**Attachment K**

**Private Wells Burden Memo**

## CDC DOCUMENTATION FOR THE GENERIC CLEARANCE OF

**HEALTH RISKS FROM USING PRIVATE WELLS FOR DRINKING WATER**

**(0920-XXXX)**

|  |  |
| --- | --- |
| GenIC No.: |  |
| Requesting entity (e.g., jurisdiction) |  |
| Title of Investigation: |  |
| Purpose of Investigation: (Use as much space as necessary) |  |
| Duration of Data Collection |  |
| Date Began: |  |
| Date Ended: |  |
| Lead Investigator |  |
| Name: |  |
| CIO/Division/Branch: |  |
| E-mail Address: |  |
| Telephone No.: |  |
| Mail Stop: |  |

**Complete the following for each instrument used during the investigation.**

**Data Collection Instrument 1**

*Name of Data Collection Instrument:*

*Location of investigation (state/city/region/territory)*

*Survey Mode (check all that apply)*

[ ] Face-to-face Interview (describe):

[ ] Telephone Interview (describe):

[ ] Self-administered Paper-and-Pencil Questionnaire (describe):

[ ] Self-administered Internet Questionnaire (describe):

[ ] Other (describe):

*Screening*

[ ] Face-to-face Interview (describe):

[ ] Telephone Interview (describe):

[ ] Self-administered Paper-and-Pencil Questionnaire (describe):

[ ] Self-administered Internet Questionnaire (describe):

[ ] Other (describe):

[ ] No screening survey was administered

*Response Rate (if applicable)*

|  |  |
| --- | --- |
| Total No. Responded (A): |  |
| Total No. Sampled/Eligible to Respond (B): |  |
| Response Rate (A/B): |  |

**(Additional Data Collection Instrument sections may be added if necessary.)**

**Complete the following burden table. Each data collection instrument should be included as a separate row.**

*Burden Table (insert rows for additional respondent types if needed)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Data Collection Instrument Name | Type of Respondent | No. Respondents (A) | No. Responses per Respondent (B) | Burden per Response in Minutes (C) | Total Burden  (in minutes;  A x B x C) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Return completed form and a blank copy of each final data collection instrument within 5 business days of data collection completion to the ICRL (e-mail: NCEHOMB@cdc.gov; MS E-92 or S3P IT System, as appropriate).