

144

SOURCE INFORMATION
GROUND WATER

Date Form Completed

08/12/03

PWS
30-95-006

Owner Assigned

Source Code

Well Name (If purchase, name of seller)

W01

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

Availability

MM - YY

MM - DD - YY

01/03

P

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

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

behind the church in open field

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

36-11-50.10

81-36-38.63

GPS File Name U070614A(2001)

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

MM - DD - YY

Vulnerable VOC's **N**

Assessment Date

ENTRY POINT INFORMATION

Owner Assigned

Entry Point Code

Entry Point Name

E01

mens restroom sink top floor

Use Code

Availability

Entry Point Begin Date

Entry Point End Date

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

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

01/03

MM / YY

MM / YY

Location:

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,N) If yes, actual distance: If yes, bact. samples collected? (Y/N)

Adequate slope? **Y** (Y,N) Flooding? **N** (Y,N) Maintenance: **good, new well**

Well House: Free of stored materials? **Y** (Y,N) Properly drained? **Y** (Y,N) Locked? **Y** (Y,N)

Condition of house: **new good** Type of freeze protection: **insulation**

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

Properly vented? **Y** (Y,N) Casing Depth **105** ft (If unknown, put 'UNK') Well depth: **305** Meter available? **Y** (Y,N)

Concrete slab adequate? **Y** (Y,N) If no, explain: Size:

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

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

Type pump: Height above floor (pump/casing): /

Storage at well site: Elev: Hydro: **5,000** 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? **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.