

Name: _____

Address: _____

SURVEY INVESTIGATION OF "BLEACHED" CLOTHES

- 1. How long have you lived at this location? _____
- 2. How old is your home? _____
- 3. Have you previously lived at any other locations in the City? _____
Address _____
- 4. Did you have this problem there also? _____
- 5. How long have you had this problem with your clothes? _____
- 6. List the types of fabric affected. _____
- 7. Does the damage occur more frequently with particular types of fabric? _____
If so what types? _____
- 8. What colors are affected? _____
- 9. Does the damage occur more often with certain colors? _____
- 10. When do you usually notice that the clothing has been affected?

CIRCLE ONE First time it is washed
 Second wash
 After multiple washes

- 11. When clothing is damaged, does the entire load of clothing have the same type of Damage? _____
- 12. After item is initially damaged, does the damage progress with additional washes?

- 13. Does the damage occur in hot water washes? _____ Warm water washes? _____
Cold water washes? _____
- 14. How many loads of laundry do you average per week? _____
- 15. Do you do laundry throughout the week? _____ OR only on certain days? _____
If only on certain days which days? _____
- 16. Does anyone in your home use acne medications? _____ Other skin treatments? _____
Please list: _____
- 17. List the types of laundry detergents you have used and indicate for each if it is (a) dry or liquid,
(b) contains bleach or bleach alternative, and (c) if "whiteners" or "brighteners" are listed on the label.

DRY/LIQUID BLEACH BLEACH ALT WHITENER BRIGHTENER

Name: _____

Address: _____

- 18. Do you use fabric softener(s)? _____
- 19. List the type(s) _____
- 20. Do you use any other types of additives? _____
 - Bleach? _____
 - Non-Chlorine/Alternative Bleach? _____
 - Borax? _____
 - Stain Treatment? _____ Please list _____
 - Prewash Treatment? _____ Please list _____
 - Other? _____ Please list _____
- 21. How are they added?
 - Do you add detergents/additives before clothes? _____
 - After clothes? _____
 - Do you have an automatic dispenser for bleach? _____
 - Do you have an automatic dispenser for fabric softener? _____
- 22. Do you use the recommended amount of detergent? _____ Less? _____ More? _____
- 23. How long have you had the present washer? _____
- 24. What make and model is it? _____
- 25. How long have you had your dryer? _____
- 26. What make and model is it? _____
- 27. Do you hang laundry outside to dry? _____
- 28. How long have you had your water heater? _____
- 29. What make and model is the water heater? _____
- 30. Is it gas or electric? _____
- 31. Does the manufacturer recommend periodic cleaning? _____
- 32. Do you perform this maintenance as recommended? _____
- 33. What materials are used for the water pipes in your home?
 - a. Galvanized
 - b. Copper
 - c. Plastic
 - d. Combination (What percentage of each? _____)
- 34. Have you done any plumbing repairs in your home? _____
- 35. If so when? _____
- 36. Did you change materials when repairs were done? _____
- 37. Do you have a water softener? _____ When was it installed? _____
- 38. Do you have any other type of water treatment system? _____
 - a. What type _____
 - b. Whole House? _____
 - c. Point of use? _____
 - d. When was it installed? _____

**PLEASE FILL OUT AND SEND TO: WATER AND WASTEWATER DEPT
 ATTN: JUDY SCOTT
 3 NORTH GAY STREET
 MOUNT VERNON, OHIO 43050**