Appendix E

Survey Form

Appendix E1

2006 WATER USE SURVEY

1. General Information:

a. Facility Name :	t. Owner/Operator Name:
b. Facility Address1:	u. Owner FEIN:
c. Facility Address2:	v. Facility FEIN: (if different than Owner FEIN)
d. Facility County:	w. Owner/Operator Address1:
Select County ▼	
e. Facility City:	x. Owner/Operator Address2:
f. Facility State:	y. Owner/Operator City:
West Virginia 🔻	
g. Facility Zip Code:	z. Owner/Operator State:
	West Virginia ▼
h. Number of Full-Time Employees at this	Facility: aa. Owner/Operator Zip Code:
i. Mailing Address1:	bb. Owner/Operator Country:
j. Mailing Address2:	cc. Owner/Operator Phone:
	(1
k. Mailing City:	dd. Owner/Operator E-mail:
1. Mailing State:	
West Virginia 🔻	
m. Mailing Zip Code:	ee. Contact First Name:
n. Facility E-mail: (if available)	ff. Contact Last Name:

o. Facility Phone () - p. Facility FAX: () - q. Facility SIC C	ode:	gg. Contact Phone: (hh. Contact E-mail:	
	S Number:	with multiple facilities and including the ct information.	em in your
(Ex. cooling wate	D) Brief description of processes or, heating, irrigation, etc) Type of Water Use:	requiring water withdrawals.	
. (322 20 3()(3)	Use (Not related to Mineral Extraction) Industrial Commercial Irrigation Public water Power Generator Recreational	Mineral Extraction Use Coal Salt Quarry Oil/Gas	

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

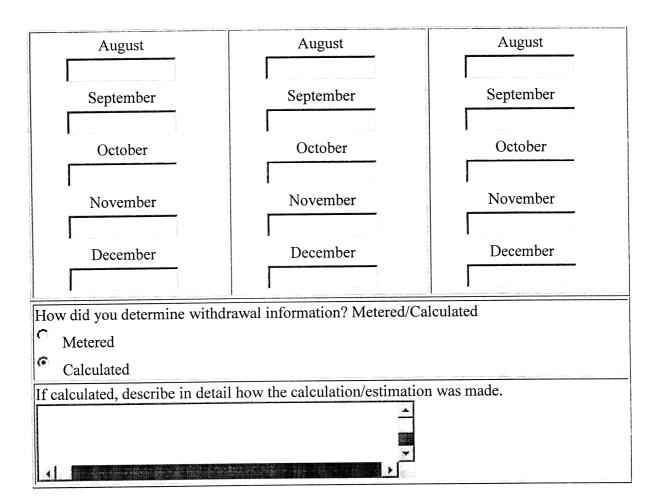
5. (§22-26-3(j)(3)) Groundwater Intake Information:
6. (§22-26-3(j)(3)) Do you have any water purchased from a provider?
7. (§22-26-3(g)) What is your daily maximum potential to withdraw? (gallons/day)
8. (§22-26-3(g)) What is your present monthly maximum potential to withdraw? (gallons/month)
9. (§22-26-3(g)) 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.

14. (§22-26-3(j)(9)) Have you implemented way	nter conservation practices in the past five	;
If so, describe.	<u>*</u>	
14. a. Estimate the amount of water saved per question) In Gallons	month by these practices (optional	
15. (§22-26-3(j)(9) and 3(i)) If you have work conserve water use, describe the project and gi	<u>-</u>	
	Project Co	ost:
15. a. Estimate the water saved per month by t in Gallons	he planned project. (optional question)	
16. Additional Comments		
Multiple Fac	cilities Add Form	
Facility Name:		
Facility Address:		
Facility Address2:		
Facility City:	Facility State: Facility Phone West Virginia () -	e Number:

	Surface Water Intake Add	Form
County:	State: Latitude:	Longitude:
Select County 🗸	West Virginia -	
Water Source Name:	Water Source	e Type
	Spring	
	Monthly Intake (Gallons/month)	
2003	2004	2005
January	January	January
v a nam 2003 an m. 2000 200 10 200 10 200 10 200 10 200 10 200 10 200 10 200 10 200 10 200 10 200 10 200 10 20		
February	February	February
		other as attition in the first course of the f
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June	June]
June	June	June
July	July	July
July	July	July
August	August	August
September	September	September
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November	November	November
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1		

How did you determine withdrawal information? Metered/Calculated	
Metered	
© Calculated	
If calculated, describe in detail how the calculation/estimation was made.	

Grou	nd Water Intake Ado	d Form
Your Name for this Intake:		
County: Select County Well Depth: Aquifer S Alluvial Ac	Source:	Longitude: Type of Rock: Sand Thh)
2003	2004	2005
January	January	January
February	February	February
March	March	March
April	April	April
May	May	May
June	June	June
July	July	July
R	***************************************	



	Provider Add Form	
der Name:		
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	Monthly Purchased (Gallons/month	A1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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November	November	November
		Audio Million - January Marka - Coverno Cara - Turk
December	December	December

	POTW Add Form	
POTW Name:		
Latitude:	Longitude:	
	Monthly Discharge (Gallons/month	
2003	2004	2005
January	January	January
February	February	February
March	March	March
April	April	April
May	May	May
June	June	June
July	July	July
August	August	August
September	September	September
October	October	October
November	November	November
December	December	December

	Stream Add Form	1
ream Name:		NPDES number:
titude:	Longitude:	
	Monthly Discharge (Gallons/mo	
2003	2004	2005
January	January	January
Approximation of the Control of the		AMMALY COLUMNIA COLOR CO
February	February	February
The state of the s		3.4 1
March	March	March
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July	July	July
July	3 417	
August	August	August
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	1	
October	October	October
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December	December	December

	UIW/SS Add Form	
Name of UIW/SS:		
UIC Code:	UIC Permit Number :	
Latitude:	T	
Latitude.	Longitude:	
M. I I	Ionthly Discharge (Gallons/month)	
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January	January	January
February	February	February
March	March	March
April	April	April
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May	May	May
June	June	June
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August	August	J August
September	September	September
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November	November	November
December	December	December
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Pri	vate Reservoir Add	Form
ame of Reservoir:		
atitude:	Longitude:	NPDES number:
	Monthly Discharge (Gallons/mo	(anth)
2003	2004	2005
January	January	January
February	February	February
March	March	March
April	April	April
May	May	May
June	June	June
July	July	July
August	August	August
September	September	September
October	October	October
November	November	November
December	December	December

I	Public Lake Add F	orm
Name of Lake:		
Latitude:	Longitude:	NPDES number:
	Monthly Discharge (Gallons/m	
2003	2004	2005
January	January	January
February	February	February
March	March	March
April	April	April
May	May	May
June	June	June
July	July	July
August	August	August
September	September	September
October	October	October
November	November	November
December	December	December

Other Discharge Add Form				
me of Discharge:				
V 11 - Support Madelant Control of Control o				
atitude:	Longitude:			
escribe Other Discharge:				
	· Zasa in the City			
	Monthly Discharge (Gallons/montl	1)		
2003	2004	2005		
January	January	January		
February	February	February		
March	March	March		
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May	May	May		
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And the second of the second o	Bulliagua v.a. (Marini) v	Annual Marian Indiana		
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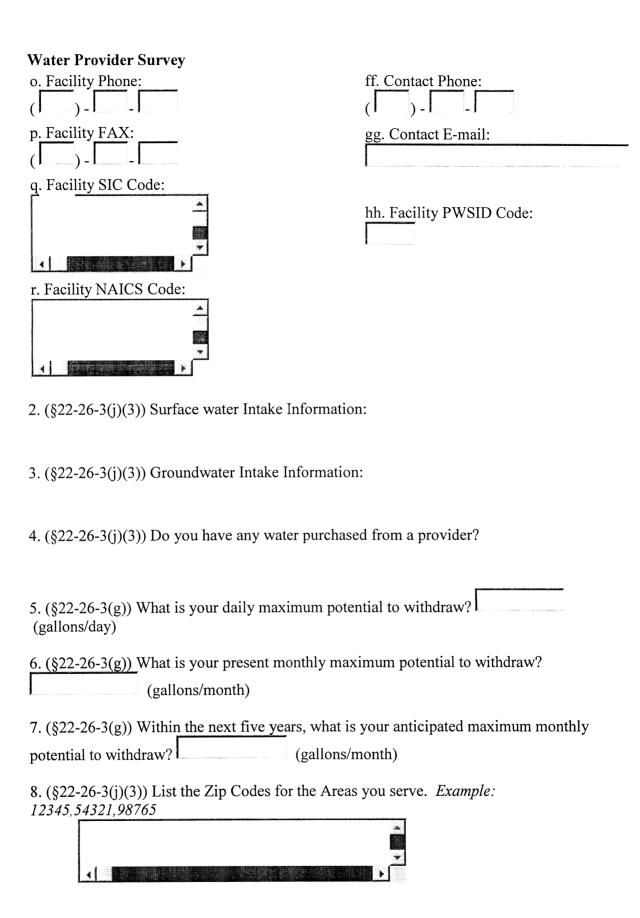
Appendix E2

Water Provider Survey

2006 WATER USE SURVEY

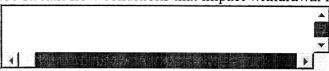
1. General Information:

a. Facility Name :	s. Owner/Operator Name :
	L O FEDI
b. Facility Address1:	t. Owner FEIN:
c. Facility Address2:	u. Facility FEIN: (if different than Owner FEIN)
d. Facility County: Select County	v. Owner/Operator Address1:
e. Facility City:	w. Owner/Operator Address2:
f. Facility State: West Virginia	x. Owner/Operator City:
g. Facility Zip Code:	y. Owner/Operator State: West Virginia
h. Number of Full-Time Employees at this Facilit	y: z. Owner/Operator Zip Code:
i. Mailing Address1:	aa. Owner/Operator Country:
j. Mailing Address2:	bb. Owner/Operator Phone:
k. Mailing City:	cc. Owner/Operator E-mail:
1. Mailing State: West Virginia	
m. Mailing Zip Code:	dd. Contact First Name:
n. Facility E-mail: (<i>if available</i>)	ee. Contact Last Name:

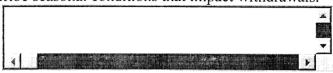


Water Provider Survey

9. (§22-26-3(f)) Describe stream flow conditions that impact withdrawal rates.



10. (§22-26-3(f)) Describe seasonal conditions that impact withdrawals.



11. (§22-26-3(j)(9)) Have you implemented water conservation practices in the past five years?



- 11. a. Estimate the amount of water saved per month by these practices (optional question) In Gallons
- 12. (§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

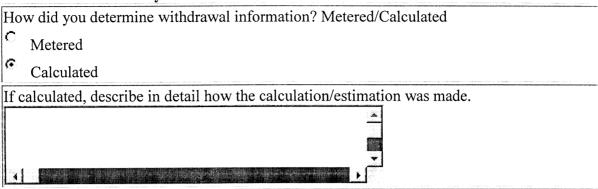
- 12. a. Estimate the water saved per month by the planned project. (optional question) in Gallons On average, what percentage of water is lost during conveyance? (optional)
- 13. On average, what percentage of water is lost during conveyance? (optional question) %
- 14. Additional

 Comments

Water Provider Survey

ounty: Select County	State: West Virginia	Latitude	Longitude:
Vater Source Name:		Water So	ource Type
	Monthly I		<u> </u>
2003		ntake (Gallons/r 2004	2005
January		January	January
February	<u> </u>	February	February
March	No report towards	Marah	1
March		March	March
April		April	April
May		May	May
June		June	June
J GITTE		Buttle Buttle	June
July		July	July
August	• 	August	August
September		September	September
October	-	October	October
November		November	
November		November	November
December	annovs	December	December

Water Provider Survey



Ground Water Intake Add Form Your Name for this Intake: Longitude: State: Latitude: County: West Virginia Select County Well Depth: Type of Rock: Aquifer Source: Alluvial Aquifer in Feet Monthly Withdrawal (Gallons/month) 2004 2005 2003 January January January February February **February** March March March April April April May May May June June June July July July

Water Provider Survey August August August September September September October October October November November November December December December How did you determine withdrawal information? Metered/Calculated Metered Calculated If calculated, describe in detail how the calculation/estimation was made.

	Provider Add Form				
ler Name:	ALL THE STATE OF T				
Mon	thly Purchased (Gallons/m	onth)			
2003	2004	2005			
January	January	January			
February	February	February			
March	March	March			
April	April	April			
May	May	May			
June	June	June			
July	July	July			
August	August	August			
September	September	September			
October	October	October			
November	November	November			
December	December	December			