

Drinking Water Well Questionnaire

If the drinking water consumed on your property comes from 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 you have a drinking water well on your property, please complete this questionnaire and return it to our project team. If you do not have a drinking water well, please complete the questionnaire by completing questions 1 and 2 below and return to the Navy. Completed forms can be returned to the Navy by:

- mailing the form to the following address:
Commanding Officer
Naval Air Station Oceana
c/o Jacobs
5701 Cleveland Street
Suite 200
Virginia Beach, VA 23462
- leaving a voicemail at 1-800-931-6118 including your name, property address, parcel number (if known), and telephone number so we can call you back to discuss the information on this sheet
- email the form to NALFFentressWater@us.navy.mil
- bringing the form with you to the Open House meeting on June 10, 2025 between 5:00 p.m. – 7:00 p.m. at the Hickory Ruritan Club

1. Property owner name and property address:

2. 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):

3. 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? _____

4. Is there more than one home or apartment on this property? ___ 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: _____