

153

### SOURCE INFORMATION GROUND WATER

Date Form Completed

03/14/05

30-95-002  
FWS

Owner Assigned

Source Code

Well Name (If purchase, name of seller)

S03

Well #3

Code

G=Ground  
W=Purchase/G  
Y=G w/direct influence  
Z=W w/direct influence

G

If purchase, seller ID#

Source Begin Date  
MM - YY

Direct Influence Date  
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)

lower well, across road from the community building

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

GPS File Name U031115A-2005

36-09-55.957

81-45-51.029

D

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

Entry Point Name

E01

Well House #2

Use Code

Availability

Entry Point Begin Date

Entry Point End Date

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

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

06/02

MM / YY

MM / YY

Location: tap is in well house #2 after treatment and just before leaving the well house

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'?  Y  N If yes, actual distance 125 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: **good** Type of freeze protection: **insulated and heated**

Well: Diameter: **6 1/4"** Type: **drilled 7-25-01** Yield (gpm): **78** Properly sealed?  Y (Y,N)

Properly vented?  Y (Y,N) Casing Depth: **51** ft (If unknown, put 'UNK') Well depth: **200** Meter available?  Y (Y,N)

Concrete slab adequate?  Y (Y,N) If no, explain: \_\_\_\_\_ Size: **4'r**

Size of blow-off: **2"** Sample tap?: Before treatment?  Y (Y,N) After Treatment? **n/a** (Y,N)

Pumps: Capacity: GPM: **78** HP: **15** Pump intake depth: **unk** Auxiliary Power?  N (Y,N)

Type pump: **submersible** Height above floor (pump/casing): \_\_\_\_\_ / **24"**

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

If other wells are treated here, which ones? \_\_\_\_\_ If treated elsewhere, where? **well #2**

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