

109

SOURCE INFORMATION GROUND WATER

Date Form Completed

07/01/02

PWS
01-95-500

Owner Assigned

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

30G

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

MM - YY

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)

North of Manor House on west side of Parkway

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36°09'07.30"

81°41'32.99"

G

GPS File Name B120315B

If purchase, use seller's primary source lat/long

Vulnerable VOC's Y N

Assessment Date

MM - DD - YY

ENTRY POINT INFORMATION

Use Code

Availability

Entry Point Begin Date

MM - DD - YY

C=C=Ground/Permanent
D=D=Ground/non-Permanent

P=P=Year-round
E=E=Emergency
S=S=Seasonal
I=Interim
O=Other

P

Owner Assigned

Entry Point Code

Entry Point Name

30H

Well #1 - wellhouse

Location: North of Manor House

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

Sources of pollution/distance: **None visible**

Surface water within 200'? N Y If yes, actual distance _____ If yes, bact. samples collected? N (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: **Excellent** Type of freeze protection: **Electric heater & insulatic**

Well: Diameter: **6 1/4"** Type: **Drilled in 1973** Yield (gpm): **60** Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth **UNK** ft (If unknown, put 'UNK') Well depth: **250'** Meter available? Y (Y,N)

Concrete slab adequate? Y (Y,N) If no, explain: _____ Size: **10' x 10'**

Size of blow-off: **1 1/4"** Sample tap?: Before treatment? Y (Y,N) After Treatment? Y (Y,N)

Pumps: Capacity: GPM: _____ HP: **2** Pump intake depth: _____ Auxiliary Power? N (Y,N)

Type pump: **Submersible** Height above floor (pump/casing): _____ / **14"**

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? _____

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