

198

SOURCE INFORMATION GROUND WATER

Date Form Completed
03/10/06

FWS
01-95-528

Owner Assigned

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

100 **Well 1**

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

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

left side of parking lot

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

36-14-30.30 **81-39-40.83**

How Determined

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

GPS File Name **U081817C-2000**

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

MM - DD - YY

Vulnerable VOC's Y
 N

Assessment Date

ENTRY POINT INFORMATION

Use Code

Availability

Entry Point Begin Date
MM - DD - YY

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

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

Owner Assigned

Entry Point Code Entry Point Name

100 **Well 1**

Location: **left side of parking lot**

Well Site: Owned or controlled? **Y** (Y,N) Control Area (100' radius?) **N** (Y,N) If no, explain: **20' to prop line**

Sources of pollution/distance: **spring heads 10 to 15 feet away and the area adjacent to the well is low**

Surface water within 200'? **Y** (Y,N) If yes, actual distance **20** 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? **N** (Y,N)

Condition of house: **good - tile w/lid** Type of freeze protection: **insulated only**

Well: Diameter: **6 1/4"** Type: **drilled 8-4-82** Yield (gpm): **1** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **20** ft (If unknown, put 'UNK') Well depth: **205'** Meter available? **N** (Y,N)

Concrete slab adequate? **N** (Y,N) If no, explain: **too small 4x4** Size: **18"r**

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

Pumps: Capacity: GPM: **unk** HP: **1/2** Pump intake depth: **unk** Auxiliary Power? **N** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): **/ 8"**

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? **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.