

Attachment K

Private Wells Burden Memo

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

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: _____

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)

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.)

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; MS E-92 or S3P IT System, as appropriate).