

COMMUNITY WATER TEST

For the next week we will be conducting a complementary water test for the residents in your area. Please assist us by completing this short survey and then following the instructions below:

- FILL the enclosed water sample bottle with TAP WATER FROM YOUR KITCHEN SINK.
- COMPLETE and SIGN the form below.
- PLACE the BOTTLE and FORM back into the plastic bag.
- HANG the BAG ONTO YOUR FRONT DOORKNOB BY NOON the next day for pick-up.

1. DATE OF SAMPLE: _____/_____/_____/
2. SOURCE OF YOUR WATER: () CITY () WELL
3. HOW WOULD YOU RATE YOUR DRINKING WATER?
() POOR () FAIR () GOOD () EXCELLENT
4. HAVE YOU EVER EXPERIENCED?
() CHLORINE SMELL () BAD TASTE () RUST STAINS () OTHER
5. DO YOU BUY BOTTLED WATER?
() YES () NO
6. DO YOU USE ANY WATER FILTER DEVICES?
() YES () NO IF YES, WHAT KIND: _____
7. ARE YOU CURRENTLY THE HOME OWNER? () YES () NO
8. NUMBER OF PEOPLE IN THE HOUSE: _____. # OF CHILDREN: _____.

NAME _____

ADDRESS _____

CITY _____ PHONE () _____
(REQUIRED FOR VERIFICATION)

When is the best time to contact you and deliver the results of your Water Test?

Between _____ and _____ A.M. _____ and _____ P.M.

Signature: _____
(Required for participation)

TESTING AND REPORT DIVISION

This analysis is not being conducted by the city or state, and to the best of our knowledge your drinking water meets all safety and EPA standards.

THIS IS A FREE TEST. THERE IS NO CHARGE TO THE RESIDENT.

Please allow us to see you for results.