

SOURCE INFORMATION
GROUND WATER

Date Form Completed
11/10/05

PWS
30-95-019

Owner Assigned

Source Code **S01** 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 MM - YY Direct Influence Date MM - DD - YY

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

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

on right between 2nd and 3rd building, at end of parking lot

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

How Determined

36-12-44.417 **81-37-43.202**

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

GPS File Name **U110816A-2005**

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

Apartment

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

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

Entry Point Begin Date

Entry Point End Date

12-05
MM / YY

MM / YY

Location:

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

Sources of pollution/distance: **parking 5' and buildings 30'**
storm runoff next to well

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: **fair**

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

Condition of house: **good tile with lid** Type of freeze protection: **insulated**

Well: Diameter: **6 1/4"** Type: **drilled 5-19-00** Yield (gpm): **12est** Properly sealed? **Y** (Y,N)

Properly vented? **Y** (Y,N) Casing Depth **63** ft (If unknown, put 'UNK') Well depth: **305** 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: HP: Pump intake depth: 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.