

# **Appendix G**

## **Survey Forms**

# **Appendix G1**

## **Industrial Survey Form**

Appendix G1: Industrial User Survey

2006 WATER USE SURVEY

1. General Information:

a. Facility Name :

b. Facility Address1:

c. Facility Address2:

d. Facility County:

e. Facility City:

f. Facility State:

g. Facility Zip Code:

h. Number of Full-Time Employees at this Facility:

i. Mailing Address1:

j. Mailing Address2:

k. Mailing City:

l. Mailing State:

m. Mailing Zip Code:

n. Facility E-mail: *(if available)*

t. Owner/Operator Name :

u. Owner FEIN:

 - 

v. Facility FEIN: *(if different than Owner FEIN)*

 - 

w. Owner/Operator Address1:

x. Owner/Operator Address2:

y. Owner/Operator City:

z. Owner/Operator State:

aa. Owner/Operator Zip Code:

bb. Owner/Operator Country:

cc. Owner/Operator Phone:

 (  ) -  - 

dd. Owner/Operator E-mail:

ee. Contact First Name:

ff. Contact Last Name:

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o. Facility Phone:

(  ) -  -

gg. Contact Phone:

(  ) -  -

p. Facility FAX:

(  ) -  -

hh. Contact E-mail:

q. Facility SIC Code:

r. Facility NAICS Code:

s. Facility NPDES Number:

ii. If you are sharing intake and discharge points with multiple facilities and including them in your survey, please list those facilities and their contact information.

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2. (§22-26-3(j)(3)) Brief description of processes requiring water withdrawals.  
(Ex. cooling water, heating, irrigation, etc...)

3. (§22-26-3(j)(3)) Type of Water Use:

- | <b>Use (<i>Not related to Mineral Extraction</i>)</b> | <b>Mineral Extraction Use</b>    |
|---|----------------------------------|
| <input type="checkbox"/> Industrial                   | <input type="checkbox"/> Coal    |
| <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Salt    |
| <input type="checkbox"/> Irrigation                   | <input type="checkbox"/> Quarry  |
| <input type="checkbox"/> Public water                 | <input type="checkbox"/> Oil/Gas |
| <input type="checkbox"/> Power Generator              |                                  |
| <input type="checkbox"/> Recreational                 |                                  |

4. (§22-26-3(j)(3)) Surface water Intake Information:

5. (§22-26-3(j)(3)) Groundwater Intake Information:

## Appendix G1: Industrial User Survey

6. (§22-26-3(j)(3)) Do you have any water purchased from a provider?

7. (§22-26-3(g)) What is your daily maximum potential to withdraw?   
(gallons/day)

8. (§22-26-3(g)) What is your present monthly maximum potential to withdraw?  (gallons/month)

9. (§22-26-3(g)) Within the next five years, what is your anticipated maximum monthly potential to withdraw?  (gallons/month)

10. (§22-26-3(g)) For coal fired electric generators, what is the facility nominal design capacity per calendar day?  (gallons)

11. (§22-26-3(j)(3)) Where do you discharge?

POTW: (wastewater treatment facility)

Stream:

Underground Injection Well/Septic System:

Private Reservoir:

Lake:

Other:

12. (§22-26-3(f)) Describe stream flow conditions that impact withdrawal rates.

13. (§22-26-3(f)) Describe seasonal conditions that impact withdrawals.

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14. (§22-26-3(j)(9)) Have you implemented water conservation practices in the past five years?

If so, describe.

14. a. Estimate the amount of water saved per month by these practices (optional question)  In Gallons

15. (§22-26-3(j)(9) and 3(i)) If you have work planned within the next five years to conserve water use, describe the project and give an estimated project cost.

Project Cost:

15. a. Estimate the water saved per month by the planned project. (optional question)

in Gallons

16. Additional Comments

### Multiple Facilities Add Form

Facility Name:

Facility Address:

Facility Address2:

Facility City:

Facility State:

Facility Phone Number:

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Surface Water Intake Add Form			
County: <input style="width: 90%;" type="text" value="Select County"/>	State: <input style="width: 90%;" type="text" value="West Virginia"/>	Latitude: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Longitude: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Water Source Name : <input style="width: 95%;" type="text"/>		Water Source Type <input style="width: 95%;" type="text" value="Spring"/>	
Monthly Intake (Gallons/month)			
<b>2003</b>	<b>2004</b>	<b>2005</b>	
January <input style="width: 100%;" type="text"/>	January <input style="width: 100%;" type="text"/>	January <input style="width: 100%;" type="text"/>	
February <input style="width: 100%;" type="text"/>	February <input style="width: 100%;" type="text"/>	February <input style="width: 100%;" type="text"/>	
March <input style="width: 100%;" type="text"/>	March <input style="width: 100%;" type="text"/>	March <input style="width: 100%;" type="text"/>	
April <input style="width: 100%;" type="text"/>	April <input style="width: 100%;" type="text"/>	April <input style="width: 100%;" type="text"/>	
May <input style="width: 100%;" type="text"/>	May <input style="width: 100%;" type="text"/>	May <input style="width: 100%;" type="text"/>	
June <input style="width: 100%;" type="text"/>	June <input style="width: 100%;" type="text"/>	June <input style="width: 100%;" type="text"/>	
July <input style="width: 100%;" type="text"/>	July <input style="width: 100%;" type="text"/>	July <input style="width: 100%;" type="text"/>	
August <input style="width: 100%;" type="text"/>	August <input style="width: 100%;" type="text"/>	August <input style="width: 100%;" type="text"/>	
September <input style="width: 100%;" type="text"/>	September <input style="width: 100%;" type="text"/>	September <input style="width: 100%;" type="text"/>	
October <input style="width: 100%;" type="text"/>	October <input style="width: 100%;" type="text"/>	October <input style="width: 100%;" type="text"/>	
November <input style="width: 100%;" type="text"/>	November <input style="width: 100%;" type="text"/>	November <input style="width: 100%;" type="text"/>	
December <input style="width: 100%;" type="text"/>	December <input style="width: 100%;" type="text"/>	December <input style="width: 100%;" type="text"/>	

## Appendix G1: Industrial User Survey

How did you determine withdrawal information? Metered/Calculated

Metered  
 Calculated

If calculated, describe in detail how the calculation/estimation was made.

### Ground Water Intake Add Form

Your Name for this Intake:

<b>County:</b> <input style="width: 95%;" type="text" value="Select County"/>	<b>State:</b> <input style="width: 95%;" type="text" value="West Virginia"/>	<b>Latitude:</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<b>Longitude:</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<b>Well Depth:</b> <input style="width: 50%;" type="text"/> in Feet	<b>Aquifer Source:</b> <input style="width: 95%;" type="text" value="Alluvial Aquifer"/>	<b>Type of Rock:</b> <input style="width: 95%;" type="text" value="Sand"/>	

<u>Monthly Withdrawal (Gallons/month)</u>		
<b>2003</b>	<b>2004</b>	<b>2005</b>
January <input style="width: 95%;" type="text"/>	January <input style="width: 95%;" type="text"/>	January <input style="width: 95%;" type="text"/>
February <input style="width: 95%;" type="text"/>	February <input style="width: 95%;" type="text"/>	February <input style="width: 95%;" type="text"/>
March <input style="width: 95%;" type="text"/>	March <input style="width: 95%;" type="text"/>	March <input style="width: 95%;" type="text"/>
April <input style="width: 95%;" type="text"/>	April <input style="width: 95%;" type="text"/>	April <input style="width: 95%;" type="text"/>
May <input style="width: 95%;" type="text"/>	May <input style="width: 95%;" type="text"/>	May <input style="width: 95%;" type="text"/>
June <input style="width: 95%;" type="text"/>	June <input style="width: 95%;" type="text"/>	June <input style="width: 95%;" type="text"/>
July <input style="width: 95%;" type="text"/>	July <input style="width: 95%;" type="text"/>	July <input style="width: 95%;" type="text"/>

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August <input type="text"/>	August <input type="text"/>	August <input type="text"/>
September <input type="text"/>	September <input type="text"/>	September <input type="text"/>
October <input type="text"/>	October <input type="text"/>	October <input type="text"/>
November <input type="text"/>	November <input type="text"/>	November <input type="text"/>
December <input type="text"/>	December <input type="text"/>	December <input type="text"/>

How did you determine withdrawal information? Metered/Calculated

- Metered  
 Calculated

If calculated, describe in detail how the calculation/estimation was made.

## Provider Add Form

Provider Name:

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<u>Monthly Purchased (Gallons/month)</u>		
<b>2003</b>	<b>2004</b>	<b>2005</b>
January <input type="text"/>	January <input type="text"/>	January <input type="text"/>
February <input type="text"/>	February <input type="text"/>	February <input type="text"/>
March <input type="text"/>	March <input type="text"/>	March <input type="text"/>
April <input type="text"/>	April <input type="text"/>	April <input type="text"/>
May <input type="text"/>	May <input type="text"/>	May <input type="text"/>
June <input type="text"/>	June <input type="text"/>	June <input type="text"/>
July <input type="text"/>	July <input type="text"/>	July <input type="text"/>
August <input type="text"/>	August <input type="text"/>	August <input type="text"/>
September <input type="text"/>	September <input type="text"/>	September <input type="text"/>
October <input type="text"/>	October <input type="text"/>	October <input type="text"/>
November <input type="text"/>	November <input type="text"/>	November <input type="text"/>
December <input type="text"/>	December <input type="text"/>	December <input type="text"/>

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### POTW Add Form

**POTW Name:**

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Latitude:	Longitude:	
<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
<u>Monthly Discharge (Gallons/month)</u>		
<b>2003</b>	<b>2004</b>	<b>2005</b>
January	January	January
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
February	February	February
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
March	March	March
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
April	April	April
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
May	May	May
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
June	June	June
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
July	July	July
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
August	August	August
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
September	September	September
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
October	October	October
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
November	November	November
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
December	December	December
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>

<b>Stream Add Form</b>	
<b>Stream Name:</b>	<b>NPDES number:</b>

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Latitude:	Longitude:	
<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
<b>Monthly Discharge (Gallons/month)</b>		
<p><b>2003</b></p> <p>January</p> <input style="width: 100%; height: 15px;" type="text"/> <p>February</p> <input style="width: 100%; height: 15px;" type="text"/> <p>March</p> <input style="width: 100%; height: 15px;" type="text"/> <p>April</p> <input style="width: 100%; height: 15px;" type="text"/> <p>May</p> <input style="width: 100%; height: 15px;" type="text"/> <p>June</p> <input style="width: 100%; height: 15px;" type="text"/> <p>July</p> <input style="width: 100%; height: 15px;" type="text"/> <p>August</p> <input style="width: 100%; height: 15px;" type="text"/> <p>September</p> <input style="width: 100%; height: 15px;" type="text"/> <p>October</p> <input style="width: 100%; height: 15px;" type="text"/> <p>November</p> <input style="width: 100%; height: 15px;" type="text"/> <p>December</p> <input style="width: 100%; height: 15px;" type="text"/>	<p><b>2004</b></p> <p>January</p> <input style="width: 100%; height: 15px;" type="text"/> <p>February</p> <input style="width: 100%; height: 15px;" type="text"/> <p>March</p> <input style="width: 100%; height: 15px;" type="text"/> <p>April</p> <input style="width: 100%; height: 15px;" type="text"/> <p>May</p> <input style="width: 100%; height: 15px;" type="text"/> <p>June</p> <input style="width: 100%; height: 15px;" type="text"/> <p>July</p> <input style="width: 100%; height: 15px;" type="text"/> <p>August</p> <input style="width: 100%; height: 15px;" type="text"/> <p>September</p> <input style="width: 100%; height: 15px;" type="text"/> <p>October</p> <input style="width: 100%; height: 15px;" type="text"/> <p>November</p> <input style="width: 100%; height: 15px;" type="text"/> <p>December</p> <input style="width: 100%; height: 15px;" type="text"/>	<p><b>2005</b></p> <p>January</p> <input style="width: 100%; height: 15px;" type="text"/> <p>February</p> <input style="width: 100%; height: 15px;" type="text"/> <p>March</p> <input style="width: 100%; height: 15px;" type="text"/> <p>April</p> <input style="width: 100%; height: 15px;" type="text"/> <p>May</p> <input style="width: 100%; height: 15px;" type="text"/> <p>June</p> <input style="width: 100%; height: 15px;" type="text"/> <p>July</p> <input style="width: 100%; height: 15px;" type="text"/> <p>August</p> <input style="width: 100%; height: 15px;" type="text"/> <p>September</p> <input style="width: 100%; height: 15px;" type="text"/> <p>October</p> <input style="width: 100%; height: 15px;" type="text"/> <p>November</p> <input style="width: 100%; height: 15px;" type="text"/> <p>December</p> <input style="width: 100%; height: 15px;" type="text"/>

**Appendix G1: Industrial User Survey**

**UIW/SS Add Form**

Name of UIW/SS:

**UIC Code :**

**UIC Permit Number :**

**Latitude:**




**Longitude:**




Monthly Discharge (Gallons/month)

<b>2003</b>	<b>2004</b>	<b>2005</b>
January <input type="text"/>	January <input type="text"/>	January <input type="text"/>
February <input type="text"/>	February <input type="text"/>	February <input type="text"/>
March <input type="text"/>	March <input type="text"/>	March <input type="text"/>
April <input type="text"/>	April <input type="text"/>	April <input type="text"/>
May <input type="text"/>	May <input type="text"/>	May <input type="text"/>
June <input type="text"/>	June <input type="text"/>	June <input type="text"/>
July <input type="text"/>	July <input type="text"/>	July <input type="text"/>
August <input type="text"/>	August <input type="text"/>	August <input type="text"/>
September <input type="text"/>	September <input type="text"/>	September <input type="text"/>
October <input type="text"/>	October <input type="text"/>	October <input type="text"/>
November <input type="text"/>	November <input type="text"/>	November <input type="text"/>
December <input type="text"/>	December <input type="text"/>	December <input type="text"/>

**Appendix G1: Industrial User Survey**

<b>Private Reservoir Add Form</b>		
Name of Reservoir: <input style="width: 100%;" type="text"/>		
Latitude: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Longitude: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	NPDES number: <input style="width: 50px;" type="text"/>
<u>Monthly Discharge (Gallons/month)</u>		
<b>2003</b>	<b>2004</b>	<b>2005</b>
January <input style="width: 100%;" type="text"/>	January <input style="width: 100%;" type="text"/>	January <input style="width: 100%;" type="text"/>
February <input style="width: 100%;" type="text"/>	February <input style="width: 100%;" type="text"/>	February <input style="width: 100%;" type="text"/>
March <input style="width: 100%;" type="text"/>	March <input style="width: 100%;" type="text"/>	March <input style="width: 100%;" type="text"/>
April <input style="width: 100%;" type="text"/>	April <input style="width: 100%;" type="text"/>	April <input style="width: 100%;" type="text"/>
May <input style="width: 100%;" type="text"/>	May <input style="width: 100%;" type="text"/>	May <input style="width: 100%;" type="text"/>
June <input style="width: 100%;" type="text"/>	June <input style="width: 100%;" type="text"/>	June <input style="width: 100%;" type="text"/>
July <input style="width: 100%;" type="text"/>	July <input style="width: 100%;" type="text"/>	July <input style="width: 100%;" type="text"/>
August <input style="width: 100%;" type="text"/>	August <input style="width: 100%;" type="text"/>	August <input style="width: 100%;" type="text"/>
September <input style="width: 100%;" type="text"/>	September <input style="width: 100%;" type="text"/>	September <input style="width: 100%;" type="text"/>
October <input style="width: 100%;" type="text"/>	October <input style="width: 100%;" type="text"/>	October <input style="width: 100%;" type="text"/>
November <input style="width: 100%;" type="text"/>	November <input style="width: 100%;" type="text"/>	November <input style="width: 100%;" type="text"/>
December <input style="width: 100%;" type="text"/>	December <input style="width: 100%;" type="text"/>	December <input style="width: 100%;" type="text"/>

## Appendix G1: Industrial User Survey

Public Lake Add Form		
Name of Lake: <input style="width: 100%;" type="text"/>		
Latitude: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Longitude: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	NPDES number: <input style="width: 50px;" type="text"/>
Monthly Discharge (Gallons/month)		
<b>2003</b>	<b>2004</b>	<b>2005</b>
January <input style="width: 100%;" type="text"/>	January <input style="width: 100%;" type="text"/>	January <input style="width: 100%;" type="text"/>
February <input style="width: 100%;" type="text"/>	February <input style="width: 100%;" type="text"/>	February <input style="width: 100%;" type="text"/>
March <input style="width: 100%;" type="text"/>	March <input style="width: 100%;" type="text"/>	March <input style="width: 100%;" type="text"/>
April <input style="width: 100%;" type="text"/>	April <input style="width: 100%;" type="text"/>	April <input style="width: 100%;" type="text"/>
May <input style="width: 100%;" type="text"/>	May <input style="width: 100%;" type="text"/>	May <input style="width: 100%;" type="text"/>
June <input style="width: 100%;" type="text"/>	June <input style="width: 100%;" type="text"/>	June <input style="width: 100%;" type="text"/>
July <input style="width: 100%;" type="text"/>	July <input style="width: 100%;" type="text"/>	July <input style="width: 100%;" type="text"/>
August <input style="width: 100%;" type="text"/>	August <input style="width: 100%;" type="text"/>	August <input style="width: 100%;" type="text"/>
September <input style="width: 100%;" type="text"/>	September <input style="width: 100%;" type="text"/>	September <input style="width: 100%;" type="text"/>
October <input style="width: 100%;" type="text"/>	October <input style="width: 100%;" type="text"/>	October <input style="width: 100%;" type="text"/>
November <input style="width: 100%;" type="text"/>	November <input style="width: 100%;" type="text"/>	November <input style="width: 100%;" type="text"/>
December <input style="width: 100%;" type="text"/>	December <input style="width: 100%;" type="text"/>	December <input style="width: 100%;" type="text"/>

Appendix G1: Industrial User Survey

Other Discharge Add Form

Name of Discharge:

Latitude:

Longitude:

Describe Other Discharge:

Monthly Discharge (Gallons/month)

2003	2004	2005
January <input type="text"/>	January <input type="text"/>	January <input type="text"/>
February <input type="text"/>	February <input type="text"/>	February <input type="text"/>
March <input type="text"/>	March <input type="text"/>	March <input type="text"/>
April <input type="text"/>	April <input type="text"/>	April <input type="text"/>
May <input type="text"/>	May <input type="text"/>	May <input type="text"/>
June <input type="text"/>	June <input type="text"/>	June <input type="text"/>
July <input type="text"/>	July <input type="text"/>	July <input type="text"/>
August <input type="text"/>	August <input type="text"/>	August <input type="text"/>
September <input type="text"/>	September <input type="text"/>	September <input type="text"/>
October <input type="text"/>	October <input type="text"/>	October <input type="text"/>
November <input type="text"/>	November <input type="text"/>	November <input type="text"/>
December <input type="text"/>	December <input type="text"/>	December <input type="text"/>