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

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

O

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

uphill of well 2 about 100'

Latitude (N) Longitude (W) How Determined
Deg. Min Sec Deg. Min Sec

36-15-19.90

81-40-01.55

G

GPS File Name U082513A-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

Use Code Availability Entry Point Begin Date Entry Point End Date

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

MM / YY

MM / YY

Location:

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'? Y (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 w/lid Type of freeze protection: not in use

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

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

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

Size of blow-off: none Sample tap?: Before treatment? na (Y,N) After Treatment? na (Y,N)

Pumps: Capacity: GPM: none HP: none Pump intake depth: na Auxiliary Power? na (Y,N)

Type pump: no pump- well for future growth Height above floor (pump/casing): / 10"

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 at this well? 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.