Datasheet for Drinking Water Sample Collection

General Information

The asterisk * indicates a required field!

Enter the sample number from your provided tube in the format XXXX-YYY. If you have two samples, register each sample number separately in Anecdata by clicking “Add another entry."

Sample Number on Sample Tube* **2627-_____** **Is this for a household sample or a classroom study? Circle which***

SEPA School Name*_____ **Student Name (First Last) *** (Private)_____

Parent/Guardian/Adult in household (First Last) * (Private) **Email: Parent/Guardian/Adult in Household*** (Private)

_____ _____

Sample and Site Details

It is important to know exactly when and where a sample was taken so that we can analyze the results. Your mailing address will enable us to contact you about your test results if necessary. The asterisk * indicates a required field!

Date Sample taken*_____ **Time Sample taken*_____** **Circle One*** **AM** **PM**

Street Address of Sample* (Private) _____
Town or City of Sample _____
State of Sample _____
Zip Code of Sample _____

Drinking Water Source (Check One) *

- ☐ Drilled well
- ☐ Driven well
- ☐ Dug well
- ☐ I don’t know [my drinking water source]
- ☐ I have a well, but I’m not sure what kind
- ☐ Public Water Supply-Unknown Source
- ☐ Public Water Supply-Well
- ☐ Public Water Supply-Public Utility
- ☐ Other (Explain below)

_____

Mailing Information

Mailing Address Street or PO Box* (Private) _____

Mailing Address City* (Private) _____

Mailing Address State* (Private) _____

Mailing Address ZIP* (Private) _____

Permission to Share Data

Researchers from our partner organizations are interested in the data collected in this project. They would like to use your location information and drinking water data to create scientific maps showing the relationship between toxic metals and soil, bedrock, or other data. These maps will be used for community and scientific discussions and potentially publication in scientific journals. These maps will not display your name, home address, or identifying features, like streets, that may expose your identity or location. They will keep your data confidential. May we share your data with them?

Permission to Share Data with Researchers (Circle one) **Yes** **No**

The Maine Center for Disease Control and Prevention (CDC) and the New Hampshire Department of Environmental Services (DES) are interested in the data collected as part of this project so that they can better serve the public health needs of each state. They will keep your data confidential. May we share your data with them?

Permission to Share Data with State Agencies (Circle one) **Yes** **No**

Turn the page over and complete the back side of this datasheet!

Drinking Water Information

If the sample is filtered via a whole-house or at-faucet filter, please select "yes" when answering whether or not the sample was filtered. You can also bypass your filter if you want to know your unfiltered water results.
The asterisk indicates a required field!

Has your drinking water been tested for arsenic before? (Circle one)*
Yes No I don't know

Confirm your sample number __2627-_____

Was the sample submitted with this datasheet filtered? (Circle one) *
Yes No I don't know

Tap Location (check one) *

- ☐ Kitchen
- ☐ Bathroom
- ☐ Outside
- ☐ Other (Explain below)

_____

Type of Filtration System (check one) *

Choose which type of filtration system is used in your home by picking from the list below. Even if you answered "no" that your drinking water sample was not filtered because you bypassed your filter to take a sample for this project, please choose the type of filtration system usually used for your drinking water, if indeed, you do filter your water. If you have two types of filters that you use, make note of the second filter in the notes section below.

- ☐ No filter
- ☐ Sink-mounted filter
- ☐ Water pitcher or refrigerator filter
- ☐ Whole household filter
- ☐ My water is filtered, but I do not know what kind of filter
- ☐ I do not know if my water is filtered
- ☐ Other (Explain below)

_____

Describe your water filtration system below. Even if you have bypassed your filter to take a sample for this project, please explain how and why you currently filter your water (if at all).

Other notes and comments (depth of the well, results of other types of drinking water tests, whether the aerator could not be removed from your tap, etc.)

NOW, GO BACK AND DOUBLE-CHECK THAT YOU HAVE CORRECTLY ENTERED EVERYTHING!