

SAMPLE IDENTIFICATION		<u>Sample Number:</u>
Date Collected: ____/____/____		
Name: _____ Telephone: (____) ____-____		
Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street address City Zip </div>		
Sample Location Address (if different from mailing address): _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street address City Zip </div>		
<u>PARTICIPANT SURVEY</u>		
Part 1: Household water supply		
1. What is the source of water to your home? <input type="checkbox"/> well <input type="checkbox"/> private spring <input type="checkbox"/> rainwater cistern <input type="checkbox"/> public system ("city" or "town" water) If so, do you know which one? _____ <input type="checkbox"/> other: _____		
2. What do you use your tap water for? (check all that apply!) <input type="checkbox"/> drinking <input type="checkbox"/> brushing teeth <input type="checkbox"/> bathing <input type="checkbox"/> cooking <input type="checkbox"/> cleaning <input type="checkbox"/> water for pets/livestock <input type="checkbox"/> nothing <input type="checkbox"/> other: _____		
3. Have you ever tested your household water? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have tested it, how did you do so? <input type="checkbox"/> Self, using a home testing kit _____ <input type="checkbox"/> Self, sample submitted to a certified lab (name?) _____ <input type="checkbox"/> Extension program <input type="checkbox"/> Other		
4. Does your tap water: a. Have an unpleasant taste? <input type="checkbox"/> no <input type="checkbox"/> yes Yes: bitter sulfur salty metallic oily soapy		

- b. Have an unpleasant odor? ☐no ☐yes
Yes: sulfur kerosene/gas musty chemical
- c. Have an unnatural color? ☐no ☐yes
Yes: muddy milky black/gray tint yellow tint oily film
- d. Stain plumbing, cooking appliances, utensils or laundry? ☐no ☐yes
Yes: blue-green, rusty/brown, black/gray, white/chalk
- e. Have floating or settled particles? ☐no ☐yes
Yes: white flakes black specks red-orange slime brown sediment

5. Do you trust the water from your taps? ☐yes ☐no
If no, why not?

6. Would you like to receive your water quality results via email (please provide), mail, or both?

Part 2: Your Local Spring

7. Where (approximately) is the spring you visit? _____

8. How often do you collect water at this spring?

- ☐ Once a day
☐ Once a week
☐ Once a month
☐ Other: _____

9. How far is the spring from your home (approximately)? _____

10. What do you use the spring water for? (Check all that apply)

- ☐ drinking
☐ brushing teeth
☐ bathing
☐ cooking
☐ cleaning
☐ water for pets/livestock
☐ other: _____

11. Why do you collect spring water?

12. How did you learn about this spring?

13. How many others in your community visit this spring (approximately)?

14. Do you have any concerns regarding the quality of the spring water or things it would be useful for us to know?

Part 3: General Household Information

15. Do you own your home?

- ☐ Yes
- ☐ No, owned by family member
- ☐ No, I rent
- ☐ Other

16. What age is the house (approximately)?

17. What type of wastewater system do you have?

- ☐ Sewer
- ☐ Septic field
- ☐ Community line/straight pipe
- ☐ Other

18. What ages are the members of your household?