

163

SOURCE INFORMATION GROUND WATER

Date Form Completed

03/22/05

PWS
30-95-013

Owner Assigned

Source Code

Well Name (If purchase, name of seller)

S01

Well #7

Code

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

G

If purchase, seller ID#

Source Begin Date

Direct Influence Date

MM - YY

MM - DD - YY

Availability

P

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

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

front NE corner of lot west of 578 High Peak Dr.(10' off road)

Latitude (N)

Longitude (W)

How Determined

Deg. Min Sec

Deg. Min Sec

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

GPS File Name U032214A-2005

36-09-33.136

81-36-34.161

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

578 High Peak Drive

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

07/03

MM / YY

MM / YY

Location: first house

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

Sources of pollution/distance: septic 75 feet away

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? n/a (Y,N) Properly drained? Y (Y,N) Locked? n/a (Y,N)

Condition of house: no well house Type of freeze protection: insulated wrapped

Well: Diameter: 6 1/4" Type: drilled 5-9-01 Yield (gpm): 1.5 Properly sealed? Y (Y,N)

Properly vented? Y (Y,N) Casing Depth 21 ft (If unknown, put 'UNK') Well depth: 720' Meter available? N (Y,N)

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

Size of blow-off: none Sample tap?: Before treatment? Y (Y,N) After Treatment? n/a (Y,N)

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

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

Storage at well site: Elev: Hydro: 50 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.