

Drinking Water Well Questionnaire

If the drinking water consumed on your property comes from local groundwater (e.g., a well), the Navy would like to sample your drinking water to test for per- and polyfluoroalkyl substances (PFAS), at no cost to you. If your drinking water is supplied by the City of Chesapeake, we do not need to test your drinking water.

If you do not have a drinking water well, please complete the questionnaire by completing questions 1 through 3 below (marking "no" for question 3) and return to the Navy. If your property uses local groundwater (e.g., a well) for drinking and cooking, please complete as much of the questionnaire as possible and return to the Navy. Completed forms can be returned to the Navy by:

- returning this questionnaire to the Navy at the time of your sampling appointment
- emailing the form to Jillian Wheeler, NAVFAC Mid-Atlantic Remedial Project Manager, at jillian.wheeler@navy.mil or leave a voicemail at 757-341-0485
- Leaving a voicemail at 1-800-931-6118 including your name, property address, property number (if known), and telephone number so we can call you back to discuss the information on this sheet

1. Name and Property Address: _____

2. RENT _____ OWN _____

3. Is there a drinking water well on this property? ___ YES ___ NO

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

If yes, how many properties share the well water? _____

b. If no, do you obtain your drinking water from a community well that serves more than one property?
___ YES ___ NO

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

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

___ YES ___ NO

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

5. Is there more than one home or apartment on this property? ___ YES ___ NO

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

6. **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):

7. **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).

8. **Please provide your contact information**

Email: _____

Phone: _____