

**Attachment K**

**Private Wells Burden Memo**

**CDC DOCUMENTATION FOR THE GENERIC CLEARANCE OF  
HEALTH RISKS FROM USING PRIVATE WELLS FOR DRINKING WATER  
(0920-XXXX)**

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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: \_\_\_\_\_

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**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)*

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*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.)**

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**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](mailto:NCEHOMB@cdc.gov); MS E-92 or S3P IT System, as appropriate).