

154

SOURCE INFORMATION GROUND WATER

Date Form Completed

05/24/05

30-95-003
PWS

Owner Assigned

Source Code **S02** Well Name (If purchase, name of seller) **Well #2**

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)
rear SW corner of property

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

How Determined

36-14-01.45

81-32-40.12

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

GPS File Name **A050714A-2002**

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 **E01** Entry Point Name **Kitchen Sink**

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 **06/02** Entry Point End Date _____
MM / YY MM / YY

Location:

Well Site: Owned or controlled? **Y** (Y,N) Control Area (100' radius?) **N** (Y,N) If no, explain: **property line 30'**

Sources of pollution/distance: **septic system 75' maybe, storage building 40'**

(no other property owned for future well sites if needed)

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**

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

Condition of house: **good- insulated cover only** Type of freeze protection: **insulated- minimal**

Well: Diameter: **6 1/4"** Type: **drilled 11-1-96** Yield (gpm): **12** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **82** ft (If unknown, put 'UNK') Well depth: **450'** Meter available? **N** (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? **n/a** (Y,N)

Pumps: Capacity: GPM: **10** HP: **1** Pump intake depth: **400'** Auxiliary Power? **N** (Y,N)

Type pump: **submersible** Height above floor (pump/casing): **6"**

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? **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.