

Residential Water-Use Project

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To help better assess current water needs and plan for the future, please answer each of the following questions. This information is being collected for **research purposes** by the U.S. Geological Survey. Results of this survey will be reported only in **anonymous summary form**. Thank you for taking time to help us compile this important information.

PLEASE CHECK () OR PROVIDE YOUR MOST APPROPRIATE RESPONSE FOR EACH AND EVERY QUESTION. When you have answered all of the questions, please return to your teacher no later than May 1, 2004.

Street Address _____ Town _____

School _____ Grade _____ Teacher _____ Lot size _____ acres

Source of water

<input type="checkbox"/> Town water supply	<input type="checkbox"/> Housing Development supply	<input type="checkbox"/> Own Private wells
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Disposal of wastewater

<input type="checkbox"/> Town sewer	<input type="checkbox"/> Housing Development septic system	<input type="checkbox"/> House septic system
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Name of town water supplier or housing development _____

Number of private wells at this address _____

If you have town or development-supplied water, who pays for your water?

<input type="checkbox"/> Family	<input type="checkbox"/> Landlord
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Is your water use metered?

<input type="checkbox"/> No	<input type="checkbox"/> One meter for indoor and outdoor water use	<input type="checkbox"/> One meter for indoor use and a second meter for outdoor use
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Number of people living in your household

Over 19 years of age _____ From 4 to 12 years _____
 From 13 to 18 years _____ Less than 4 years _____

What type of residence do you live in?

<input type="checkbox"/> Single family house (1-4 bedrooms) <input type="checkbox"/> Single family house (5+ bedrooms)	<input type="checkbox"/> Single family house with shared walls between units (townhouse or townhouse-style condominium) <input type="checkbox"/> Two-family house	<input type="checkbox"/> Mobile home <input type="checkbox"/> Apartment or apartment-style condominium
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INDOOR USE

In your home, how many of the following do you have?

Non-low-flow toilets? (6 gallons—pre-1980 toilets that take a long time to flush)

<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> More than three
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Low-flow toilets? (3.5 gallons—manufactured during 1980's and 1990's)

<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> More than three
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Ultra low-flow toilets? (1.6 gallons)

<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> More than three
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Bathtubs with shower?

<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> More than three
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Bathtubs only?

<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> More than three
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Showers only?

<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> More than three
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Whirlpool bathtubs with jets?

<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> More than three
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Indoor utility/basement/garage sinks?

<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> More than three
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Low-flow faucets or showerheads?

<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> More than three
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How many of the following water-using appliances are used in your home?

<input type="checkbox"/> Garbage disposal	<input type="checkbox"/> Dishwashing machine
<input type="checkbox"/> Top-loading clothes washing machine	<input type="checkbox"/> Front-loading clothes washing machine

On average, how many times a week is a load of dishes *hand* washed in your home?

<input type="checkbox"/> None	<input type="checkbox"/> 1-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10-14	<input type="checkbox"/> More than 14
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WATER-USE HABITS**Do you limit how much water you use for any of these reasons?** *(Please check all that apply)*

<input type="checkbox"/> Not sure well has enough water	<input type="checkbox"/> Not sure septic system can handle all wastewater
<input type="checkbox"/> Keep electrical bill down	<input type="checkbox"/> Want to conserve water to protect the resource
<input type="checkbox"/> Keep water bill down	<input type="checkbox"/> Other (Please specify) _____

Have you done any of these actions to conserve water? *(Please check all that apply)*

<input type="checkbox"/> Take shorter showers	<input type="checkbox"/> Water outdoors during early morning or evening
<input type="checkbox"/> Installed low-flow plumbing fixture(s)	<input type="checkbox"/> Installed a water efficient irrigation system
<input type="checkbox"/> Reduced landscape area irrigated	<input type="checkbox"/> Other (Please specify) _____

How do you deal with running or leaky toilets and faucets? *(Please check all that apply)*

<input type="checkbox"/> Never had the problem	<input type="checkbox"/> Fix leaks within one week
<input type="checkbox"/> Repair running toilet immediately	<input type="checkbox"/> Fix leaks eventually
<input type="checkbox"/> Call a plumber immediately	<input type="checkbox"/> Close the door and turn up the TV
<input type="checkbox"/> Try to remember to jiggle toilet handle	<input type="checkbox"/> Other (Please specify) _____

Do you run water continuously for any of these reasons? *(Please check all that apply)*

<input type="checkbox"/> Until it's cold	<input type="checkbox"/> While using garbage disposal
<input type="checkbox"/> Until it's hot	<input type="checkbox"/> While hand-washing dishes
<input type="checkbox"/> To keep pipes from freezing	<input type="checkbox"/> Other (Please specify) _____

Are you concerned about the quality of your water? *(Please check all that apply)*

<input type="checkbox"/> No	<input type="checkbox"/> Yes, we look at the water quality report sent by our water company
<input type="checkbox"/> Yes, we drink only bottled water	<input type="checkbox"/> Yes, we have our own treatment system
<input type="checkbox"/> Yes, we have had our well water tested during the past year	<input type="checkbox"/> Other (Please specify) _____

OUTDOOR USE**How much of your lot area is watered (irrigated)?**

<input type="checkbox"/> None	<input type="checkbox"/> One quarter	<input type="checkbox"/> Half	<input type="checkbox"/> Three quarters	<input type="checkbox"/> All
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During a typical summer season, how frequently do you irrigate?

<input type="checkbox"/> Less than once a week	<input type="checkbox"/> Once a week	<input type="checkbox"/> Every other day	<input type="checkbox"/> Daily
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When do you irrigate?

<input type="checkbox"/> Early morning	<input type="checkbox"/> Late morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
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How do you irrigate? (Please check all that apply)

<input type="checkbox"/> By hand (hose or bucket)	<input type="checkbox"/> In-ground sprinkler
<input type="checkbox"/> Manual sprinkler (one you move around)	<input type="checkbox"/> Other (please specify)

How is the sprinkler activated?

<input type="checkbox"/> By hand
<input type="checkbox"/> Automatic timer without soil moisture or rain sensor
<input type="checkbox"/> Automatic timer with soil moisture or rain sensor

Do you use any additional sources for irrigation water? (Please check all that apply)

<input type="checkbox"/> No	<input type="checkbox"/> Rain barrel
<input type="checkbox"/> Nearby surface water (stream, pond, river, lake)	<input type="checkbox"/> Purchase water

How were you affected by last year's drought?

<input type="checkbox"/> No problem	<input type="checkbox"/> Couldn't irrigate at all
<input type="checkbox"/> Not enough water to irrigate as much as I wanted to	<input type="checkbox"/> Well(s) went completely dry

Do you have any of the following pools or gardens?

<input type="checkbox"/> No	<input type="checkbox"/> Inside swimming pool	<input type="checkbox"/> Fountain
<input type="checkbox"/> Outside above-ground pool	<input type="checkbox"/> Hot tub/whirlpool	<input type="checkbox"/> Water garden
<input type="checkbox"/> Outside in-ground pool	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Other?

Where do you get the water to fill your pool?

<input type="checkbox"/> Well	<input type="checkbox"/> Delivered by tanker truck	<input type="checkbox"/> Public water supplier
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Do you wash your

<input type="checkbox"/> sidewalks	<input type="checkbox"/> driveway	<input type="checkbox"/> vehicles
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Thank you – your participation is appreciated!

Please return to your teacher no later than May 1, 2004.