



Cornell University  
Cooperative Extension  
Ontario County

2017 Ontario County Well Testing Program  
Household Water Survey

Please mark your answers with an X or provide a written explanation as indicated.

**WATER SAMPLE INFORMATION**

1. **Is the source you are testing your primary drinking water source at the site?**  
 yes  no, the source is (e.g., bottled water) \_\_\_\_\_
2. **At the time of sample collection, what treatment did the water undergo?**  
 No treatment  Water softener  
 Chlorination system  Other (explain) \_\_\_\_\_
3. **My primary drinking water source is:**  
 Well  Pond  
 Bottled water  Other (list spring, etc.) \_\_\_\_\_
4. **What other sources of water are on your property:**  
 Public water  Ponds  Additional wells  
 Springs  Other \_\_\_\_\_

**WELL AND SURROUNDING AREA CHARACTERISTICS**

1. **What type of well do you have?** (If unsure, visually inspect using the descriptions below.)  
 Drilled (hole 6-8 inches wide with metal casing or liner)  
 Dug (hole 3-8 feet wide with stone facing or liner)  
 Driven (metal pipe pushed into the ground)
2. **What is the total depth of the well below ground?** (estimate if necessary)  
 less than 20 feet  20 to 39 feet  40 to 100 feet  Greater than 100 feet
3. **Give the approximate age of your well, if unknown, estimate based on the age of residence.**  
 less than 5 years  15 to 25 years old  
 5 to 14 years old  more than 25 years old
4. **Has your well water supply decreased noticeably during dry periods?**  
 Yes  No If yes, how recently? \_\_\_\_\_
5. **Have any of the following caused problems for you during the past two years?**  
 Excessive Iron  Sediment  Sulfur  Manganese  
 Bacteria  Nitrate  Odor  Nitrite  
 Salt  Color  Taste  Oil/gasoline  
 Other \_\_\_\_\_
6. **Are any of the following within 100 feet of your well?**  
 Septic tank or leach field  Neighbor's septic tank  
 Fuel tank (above or below ground)  Barnyard  
 Dump site  Public road  
 Pesticide storage area  Other possible contaminants \_\_\_\_\_
7. **Do you have unused wells on the property?**  
 Yes  No  
 Yes and the well is closed or sealed.  Well is not closed, send me more information.

**MAINTENANCE PRACTICES**

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1. **Prior to the current testing program, has your drinking water at home ever been tested?**  
\_\_\_\_ Yes, the approximate date was: \_\_\_\_\_ No \_\_\_\_ Not sure  
**If yes, what was your water tested for?**  
\_\_\_\_ Bacteria \_\_\_\_ Hardness \_\_\_\_ Iron \_\_\_\_ Nitrates \_\_\_\_ Other \_\_\_\_\_
2. **Do you disinfect your well with a bleach treatment or other technique?**  
If yes, how often \_\_\_\_\_ No \_\_\_\_
3. **Do you use any of the following water treatment devices for your drinking water?**  
(Check *all* that apply.)  
\_\_\_\_ Activated carbon filter \_\_\_\_ Chlorinator \_\_\_\_ Ultraviolet light  
\_\_\_\_ Mechanical filter \_\_\_\_ Reverse osmosis \_\_\_\_ Water softener  
\_\_\_\_ Distillation \_\_\_\_ Don't use any  
\_\_\_\_ Other \_\_\_\_\_

**GENERAL INFORMATION**

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1. **Have any members of your household experienced health problems due to your drinking water?**  
\_\_\_\_ Yes, explain \_\_\_\_\_ No \_\_\_\_ Not sure
2. **If you have had drinking water problems in the past, what action(s) did you take and when?**  
\_\_\_\_ Did nothing \_\_\_\_\_ Changed to new water supply  
\_\_\_\_ Fixed problem - How? \_\_\_\_\_ Contacted state agency  
\_\_\_\_ Contacted town officials \_\_\_\_\_ Installed water treatment device  
\_\_\_\_ Contacted water treatment company \_\_\_\_\_ Asked groundwater professional  
\_\_\_\_ Asked party responsible to remove contaminant \_\_\_\_\_ Brought legal suit
3. **Do you own or rent your residence?** \_\_\_\_ Own \_\_\_\_ Rent
4. **How long have you lived at your current residence?**  
\_\_\_\_ less than 5 years \_\_\_\_ 5 to 14 years \_\_\_\_ 15 to 24 years \_\_\_\_ more than 25 years
5. **A total of \_\_\_\_\_ person(s) depend on the household water (average over the past 2 years).**

In an effort to better understand the quantity and quality of Ontario County's groundwater, we ask that you release the results of your water tests to Cornell Cooperative Extension (CCE). Individual test information will not be made publicly available. It will be compiled under a numeric system (not by name). This information will better inform our management team of the county's water resources. *Thank you for your cooperation!*

\_\_\_\_\_  
(Your Signature) (Print Name)

Sampling Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Tax Map Number (If Known): \_\_\_\_\_

Township: \_\_\_\_\_

Mailing street address: (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Test requested: \_\_\_\_ Total Coliform/E.coli (Positive/Negative) Cost: \$30 (\$15 rebate)  
\_\_\_\_ Total Coliform/E.coli (Positive/Negative) & nitrates: Cost: \$55 (\$25 rebate)