

## Attachment B

**Please tell us what you think about our groundwater study, and feel free to give us advice about how to make this work more meaningful and useful to you. Thanks for your help!**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Is the information we've given you clear and understandable?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the information about your well water useful?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How can we do a better job providing you with all the information needed to protect your groundwater resources: |                          |                          |
| <hr/>  |                          |                          |
| 4. Any other questions, advice, or comments you would like us know about:  |                          |                          |
| <hr/>  |                          |                          |

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 5. Do you want us to contact you for follow-up: | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please write your name & phone number here: \_\_\_\_\_

Best time to call: \_\_\_\_\_

|

Your Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_