

Drinking Water Well Questionnaire

Please complete as much of the questionnaire as possible and return to the Navy. Completed forms can be returned to the Navy by one of the following options:

- mailing the form to the following address:
Commanding Officer
Naval Weapons Station Seal Beach Detachment Norco
249 HWY 101, Suite 251
Solana Beach, CA 92075
- emailing the form to norco.pfas@jacobs.com
- leaving a voicemail at 1-855-NORCO-CA (1-855-667-2622) including your name, parcel address, parcel number (if known), and telephone number so we can call you back to discuss the information on this sheet
- bringing the form with you to the Open House meeting on April 23, 2024 between 5-7 p.m. at the Fairfield Inn, 3441 Hamner Ave, Norco, California 92860

1. Name and Property/Parcel Address:

2. Is there a drinking water well on this Parcel? ___ YES ___ NO

a. If yes, is the well water shared with other residents outside your parcel? ___ YES ___ NO

If yes, how many parcels share the well? _____

b. If no, do you obtain your drinking water from a well that is not owned by a municipality and is located in the sampling area?

___ YES ___ NO

(If yes, please let us know where this drinking water well is located and provide contact information for the drinking water system operator):

If the answer to question 2 and 2b is No, stop here. If the answer to 2b is yes, please provide any information you may have about the drinking water well in questions 3-7.

3. Is there more than one well on this parcel (e.g., additional well for irrigation or livestock)?

___ YES ___ NO

a. If yes, for what is the additional well used? _____

4. Is there more than one home or apartment on this parcel? ___ YES ___ NO

a. If yes, how many homes? How many apartments?

5. **Do you have well construction information for this drinking water well** (e.g., when it was installed, well depth, well location, and screen length)? ___ YES ___ NO

a. If yes, please provide details (include construction log if available):

6. **Has this drinking water system been upgraded in any way?** ___ YES ___ NO

a. If yes, please specify type of upgrade (e.g., storage tanks, water softener treatment).

7. **Please provide your contact information**

Email: _____

Phone: _____