

The Survey of the Health of Wisconsin Private Well Water Testing

Guidelines

- ✓ Please have one **adult** in your home complete the survey.
- ✓ The adult should be a previous Survey of the Health of Wisconsin (**SHOW**) **participant**.
- ✓ Answer survey items for your home **at this mailing address**.
- ✓ Choose the answer that is the closest fit to what you think or do.
There are no right or wrong answers.
- ✓ Please fold the completed survey and return it in the enclosed postage-paid envelope.

PLEASE START HERE

We are interested in learning more about private well testing among state residents. Your household was selected because a member of your household previously indicated your home was connected to a private well and not a community or municipal water supply. Since you last participated in SHOW your household may have moved or been connected to a municipal water supply.

1. Does your current home have a private well that supplies water to the home?

(Not from a community or municipal water supply)

- Yes → *Please continue with question #2*
- No → *Please continue with question #38 on page 17*
- Don't know → *Please continue with question #38 on page 17*

2. What do you or household members use the private well water for?

(Please mark ALL that apply)

- Drinking
- Cooking
- Dish washing
- Showering/bathing
- Irrigation/outdoor use
- Other
- None of the above

3. How often do you use this well for drinking water?

- Never
- Rarely
- Sometimes
- Mostly
- Always

4. Thinking about your unfiltered, untreated, unsoftened well water, please rate your agreement with each of the following statements.

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
a. I am happy with the taste of my untreated well water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am happy with the smell of my untreated well water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am happy with the appearance of my untreated well water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am happy with the hardness of my untreated well water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My untreated water is safe to drink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. We <u>never</u> drink our untreated unfiltered, unsoftened water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WATER TESTING:**5. Have you had your well water tested by a lab in the last ten years?**

- Yes → *Please skip to question #8 on page 4*
- No → *Please continue with question #6*
- Don't know → *Please skip to question #19 on page 9*

In Question # 5 you indicated you have NOT tested your well in the past ten years.

6. What are the main reasons you have not tested your water in the last 10 years?
(Please mark ALL that apply)

- I don't know what to test for
- I don't know how to have my well water tested
- It costs too much to have my well water tested
- There are no children, babies, or pregnant women drinking the water
- I do not want to know if there is a problem with my well water
- A well water quality problem would be too expensive to fix
- We have been drinking the well water for years without any problems
- Others in our area have not had any water quality problems
- I missed the well testing program offered in our area
- We do not drink the well water
- I did not know testing was available
- I did not know it was my responsibility to test the water
- Contamination is a result of urban growth and/or land use and is not in my control
- Our water is probably fine
- We treat and/or filter our water so water testing is not needed

7. Do you know how to get your well water tested?

- Yes
- No, but I would like information about well water testing
- No, and I am not interested in information about well water testing

SKIP TO QUESTION #19 on page 9

In Question # 5 you indicated that you HAVE tested your well in the past ten years (if this is not correct please go back and change your answer to Question #5)

8. Approximately when was your well water last tested? (Please chose ONE)

- Within the past 12 months
- 1 – 5 years ago
- 6 – 10 years ago
- Don't Know

9. What were the main reasons you had your water tested?

(Please choose ALL that apply)

- I test my water on a regular basis
- A well test program was offered in the area
- A promotional offer from a private company
- I read or heard about a groundwater problem in our area
- Water quality can change from time to time
- There was a problem (smell, taste, quality) with our well
- There are children, babies, and/or pregnant women in the home
- To know if my well water is safe to drink
- Real estate transaction (buying or selling a home)
- Well water testing is recommended by state or local agency
- A water test was needed to inform a decision about treating our well
- A new well was constructed
- Testing was needed after our well was repaired
- Other –specify: _____
- Don't know

10. What organization conducted your last well water test?

(Please choose ALL that apply)

- Private laboratory/private company
- Wisconsin State Laboratory of Hygiene
- Wisconsin Department of Natural Resources
- County or City Laboratory (health department)
- UW-Extension program/Steven's Point Laboratory
- Don't know

11. Did you have your water tested as part of a well water testing program? *(for example a testing program in your town, or testing offered through your health department or at a county fair)*

- Yes
- No
- Don't know

12. What was your water tested for the last time it was tested?
(Please choose ALL that apply)

<input type="checkbox"/> Bacteria	<input type="checkbox"/> Pesticides
<input type="checkbox"/> Nitrates	<input type="checkbox"/> Fluoride
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Hardness
<input type="checkbox"/> Lead	<input type="checkbox"/> Gasoline, fuel oil, or solvents
<input type="checkbox"/> Copper	<input type="checkbox"/> Radon
<input type="checkbox"/> Iron	<input type="checkbox"/> Don't know
<input type="checkbox"/> Other (specify): _____)	

13. Has a test of your water ever shown a problem with any of the following?
 (Please choose ALL that apply)

<input type="checkbox"/> No problem detected	<input type="checkbox"/> Pesticides
<input type="checkbox"/> Nitrates	<input type="checkbox"/> Fluoride
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Hardness
<input type="checkbox"/> Lead	<input type="checkbox"/> Gasoline, fuel oil, or solvents
<input type="checkbox"/> Copper	<input type="checkbox"/> Radon
<input type="checkbox"/> Iron	<input type="checkbox"/> Bacteria
<input type="checkbox"/> Don't know	
<input type="checkbox"/> Other (specify): _____	

14. Did you or someone in your home save the water test results?

- Yes
- No → Please skip to question #17 on page 8
- Don't know → Please skip to question #17 on page 8

15. Would you be able to find the water test results in your home?

- Yes
- No
- Don't know

16. Would someone else in your home be able to find the water test results in your home?

- Yes
- No
- Don't know

17. Did you do any of the following to help you understand your water test results and/or what you should do about a problem with your well water?

(Please choose ALL that apply)

- I contacted the State of Wisconsin Health Department or local health department
- I contacted the Wisconsin Department of Natural Resources
- I contacted the lab that performed the test
- I contacted a plumber
- I contacted a water treatment company
- I spoke to friends or family
- I looked for information on the Internet
- Other, specify: _____
- None of the above
- My well test did not indicate any problems

18. Were any of the following actions taken after your water was last tested?

(Please choose ALL that apply)

- Replace or secure the well cap
- Ensure cap is water tight and vermin-proof
- Stopped using the well for drinking water
- The well was sealed according to DNR specifications and is no longer used
- Divert rain or flood water flow away from the well
- Did additional water testing
- Began to test more frequently/routinely
- Treat, filter, or soften water
- Contact property owner
- Drilled a new well
- No action because test results indicated no problem
- No action because of other reason – specify: _____

21. If or when you test your well water, how would you most prefer to get the test kit and return the water sample?

- Order a test kit over the phone and return the sample by mail
- Order a test kit on a website and return the sample by mail
- Pick up a test kit at a local location and return the sample to a local location a couple days later
- Pick up a test kit from a laboratory and return the sample to the laboratory.
- Other – specify: _____

22. About how many households do you know where the owners have tested their well water in the last 5 years?

- None
- One
- Two
- Three or more
- Don't know

23. Please tell us how much you agree or disagree with each of the following statements about well water testing. (Please choose only ONE response for each statement)

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
a. I have <u>never</u> thought about having my well water tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel better knowing what is in my well water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Homeowners are responsible for having their well water tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR THOUGHTS ABOUT WELL WATER SAFETY AND QUALITY:

24. Please tell us how much you agree or disagree with each of the following statements about your well water. (Please choose only ONE response for each statement)

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
a. My well water is at risk of being contaminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wells in my township are at risk of being contaminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am <u>not</u> concerned about the safety of my well water. I have been drinking it with no problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I <u>am</u> concerned about the safety of my well water. Contaminated well water can cause serious health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My family could have health problems from our well water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Adverse health effects from drinking well water tend to be overstated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Well water quality can change over time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Do you have the information you need to manage the safety and quality of your well water?

- Yes, I have the information I need to manage the safety and quality of my well water
- Yes, I have the information I need, but I would like more information about well water safety and quality
- No, I do not have the information I need, and I am not interested in getting this information
- No, I do not have the information I need, and I would like information so I can make decisions about managing my well water safety quality

26. Where would you look for information to help you manage the safety and quality of your well water? (Choose ALL that Apply)

<input type="checkbox"/> Online/website	<input type="checkbox"/> Water testing laboratory
<input type="checkbox"/> Wisconsin Department of Health Services	<input type="checkbox"/> Well drilling company
<input type="checkbox"/> UW Stevens Point Water Center	<input type="checkbox"/> Water treatment company
<input type="checkbox"/> Local Health Department	<input type="checkbox"/> Local school/library
<input type="checkbox"/> Wisconsin Department of Natural Resources	<input type="checkbox"/> Health care provider
<input type="checkbox"/> Teacher/Librarian	<input type="checkbox"/> Neighbors/family
<input type="checkbox"/> Local Representative	<input type="checkbox"/> Private company representative
<input type="checkbox"/> Other – specify: _____	

27. Rate your overall agreement with each of the following statements.

Private well owners in my area of the state should test their water routinely for:

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
a. Metals (lead, copper, iron, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nitrates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pesticides (such as Atrazine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Coliform bacteria (including E. coli)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Solvents, gasoline, fuel oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WELL WATER TREATMENT:

28. Do you use a home water filter or treatment system such as an aerator, Brita filter, carbon filter, water softener, refrigeration filtration, distillation, reverse osmosis, or other filtration or treatment system in your home for drinking water?

- Yes
- No → Please skip to question #33 on page 15
- Don't know → Please skip to question #34 on page 16

29. Please select all that apply regarding the filters or treatments that you use on your well water.

- Pitcher-type water filter (e.g. Brita)
- Refrigeration filtration system
- Treat at the point of use/under the sink (*check what types*)

<input type="checkbox"/> Carbon filter	<input type="checkbox"/> Distillation
<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Absorbent media (Iron-oxide filter)
<input type="checkbox"/> Water softener	<input type="checkbox"/> Don't know

- Treat all water in the home (*check what types*)

<input type="checkbox"/> Carbon filter	<input type="checkbox"/> Distillation
<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Absorbent media (Iron-oxide filter)
<input type="checkbox"/> Water softener	<input type="checkbox"/> Don't know

- Drink only purchased bottled water
- Other – specify: _____
- Don't know

30. Why do you filter or treat your well water?

(Please choose all that apply)

- I thought there was a change in the quality of the well water
- The filtered or treated water tastes and/or smells better
- I believe it is healthier and safer to drink/use filtered or treated water
- Other people in the area filter or treat their water
- I heard and/or know of water contamination problems in our area
- I had my well tested and contaminants were found
- There are children, babies, and/or pregnant women in the home
- I heard and/or read about how filtration and treatment can minimize health problems
- Health problems such as diarrhea were occurring in the home
- Hardness or iron in the water
- Other - specify: _____

31. How often do you perform routine maintenance on your water treatment system?*(Please choose only ONE)*

- As recommended
- Less than recommended
- Much less than recommended
- Rarely or never
- Don't know

32. Who is the primary decision-maker for selecting the filter or treatment?*(Please choose only ONE)*

- Me
- Joint decision
- Spouse/partner
- Other – specify: _____

SKIP TO QUESTION #34 on page 16**In Question #28 you indicated you do NOT filter or treat your well water.****33. Why do you not filter or treat your well water?***(Please choose all that apply)*

- We do not drink the well water
- Our water is safe to drink and/or use as is
- It costs too much to filter or treat
- We have been drinking this water for years without any problems
- Our water does not smell or taste bad
- Our water looks clean
- We do not have enough information about the subject
- We did not know filtering or treating our water were options
- Other – specify: _____
- Don't know

WATER CONSUMPTION

34. In a typical day, how many 8 oz. servings of tap water do you drink at home?
(one 8 oz. serving equals one cup, a ¼ of a liter, or ¼ of a quart)

_____ servings

35. In a typical day, how many 8 oz. servings of fruit juice or powdered drink mix such as lemonade or ice tea do you drink that you prepare at home?
(one 8 oz. serving equals one cup, a ¼ of a liter, or ¼ of a quart)

_____ servings

36. Do you typically use plain tap, filtered, or bottled water to prepare cold drinks at home such as fruit juice or powdered drink mix like lemonade or ice tea?

- Plain tap
 Filtered
 Softened
 Bottled
 Don't know

37. Do you typically use plain tap, filtered, or bottled water to prepare hot drinks at home?

- Plain tap
 Filtered
 Softened
 Bottled
 Don't know

ABOUT YOU AND YOUR HOME

38. Do you, or a member of your household, own or rent the property at this mailing address?

- Own
 Rent
 Don't know

39. How many years have you lived in this home?

_____ YEARS

40. How many years have you lived in a home that has a private well?

_____ YEARS

41. In what year were you born?

42. What is your gender?

- Male
 Female

43. How many adults age 18 or older (including you) currently live in your home?

_____ Adults

44. How many children/youth age 18 or younger currently live in your home?

_____ Children/youth

45. If there are children in the home, what is the age of the youngest child?

_____ Years old

46. If this survey was mailed to a different address than where you currently live, what is your current mailing address?

Not applicable, same address

I currently live at a different mailing address than where this survey was addressed.

Please provide current mailing address:

The following survey items are optional. Please answer as many as you choose.

47. Do you have any questions about your well water or about well water testing?

a.

b.

c.

48. Please tell us your suggestions for how well water testing could be made easier and more convenient for well owners.

49. Please share any additional comments or recommendations.

50. Please provide your first and last name:

First Name: _____ Last Name: _____

You have completed the survey. Thank you for your time. Please fold the completed survey and return it in the enclosed postage-paid envelope.