

**Virginia Household Water Quality Program
Drinking Water Clinic Questionnaire**

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Virginia
Household
Water Quality
Program

Sample Number
(LAB USE ONLY):

SAMPLE INFORMATION: To ensure delivery, please print clearly & complete both sides of form.

County (where collected): _____ Date Collected: ____/____/____

Name: _____

Email: _____ Phone: (____) _____
Email must be legible Area code

Mailing Address:

Street address City State Zip code
Sample Location Address (if different from mailing address):

Street address City State Zip code

Sample Point-of-Use/Information for Report (optional): _____

(examples: ☐ kitchen tap, ☐ outdoor spigot, ☐ bathroom, ☐ before treatment, ☐ after treatment)

BEFORE COLLECTING YOUR SAMPLES:

- Answer the questions below. This information helps us interpret your test results.
- Keep this document DRY.
- Note your sample number for your records.
- Read and follow the included sample collection instructions CAREFULLY.
- Water samples must be collected **ONLY** on the morning of the assigned date. Make sure to bring this questionnaire with your bottles to the drop off location. Contact your Extension office or the Virginia Tech BSE Water Quality Lab at 540-231-9058 with questions.

Water Source Info:

1. What household water supply source was drawn for sample? Choose one:

☐ Well ☐ Spring ☐ Cistern ☐ Municipal or Public Water Source ☐ Other: _____

If well is checked above: (a) Is it a: ☐ Drilled Well ☐ Dug or Bored Well ☐ don't know

(b) What is the well's depth in feet? _____ feet ☐ don't know

(c) What year was the well constructed? _____ ☐ don't know

2. What water treatment devices are currently installed and functioning properly? Choose all that apply:

☐ None ☐ Don't Know/Not Sure ☐ Ultraviolet (UV) Light
☐ Water Softener (Conditioner) ☐ Sediment Filter ☐ Reverse Osmosis
☐ Iron Removal ☐ Activated Charcoal Filter ☐ Chlorination System
☐ Acid Neutralizer ☐ Other, Please specify: _____

3. How often do you have your water tested? Choose one:

☐ Never before ☐ Once or twice before ☐ When I think there is a problem
☐ Every 5 years ☐ Every other year ☐ Every year

4. What pipe material(s) is/are used in your house for plumbing?

☐ Copper ☐ Lead ☐ Galvanized steel ☐ Plastic (PVC, PEX, etc.) ☐ Don't Know

☐ Other → Please specify: _____

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

5. Do you have problems with corrosion, pitting, or pinhole leaks in pipes or plumbing fixtures?
☐ NO ☐ YES
6. Does your water stain plumbing, cooking appliances, utensils, or laundry?
☐ NO ☐ YES
→ If YES, how would you describe the stains? Check **all** that apply:
☐ Blue / Green ☐ Rusty / Orange / Brown ☐ Black / Gray ☐ White / Chalk
☐ Other → Please specify: _____
7. In a standing glass of water, do you notice floating or settled particles?
☐ NO ☐ YES
→ If YES, how would you describe them? Check **all** that apply:
☐ White Flakes ☐ Black Specks ☐ Red-Orange Slime ☐ Brown Sediment
☐ Other → Please specify: _____
8. Is your water supply located **within 100 feet of the following?** Check **all** that apply:
☐ NO ☐ Septic Drain Field ☐ Home Heating Oil Storage Tank
☐ Pit Privy or Outhouse ☐ Pond, River, or Freshwater Stream
☐ Cemetery ☐ Tidal Shoreline, Estuary, or Marsh
9. Is your water supply located within a ½ mile of any of the following? Check **all** 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? (average number) _____
11. Have any household members who drink the water been sick to their stomach in the last 30 days?
☐ No. ☐ Yes, one. ☐ Yes, more than one. ☐ No one in our house drinks the water.

Voluntary Program Participant Self-Reporting Form:

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 ☐ Unidentified/Other: _____

Your Age: ☐ Under 18 ☐ 18 and over

Your Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unidentified

Your Race: (select one or more)

- ☐ American Indian or Alaskan ☐ Asian ☐ White
☐ Black or African American ☐ Native Hawaiian or Pacific Islander
☐ Two or more races ☐ Unidentified/Other: _____