



8. What do you use your tap water for? (check all that apply)
- Drinking  Cooking  Cleaning/Bathing  Lawn Maintenance/Gardening
- Other: Please specify \_\_\_\_\_
9. Do you have common problems with low water system pressure?
- Yes  No
10. Do you have a septic system?
- Yes  No  Not Used  Don't Know
11. Is there a yard (e.g., lawn, garden, et cetera) area at your property?
- Yes  No
12. If yes to question 11, is the yard area included in your lease?  
(Look under the Premise Identification Number on the first page of the lease)
- Yes  No  Don't Know
13. If yes to question 11, what do you use the yard for? (check all that apply)
- Recreation  Outdoor Dining  Children's Play Area  Gardening
- Other: Please specify \_\_\_\_\_
14. If you garden, what do you grow? \_\_\_\_\_
15. Do you eat the produce that you grow?
- Yes  No
16. Do you personally landscape or mow the lawn?
- Yes  No
17. Do you live near routine open burning?
- Yes  No
18. If yes to question 17, identify what is commonly burned (check all that apply).
- Garbage in Dumpsters  Garbage in Streets/Lots
- Agricultural Burning (such as tree limbs, etc.)

19. If yes to question 17, approximately how close is the open burning to your residence?  
\_\_\_\_\_ (miles)

20. What is your landlord's name? \_\_\_\_\_

21. What is your landlord's phone number? \_\_\_\_\_

22. Please use the box below to draw a map to your house (from the nearest main road) and if known, please provide GPS coordinates \_\_\_\_\_  
(Please feel free to attach additional paper or Google map, etc.)

