

MULTIPLE WELLS QUESTIONNAIRE

Wells and/or springs drawing from the same aquifer may be considered as one source of water. Making this determination **may reduce** the number of samples the water system will be required to take for Total Trihalomethanes (TTHM) and Haloacetic Acids (HAA5).

If the water system has documentation supporting that the wells and/or springs are drawing from the same aquifer, please provide this to our office as an attachment to this questionnaire. Include information on the water quality that indicates similar water quality characteristics between the wells/springs **and** a letter from your hydrogeologist certifying that the wells/springs are drawing from the same aquifer. Providing this information will expedite your reduced sampling request.

In the absence of having a hydrogeologist available to your water system, please provide answers to the following questions, so our office can begin to make a determination as to whether or not the water system qualifies for reduced sampling.

- A. What is the distance between the wells/springs? Please indicate on sketch on back.

- B. Are there any watercourses that separate the wells? Please specify name and how frequently it flows. Please indicate on sketch on back. _____

- C. In what hydrographic basin is each well? You may contact the Division of Water Resources for this information at (775) 687-4380, extension 5. _____

- D. What is the depth of each well? At what depth is the pump placed? _____

- E. What is the water temperature of the source water from each well/spring? _____

- F. Is the water blended prior to disinfection? Yes No
Please indicate blending point and disinfection point on sketch.

- G. How frequently is the water blended? _____

For Questions Please Contact:
State of Nevada: Andrea Seifert (775) 687-9526
Washoe County: Bryan Tyre (775) 328-2430
Clark County: Mark Bergtholdt (702) 759-0677

H. Provide a sketch of the well/spring locations and the other information as requested in items A through G.

I. _____ (_____) _____
Print Name Telephone Number

Signature Date

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