# **Datasheet for Drinking Water Sample Collection**

Page 1

**General Information**

**Sample Number on Sample Tube 2324-\_\_\_\_\_\_**

**SEPA School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name** (Private)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guardian/Sampler Name (First Last)** (Private) **Email: Guardian/Person receiving results** (Private)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sample Information**

**It is important to know exactly when and where a sample was taken so that we can analyze the results relative to underlying bedrock or other sources of drinking water contamination.**

**Date Sample taken\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Sample taken\_\_\_\_\_\_\_\_\_\_\_ Circle One: AM PM**

**Street Address of Sample** (Private)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City of Sample** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drinking Water Source (Circle One)**

**State of Sample \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 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)

**Zip Code of Sample \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Information**

**Mailing Address Street or PO Box\*** (Private)

**Mailing Address City** (Private)

**Mailing Address State** (Private)

**Mailing Address ZIP** (Private)

**Previous arsenic test (Circle one)**

**Yes No I don’t know**

**Permission to Share Data**

Researchers from our partner organizations are interested in the data collected as part of 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 any 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**

**Complete page 2 of the Datasheet!**

**Permission to Share Data continued:**  
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?

Page 2

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

**Well Water Information**

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

**Sample Number\* 2324-\_\_\_\_\_\_**

**Tap Location\***

* Kitchen
* Bathroom
* Outside
* Other (Explain below)

**Was the sample filtered?\* (Circle one) Yes No I don’t know**

Indicate which type of filtration system is used in your home by picking from the list below. Even if you answered “no” because you bypassed your filter to take a sample for this project, please choose the type of filtration system used in your home if, indeed, you do filter your water.

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

**Type of Filtration System\***

**Describe your water filtration system in the box below:**

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