Thank you for taking the time to complete this survey!

Please return this survey in the envelope provided.

New Jersey Well Water Survey

Instructions

✓ Please have an adult in your home complete the survey.
✓ Answer survey items for your home at this mailing address.
✓ Choose the answer that is the closest fit. There are no right or wrong answers.
✓ Please return the completed survey in the enclosed postage-paid envelope.
1) Does this property have a well that supplies water to the house?
☐ Yes → Please continue
☐ No → Please stop and return this survey in the postage-paid envelope

2) How often do you use this well for drinking water?
☐ Rarely or Never
☐ Sometimes
☐ Mostly or Always

3) How satisfied are you with your unfiltered, untreated, unsoftened well water?
For each statement please indicate how much you agree. (Circle one number for each)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree</th>
<th>Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The overall quality of my untreated water is good</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I like my untreated well water (e.g., smell, taste, looks)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>My untreated well water is perfectly safe to drink</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

4) During your real estate transaction (when you bought or rented this current residence), was your well water tested by a lab?
☐ Yes → Please continue with question 5
☐ No (or don't know) → Have you tested your water for arsenic anytime since?
☐ Yes → Please continue with question 5
☐ No → Please skip to question 14 on page 4

27) What is the highest level of formal education you have completed?
☐ Some high school or less
☐ High school/GED degree
☐ Some college
☐ Technical/Community College degree
☐ Bachelor’s degree
☐ Some graduate school
☐ Graduate degree

28) What is your employment situation?
☐ Working full-time
☐ Working part-time
☐ Retired
☐ Unemployed
☐ Student
☐ Other (please specify): _______________________

29) What was your total gross household income in 2016?
☐ Under $25,000
☐ $25,000 – $50,000
☐ $50,000 – $75,000
☐ $75,000 – $100,000
☐ $100,000 – $125,000
☐ $125,000 – $150,000
☐ $150,000 – $175,000
☐ $175,000 – $200,000
☐ Higher than $200,000

30) How many adults age 18 or older, including you, currently live in your home? ___

31) How many children/youth age 17 or younger currently live in your home? ___

32) If there are children in the home, what is the age of the youngest child? ______
22) Where do you look for information to help you manage the safety and quality of your well water? *(Fill in the corresponding letter to indicate each choice)*

___ 1st choice ___ 2nd choice ___ 3rd choice

A. Online (website)  F. Water testing laboratory
B. NJ Department of Health  G. Well drilling company
C. NJ Department of Environmental Protection  H. Water treatment company
D. County/Town/Municipality office  I. Physician/Health Clinic
E. Other government agency  J. Other (write in) ________________

About you and your home:

23) Which of the following best describes the property at this mailing address?

- My home that I own
- My home that I rent
- Vacation or seasonal home

How many months do you reside at this address per year? ___________ MONTHS

- Business only
- Other _____________________________

24) How many years have you lived in this home? ___________ YEARS

25) In what year were you born? ___________

26) What is your gender?

- Male
- Female

5) Did that test show a problem with any of the following? *(Choose ALL that apply)*

- Arsenic
- Hardness
- Bacteria
- Manganese
- Iron
- Naturally occurring radioactive elements (Gross Alpha)
- Nitrates
- Other (write in) _______________________
- Don’t Know
- No problems

6) What was the arsenic level measured for your well?

- 5 µg/L (ppb) or less
- between 5 and 10 µg/L
- between 10 and 25 µg/L
- between 25 and 50 µg/L
- greater than 50 µg/L
- Don’t remember

7) How easy was it to understand your well water test results?

- Very easy
- Easy
- Neither Easy nor Difficult
- Difficult
- Very Difficult

8) If your water test results were difficult to understand, please explain which part(s). _____________________________

9) Have you discussed the arsenic in your well water with anyone? *(Please choose ALL that apply)*

- Real estate agent
- Testing lab representative
- Water treatment professional
- Local health department
- Neighbor
- Friend / Relative
- Plumber / Well driller
- Other _____________________________
- We have not discussed our arsenic level with anyone
10) What is the highest arsenic level you consider safe for drinking?
- 5 µg/L (ppb) or less
- between 5 and 10 µg/L
- between 10 and 25 µg/L
- between 25 and 50 µg/L
- greater than 50 µg/L

11) Has a treatment system been installed to remove arsenic from your well water?
- Yes, installed by me/my family → Skip to question 14 on page 4
- Yes, installed by the previous owner or landlord → Skip to question 14 on page 4
- No
- Don’t know

12) If water treatment for arsenic was not installed, why not? (Choose ALL that apply)
- Previous owner refused
- I am not concerned about the arsenic level in my water
- I didn’t know what kind of treatment to get
- I didn’t know who to contact
- Treatment options were too expensive
- I haven’t gotten around to installing treatment yet, but I intend to
- We drink only bottled water to lower our arsenic exposure
- Other (write in) ______________________________________________________

13) Which of the following would prompt you to treat for arsenic? (ALL that apply)
- If arsenic caused a change in the taste, smell, or appearance of my water
- If a laboratory test showed my arsenic level has increased above what it is now
- Learning that my neighbors are treating their well water for arsenic
- An interest-free loan for a well water treatment system
- Free or subsidized water treatment based on my income
- Needing to sell or rent my home
- A new baby or child living in or visiting my home
- If a household member were diagnosed with a new disease or health condition
- Learning that arsenic in my drinking water could increase my risk for cancer
- Being recommended to treat by my doctor
- Other (write in) ______________________________________________________
Please select all that apply regarding the filters or treatments that you currently use on your well water.

- We don’t use any treatment → Please skip to question 21 on page 5
- Treat at point of use/under sink (check which types)
  - Carbon filter (e.g. Brita pitcher, faucet-mount, refrigerator filter)
  - Reverse osmosis
  - Adsorbent media (Iron-oxide filter)
  - Distillation
  - Don’t know
  - Other
- Treat all water in the home (check which types)
  - Water Softener
  - Sediment filter
  - Reverse osmosis
  - Adsorbent media (Iron-oxide filter)
  - Distillation
  - Don’t know
  - Chlorinator/ UV filter
  - Other
- We drink only purchased bottled water
- Don’t know

15) How much did this treatment system cost? ______________________

16) When was the treatment system installed? (year) __________________

17) Why did you choose to treat your water this way? (Please choose ALL that apply)

- Results of laboratory test showed that we need treatment for: (check ALL that apply)
  - Arsenic
  - Bacteria
  - Iron
  - Gross Alpha
  - Manganese
  - Nitrates/Nitrites
  - Hardness
  - Don’t know
  - Other
- Didn’t like the taste
- Sediment in water
- Came as is with purchase of the home
- There are children/babies/pregnant women in our home
- Recommended by well contractor or water treatment company
- Recommended by local health department or government agency
- Other
- Don’t know
18) Has your treated tap water (from the kitchen sink) ever been tested by a lab?
- Yes → How long ago was the water last tested? ________________
- No
- Don’t Know

19) Do you perform routine maintenance on your water treatment system?
- As recommended
- Less often
- Much less often
- Rarely or never
- I don’t know

20) Please describe your treatment maintenance process. i.e. who performs the maintenance, what do they do, how often, and at what cost?
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21) Please tell us how much you agree or disagree with each of the following statements about your well water (For each statement please circle one number)

<table>
<thead>
<tr>
<th></th>
<th>Disagree Strongly</th>
<th>Disagree Moderately</th>
<th>Disagree Slightly</th>
<th>Agree Slightly</th>
<th>Agree Moderately</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households in this area often have arsenic-contaminated well water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Our household is at risk of drinking arsenic-contaminated well water</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Household members are exposed to arsenic from our well water if left untreated</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>The number of years we drink our untreated well water increases our arsenic-related health risks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Arsenic-related health effects from our well water are likely to be serious</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>The health risks from arsenic are overblown</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I am not concerned about my well water because I have been drinking it a long time with no problem</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Drinking water quality is not a priority for me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Children and pregnant women are especially vulnerable to arsenic-related health risks</td>
<td>1</td>
<td>2</td>
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<td>6</td>
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