

108

SOURCE INFORMATION GROUND WATER

Date Form Completed

08/14/02

FWS
01-95-499

Owner Assigned

Source Code

Well Name (If purchase, name of system)

001

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

Direct Influence Date

Availability

P

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

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

east end of rest area

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-13-54.40

81-33-39.89

G

GPS File Name

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

001

Well 1

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: well house after treatment

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

Sources of pollution/distance: **school parking 15' but area is paved and surface runs away from well head**

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: **good** Type of freeze protection: **electric heat and insulated**

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

Properly vented? **Y** (Y,N) Casing Depth: **470** ft (If unknown, put 'UNK') Well depth: **500** Meter available? **Y** (Y,N)

Concrete slab adequate? **N** (Y,N) If no, explain: **too small - well is 1 ft. from edge** Size: **1'r**

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

Pumps: Capacity: GPM: **8-Jun** HP: **5** Pump intake depth: **485'** Auxiliary Power? **N** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): / **6"**

Storage at well site: Elev: Hydro: **0,080** Ground:

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

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