

126

SOURCE INFORMATION GROUND WATER

Date Form Completed

09/25/02

PWS
01-95-525

Owner Assigned

Source Code **TP3** Well Name (If purchase, name of system) **Well 1**

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)
south of building 300'

Latitude (N) **36-13-04.03** Longitude (W) **81-42-51.34**
Deg. Min Sec Deg. Min Sec

How Determined **G**
G=GPS
M=Map
S=Surveyed
D=Differential GPS
GPS File Name **U062815B-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 **TP1** Entry Point Name **Power Room**

Use Code **C** C=Ground/Permanent D=Ground/non-Permanent
Availability **P** P=Year-round S=Seasonal E=Emergency I=Interim O=Other
Entry Point Begin Date _____ Entry Point End Date _____
MM / YY MM / YY

Location: **in the power room after treatment**

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'? N Y 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: **elec. heater**

Well: Diameter: **6 1/4"** Type: **drilled** **2-1-93** Yield (gpm): **20** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **68** ft (If unknown, put 'UNK') Well depth: **300'** 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? **Y** (Y,N)

Pumps: Capacity: GPM: **17.5** HP: **3** Pump intake depth: **unk** Auxiliary Power? **N** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): _____ / **12"**

Storage at well site: Elev: _____ Hydro: _____ 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,N) If yes, complete back of form.

If other wells are treated here, which ones? _____ If treated elsewhere, where? **(TP1) Power Room**

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