

Name: _____ Property Address: _____

PFAS Private Drinking Water Well Questionnaire

The following information will assist the Navy in completing this off-base drinking water investigation.

If your property uses well water for drinking and cooking, please complete as much of the questionnaire as possible. If you do not have a drinking water well, please complete the questionnaire by answering "no" to question 3 and return the questionnaire to the Navy.

Completed questionnaires can be returned to the Navy by:

- providing the completed form to the Navy sampling team when the drinking water sample from your property is collected, or
- return via **email** (stephen.j.opalenik.civ@us.navy.mil), or **postal mail** to _____ Community Planning and Liaison Officer, Naval Air Station Pensacola, 150 Hase Road, Pensacola, FL 32508 – 5217.

1. Do you own the property? ___ YES ___ NO

2. If you do not own the property, please provide the name and best contact phone number of the owner:

3. Do you have a private well on your property? ___ YES ___ NO. If "YES," please complete questions 3a through 3f. If "NO," please proceed to question 4.

a. Do you use water from this well for drinking and cooking? ___ YES ___ NO

b. Do you have more than one well (e.g., additional well for irrigation or livestock)?

c. Is there an outdoor spigot available for sampling? ___ YES ___ NO

d. Have you upgraded your drinking water system in any way? ___ YES ___ NO. If "YES," please specify (e.g., storage tanks, water treatment)

e. Do you have well construction information on your drinking water well (e.g., when it was installed, well depth, well location, and screen length)? ___ YES ___ NO. If "YES," please provide details (and provide a copy of the construction log if available):

f. Do you share your private well water with other residents outside your property? ___ YES ___ NO

4. Do you obtain your drinking water from a community well that serves more than one property? ___ YES ___ NO

If "YES," please provide location of community well and the contact information for the drinking water system operator. _____

5. Is there more than one home or apartment on this property? ___ YES ___ NO. If "YES," how many homes? How many apartments?

6. Will you share your email address and phone number for future contact? ___ YES ___ NO

Email: _____ Phone number(s): _____