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? ______
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) __________________________________________________________
   Bleach? ___________________________________
   Non-Chlorine/Alternative Bleach? ______________
   Borax? ________________
   Stain Treatment? ______ Please list _______________________________________
   Prewash Treatment? ______ Please list _______________________________________
   Other? ______ Please list ___________________________________________________

20. Do you use any other types of additives? _______________________________________

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 where 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