

129

SOURCE INFORMATION GROUND WATER

Date Form Completed

02/17/05

01-95-530
PWS

Owner Assigned

Source Code **W01** Well Name (If purchase, name of seller) **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 P=Permanent E=Emergency I=Interim
S=Seasonal O=Other

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

behind school

Latitude (N) **36-15-31.51** Longitude (W) **81-44-49.58**

How Determined
G G=GPS M=Map S=Surveyed D=Differential GPS
GPS File Name **U082514A-2000**

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

Vulnerable VOC's Y N

Assessment Date _____

ENTRY POINT INFORMATION

Owner Assigned
Entry Point Code

Entry Point Name

E01 **Well 1**
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 _____ Entry Point End Date _____
MM / YY MM / YY

Location: **in well house after treatment (treatment to be installed 1998)**

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

Sources of pollution/distance: **creek 125'**

Surface water within 200'? **Y** ^Y/_N If yes, actual distance _____ If yes, bact. samples collected? **Y** (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: **heated**

Well: Diameter: **6 1/4** Type: **drilled 1-7-94** Yield (gpm): **40** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **64** ft (If unknown, put 'UNK') Well depth: **260'** Meter available? **Y** (Y,N)

Concrete slab adequate? **Y** (Y,N) If no, explain: _____ Size: **5'r**

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

Pumps: Capacity: GPM: **36** HP: **7 1/2** Pump intake depth: _____ Auxiliary Power? **N** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): / **30"**

Storage at well site: Elev: _____ Hydro: **10,000** Ground: _____

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

High service pumps: 1. _____ gpm hp 2. _____ gpm hp 3. _____ gpm hp Auxiliary power? (Y,N)

Is water treated? **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.