Virginia Household Water Quality Program Drinking Water Clinic Questionnaire

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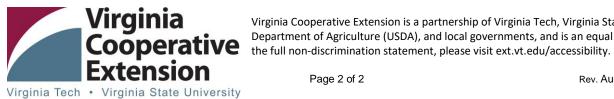


Sample Number (LAB USE ONLY):

<u>S</u>	AMPLE INFORMATION: To ensure	delivery, please print	clearly & complete	e <u>both side</u>	es of form.
Сс	ounty (where collected):	Dat	e Collected:		
Na	ame:				
Εı	mail:		Phone:()		
Ma	Email must be legible ailing Address:		Area code		
	Street address ample Location Address (if different fro	om mailing address):	City	State	Zip code
	Street address		City	State	Zip code
Sa	ample Point-of-Use/Information for Re (examples: □kitchen tap, □outdoo	,		t, □after t	reatment)
Wa	Water samples must be collected of this questionnaire with your bottle Virginia Tech BSE Water Quality later Source Info:	es to the drop off loca	ation. Contact you		
	ater Source Info: What household water supply source	-			
	□ Well □ Spring □ Cistern □ Mur	•			
	If well is checked above:(a) Is it a:		•		
	(b) What	year was the well cor			
2.	What water treatment devices are cu None Water Softener (Conditioner) Iron Removal Acid Neutralizer	urrently installed <u>and</u> Don't Know/Not S	functioning proper Sure 🔲 U 🔲 R al Filter 🔲 C	ly? Choose Iltraviolet (Reverse Os Chlorinatior	e <u>all</u> that apply: UV) Light smosis n System
3.	How often do you have your water to □ Never before □ Once o □ Every 5 years □ Every	or twice before	☐ When I ·		is a problem
4.	What pipe material(s) is/are used in ☐ Copper ☐ Lead ☐ Galv		_	etc.)	□ Don't Know

	Do you have problems with corrosion, pitting, or pinhole leaks in pipes or plumbing fixtures? ☐ NO ☐ YES						
	□ NO □ YES → If YES, ho □ Blue / Gre	tter stain plumbing, cooking appliances, utensils, or laundry? ES f YES, how would you describe the stains? Check <u>all</u> that apply: Blue / Green □Rusty / Orange / Brown □Black / Gray □White / Chalk Other → Please specify:					
7.	□ NO □ YES → If YES, ho □ White Flak	s of water, do you notice floating or settled particles? 5, how would you describe them? Check <u>all</u> that apply: Flakes □Black Specks □Red-Orange Slime □Brown Sediment → Please specify:					
8.	□ NO □ Septic Dra	or Outhouse	the following? Check ☐ Home Heating Oil S ☐ Pond, River, or Fres ☐ Tidal Shoreline, Est	torage Tank hwater Stream			
	Is your water supply located within a ½ mile of any of the following? Check <u>all</u> that apply: □ NO □ Landfill □ Golf Course □ Abandoned Quarry, Industry, etc. □ Illegal Dump □ Field Crops/Nursery □ Farm Animal Operation □ Active Quarry □ Underground Storage Tank/Supply Lines (ex: gas station) □ Manufacturing/Processing Site → Specify type:						
10.	How many people live	in your household? (ave	erage number)				
	□ No. □ Yes, on	e.	n one.	stomach in the last 30 days? In our house drinks the water.			
		sipant Self-Reporting F	<u></u>				
12. Virginia Cooperative Extension (VCE) asks that you voluntarily respond to the questions below. This information will be aggregated to determine compliance with federal civil rights laws through the United States Department of Agriculture/National Institute of Food and Agriculture. This information assists us in assuring that VCE programs are nondiscriminatory.							
	Your Gender:	☐ Female	☐ Male ☐ Unide	entified/Other:			
	Your Age:	☐ Under 18	☐ 18 and over				
	Your Ethnicity:	☐ Hispanic or Latino	☐ Not Hispanic or Lati	no 🗖 Unidentified			
Your Race: (select one or more) ☐ American Indian or Alaskan ☐ Black or African American ☐ Two or more races							
		☐ Asian	☐ White				
		☐ Native Hawaiian or Pacific Islander					
		☐ Unidentified/Other:					

Water Characteristics: Please answer the following questions based on how your water is now.



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