

# RECLAMATION

*Managing Water in the West*

OMB Control No. 1006-0028  
Expiration Date: XX/XX/2017

## Water Level Impact on Recreation Boating Use Survey

### **Paperwork Reduction Act**

The purpose of this survey is to provide information to the Bureau of Reclamation for evaluating and improving the recreation services and programs that it provides to the public. Response to this survey is voluntary. No action may be taken against you for refusing to supply the information requested. The reporting burden for this form is estimated to average 20 minutes, which includes the time for reviewing instructions and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. Please direct comments regarding the burden estimate or any other aspect of these forms to the Bureau of Reclamation, Policy and Administration, Asset Management Division, 84-57000, P.O. Box 25007, Denver, CO 80225.

### **Privacy Act Statement**

No Privacy Act Information is being collected; therefore, no direct link to the individual(s) filling out this survey will be available. Information collected will be compiled to produce statistics.



**U.S. Department of the Interior  
Bureau of Reclamation**

# WATER LEVEL IMPACT ON RECREATION BOATING USE SURVEY

**For agency use only**

**Lake or reservoir being surveyed:** \_\_\_\_\_

1. How many visits to the lake have you taken with your boat in the past 12 months? A **visit** can be defined as a one time visit to the recreation area no matter how much time is spent at any one time. For example, a one hour visit would be considered the same as a three day visit.

\_\_\_\_\_ visits

On average, how many days per visit or hours per visit did you spend at the lake in the past 12 months? Please circle below.

Number of <b>days</b> per visit	Less than 1 day	2 days	3 days	4 days	5 days	6 days	7 days	More than 7 days
Number of <b>hours</b> per visit	Less than 1 hour	2 hrs.	3 hrs.	4 hrs.	5 hrs.	6 hrs.	7 hrs.	More than 7 hrs.

**Scenario 1:** Please think of a situation in which the water level of this lake was reduced by \_\_\_\_\_ feet (**agency enters feet**) lower than the normal water level (as indicated in the attached photographs – **agency supplies photos**). This would result in additional sandbars or islands, submerged hazards, and relocated marinas requiring shuttles to and from them. At this lake level, some of the boat ramps and boat docks may be out of the water.

2. Suppose that the conditions described above existed for the next year. How many visits would you then take to this lake to go boating during that period?

\_\_\_\_\_ visits

On average, how many days per boating visit or hours per boating visit would you spend during lower water levels?

Number of <b>days</b> per boating visit	Less than 1 day	2 days	3 days	4 days	5 days	6 days	7 days	More than 7 days
Number of <b>hours</b> per boating visit	Less than 1 hour	2 hrs.	3 hrs.	4 hrs.	5 hrs.	6 hrs.	7 hrs.	More than 7 hrs.

3. Suppose that you had known at the time you decided to take your last visit to this lake that the previously described conditions existed. What would you have done? *Circle the number below and fill in the appropriate blank line for the number you circled, if appropriate.*

- (1) Would make a boating visit to the same access point on this lake.  
*Name of access point?* \_\_\_\_\_
- (2) Would still make a boating visit to this lake, but use a different access point.  
*Name of access point?* \_\_\_\_\_
- (3) Would still make a boating visit, but visit another lake or river.  
*Name of other lake / river?* \_\_\_\_\_
- (4) Would still make a visit, but participate in another activity.  
*Type of activity?* \_\_\_\_\_
- (5) Would stay home.
- (6) Other (*specify*): \_\_\_\_\_

4. If you still would make a visit (if you circled 1, 2, 3, or 4 in Q. 3 above), approximately how many days or hours would you spend at your destination? If you did not circle 1, 2, 3, or 4 above, please go to Q 5.

Number of <b>days</b> per visit	Less than 1 day	2 days	3 days	4 days	5 days	6 days	7 days	More than 7 days
Number of <b>hours</b> per visit	Less than 1 hour	2 hrs.	3 hrs.	4 hrs.	5 hrs.	6 hrs.	7 hrs.	More than 7 hrs.

5. If **none** of the access points on this lake were usable due to the low water conditions described, what would you do? *Circle the number below and fill in the appropriate blank line for the number you circled, if appropriate.*

- (1) Would still make a boating visit, but visit another lake or river.  
*Name of other lake / river?* \_\_\_\_\_
- (2) Would still make a visit, but participate in another activity.  
*Type of activity?* \_\_\_\_\_
- (3) Would stay at home.
- (4) Other (*specify*): \_\_\_\_\_

6. If you still would make a visit to another lake or river (response No. 1 to Q. 5 above), approximately how many days or hours would you spend there? If you did not circle (1) above, please go to Q. 7.

Number of <b>days</b> per visit	Less than 1 day	2 days	3 days	4 days	5 days	6 days	7 days	More than 7 days
Number of <b>hours</b> per visit	Less than 1 hour	2 hrs.	3 hrs.	4 hrs.	5 hrs.	6 hrs.	7 hrs.	More than 7 hrs.

**Scenario 2:** Picture A on the back of this page shows this lake at its normal water level. Picture B shows what the lake would look like if the water level were reduced by \_\_\_\_\_ feet (**number enters feet and provides pictures**).

7. Please refresh your memory (from Q. 1) on the number of visits you said you took to this lake with your boat in the past 12 months. How many visits would you have taken to this lake with your boat in the past 12 months if the conditions depicted in picture B had existed?

\_\_\_\_\_ number of visits taken for boating

8. If you answered 1 or more visits in Q. 7, approximately how many days or hours would you have spent on each visit?

Number of <b>days</b> per visit	Less than 1 day	2 days	3 days	4 days	5 days	6 days	7 days	More than 7 days
Number of <b>hours</b> per visit	Less than 1 hour	2 hrs.	3 hrs.	4 hrs.	5 hrs.	6 hrs.	7 hrs.	More than 7 hrs.

9. Suppose that you had known at the time you decided to take **your last visit** to this lake that the conditions described in Picture B existed. What would you have done? *Circle the number below and fill in the appropriate blank line for the number you circled, if appropriate.*

- (1) Would have made a boating visit to the same access point at this lake.  
*Name of access point?* \_\_\_\_\_
- (2) Would have still made a boating visit there, but used a different access point.  
*Name of access point?* \_\_\_\_\_
- (3) Would have still made a boating visit, but visit another lake or river.  
*Name of other lake / river?* \_\_\_\_\_
- (4) Would still have made a visit, but participate in another activity.  
*Type of activity?* \_\_\_\_\_

- (5) Would have stayed at home.
- (6) Other (specify): \_\_\_\_\_

10. If **none** of the access points on this lake were usable due to the low water conditions described, what would you do? *Circle the number below and fill in the appropriate blank line for the number you circled, if appropriate.*

- (1) Would still make a boating visit, but visit another lake or river.  
*Name of other lake / river?* \_\_\_\_\_
- (2) Would still make a visit, but participate in another activity.  
*Type of activity?* \_\_\_\_\_
- (3) Would stay at home.
- (4) Other (specify): \_\_\_\_\_

11. If you still would make a visit (responses 1 and 2 above), approximately how many days or hours would you spend at your destination? Go to Q 12 if you did not circle 1 or 2 above.

Number of <b>days</b> per boating visit	Less than 1 day	2 days	3 days	4 days	5 days	6 days	7 days	More than 7 days
Number of <b>hours</b> per boating visit	Less than 1 hour	2 hrs.	3 hrs.	4 hrs.	5 hrs.	6 hrs.	7 hrs.	More than 7 hrs.

**Note:** The background information being collected below is needed to provide a profile of our study population to make sure it is representative of all the visitors to our recreation area. None of the information in this or other sections will be associated with any names or addresses.

12. Are you from in-state, out-of-state or another country? *Please check (✓) only one location.*

\_\_\_\_\_ In-State    \_\_\_\_\_ Out-of-State    \_\_\_\_\_ Another County

**Note:** The two questions below are designed to describe your ethnicity and race. Regardless of your answer to Q. 13, go to Q. 14.

13. Are you Hispanic or Latino (i.e., a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

14. Please select one or more racial categories with which you most closely identify. *Please check (✓) all that apply.*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

— Thank you for your cooperation —