

094

SOURCE INFORMATION GROUND WATER

Date Form Completed

05/24/07

FWS
01-95-459

Owner Assigned

Source Code **WE5** Well Name (If purchase, name of system) **Well 5**

Code **G**
G=Ground
W=Purchase/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**
P=Permanent
E=Emergency
S=Seasonal
I=Interim
O=Other

Location of well within the system (If purchase, location of master meter)
in pasture 600' south of well 4

Latitude (N) **36-15-16.74** Longitude (W) **81-40-06.91**
Deg. Min Sec Deg Min Sec

How Determined **D**
G=GPS
M=Map
S=Surveyed
D=Differential GPS
GPS File Name **S091116B-1997**

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 **E04** Entry Point Name **Storage Tank**

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 **10-97**
MM / YY
Entry Point End Date _____
MM / YY

Location: **after treatment at well four**

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 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: **tile w/lid** Type of freeze protection: **turned off in winter**

Well: Diameter: **6 1/4"** Type: **drilled 8-4-95** Yield (gpm): **5.5** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth: **42** ft (If unknown, put 'UNK') Well depth: **855'** Meter available? **well 4** (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? **Y** (Y,N)

Pumps: Capacity: GPM: **7** HP: **3** 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,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? Y (Y,N) If yes, complete back of form.

If other wells are treated here, which ones? _____ If treated elsewhere, where? **well 4**

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