



SCHOOL OF PUBLIC HEALTH
**ENVIRONMENTAL &
OCCUPATIONAL HEALTH**
Indiana University Bloomington

Disadvantaged Community Assistance Survey

Introduction

The purpose of this survey is to identify areas with drinking water, wastewater, and stormwater infrastructure needs.

After providing contact and county-wide information, the survey allows for documenting up to three "areas of concern". For each area, we will first ask if an entity exists, followed by where it is located, and lastly about the characteristics of the area. If there are additional areas, you may either submit more than one survey or request a multi-area Excel spreadsheet.

As a reminder, participation is voluntary and personal information will be kept confidential. Your digital signature will be requested on an informed consent statement at the end of the survey.

Please contact WaterResources@ifa.in.gov if you have any questions.

Contact and County-wide Information

1) Contact information for the person completing this survey. An asterisk indicates required information.

First Name*:

Last Name*:

Organization*:

Title/Role*:

County (the county for which you are providing information)*:

Email Address*:

Phone Number*:

Additional notes, if needed

2) What type of organization do you represent?*

Health Department

Wastewater Utility

Public Water System

Municipal Separate Storm Sewer System

Other - Write In (Required): *

3) Contact information for anyone else that you would like to provide. This person could be colleague or co-worker who could provide additional information.

First Name:

Last Name:

Organization:

Title/Role:

County:

Email Address:

Phone Number:

Additional notes:

4) County-wide inquiry regarding recent septic system permits issued by year in your county.

	Estimated number of new septic permits issued:	Estimated number of replacement permits issued:	Estimated number of permits to expand or alter an existing system issued:
2019	<input type="text"/>	<input type="text"/>	<input type="text"/>
2020	<input type="text"/>	<input type="text"/>	<input type="text"/>
2021	<input type="text"/>	<input type="text"/>	<input type="text"/>

5) Any comments to add on the county-wide septic system permit data?



6) Estimate the total number of areas in your region with water, wastewater, or stormwater needs. Include small areas like neighborhoods and mobile home parks. If you have more than three areas of concern, you may find it easier to use the multi-area Excel spreadsheet to report the data, which can be found here: <https://www.in.gov/ifa/disadvantaged-community-survey/>



First Area of Concern

Please provide details on the first area.

7) What type of entity or responsible party is the area? Select all that apply.*

- Incorporated area
- Unincorporated area
- Subdivision/Neighborhood
- Mobile/Manufactured Home Park
- Regional Sewer/Water District
- Conservancy District
- Other - Write In (Required): *

8) Estimate the number of people living in the area.

Number of people::

Number of occupied homes::

Number of unoccupied homes/vacant lots (if known)::

9) Contact information for entity or responsible party. Physical location of the area is requested in the next question.

First Name:

Last Name:

Organization:

Title/Role:

Street Address:

Apt/Suite/Office:

City:

State:

Zip:

Email Address:

Phone Number:

10) Provide physical address. If unknown, use the text box to describe location. For instance, provide the nearest cross roads.

Address:

Address Line 2:

City:

State:

Zip:

Description of location, if text is needed.



11) How can the needs in this area be categorized? (Select all that apply.) *

Wastewater

Drinking Water

Stormwater

Other - Write In (Required):

12) Select all characteristics that apply.*

	Yes	No	Don't Know
Failing/inadequate septic systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failing /inadequate sewer collection system or wastewater treatment plant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance difficulties for wastewater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contaminated wells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failing/inadequate wells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents relying on bottled water for consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents relying on hauled water for household needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance difficulties for drinking water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too far to connect to city water or sewer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't Know
Failing/inadequate stormwater infrastructure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High mosquito population reported	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-income levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violations, enforcement actions (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Industrial contaminants present, such as PFOA, PFAS (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health concerns like higher cases of Hepatitis A or E, Salmonella, H. Pylori, Blue Baby Syndrome, lead poisoning, cancer, premature deaths (describe below).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cases of gastrointestinal illnesses reported (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13) Describe the selected characteristics, if possible.


Describe violations or enforcement actions.

An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

Describe the industrial contaminants present.

An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

Describe the public health concerns.

An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

Describe the cases of gastrointestinal illnesses reported.

An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

Describe "other" characteristics.



14) Is there any additional information that is important to know?



Second Area of Concern

Please provide details on the second area.

16) What type of entity or responsible party is the area? Select all that apply.*

- Incorporated area
- Unincorporated area
- Subdivision/Neighborhood
- Mobile/Manufactured Home Park
- Regional Sewer/Water District
- Conservancy District
- Other - Write In (Required): *

17) Estimate the number of people living in the area.

Number of people::

Number of occupied homes::

Number of unoccupied homes/vacant lots (if known)::

18) Contact information for entity or responsible party. Physical location of the area is requested in the next question.

First Name:

Last Name:

Organization:

Title/Role:

Street Address:

Apt/Suite/Office:

City:

State:

Zip:

Email Address:

Phone Number:

19) Provide physical address. If unknown, use the text box to describe location. For instance, provide the nearest cross roads.

Address:

Address Line 2:

City:

State:

Zip:

Description of location, if text is needed.



20) How can the needs in this area be categorized? (Select all that apply.) *

Wastewater

Drinking Water

Stormwater

Other - Write In (Required):

21) Select all characteristics that apply.*

	Yes	No	Don't Know
Failing/inadequate septic systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failing /inadequate sewer collection system or wastewater treatment plant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance difficulties for wastewater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contaminated wells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failing/inadequate wells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents relying on bottled water for consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents relying on hauled water for household needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance difficulties for drinking water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too far to connect to city water or sewer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't Know
Failing/inadequate stormwater infrastructure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High mosquito population reported	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-income levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violations, enforcement actions (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Industrial contaminants present, such as PFOA, PFAS (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health concerns like higher cases of Hepatitis A or E, Salmonella, H. Pylori, Blue Baby Syndrome, lead poisoning, cancer, premature deaths (describe below).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cases of gastrointestinal illnesses reported (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22) Describe the selected characteristics, if possible.

Describe violations or enforcement actions.

An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

Describe the industrial contaminants present.

An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

Describe the public health concerns.

An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

Describe the cases of gastrointestinal illnesses reported.

An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

Describe "other" characteristics.



23) Is there any additional information that is important to know?



Third Area of Concern

Please provide details on the third area.

25) What type of entity or responsible party is the area? Select all that apply.*

- Incorporated area
- Unincorporated area
- Subdivision/Neighborhood
- Mobile/Manufactured Home Park
- Regional Sewer/Water District
- Conservancy District
- Other - Write In (Required): *

26) Estimate the number of people living in the area.

Number of people::

Number of occupied homes::

Number of unoccupied homes/vacant lots (if known)::

27) Contact information for entity or responsible party. Physical location of the area is requested in the next question.

First Name:

Last Name:

Organization:

Title/Role:

Street Address:

Apt/Suite/Office:

City:

State:

Zip:

Email Address:

Phone Number:

28) Provide physical address. If unknown, use the text box to describe location. For instance, provide the nearest cross roads.

Address:

Address Line 2:

City:

State:

Zip:

Description of location, if text is needed.



29) How can the needs in this area be categorized? (Select all that apply.) *

Wastewater

Drinking Water

Stormwater

Other - Write In (Required):

30) Select all characteristics that apply.*

	Yes	No	Don't Know
Failing/inadequate septic systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failing /inadequate sewer collection system or wastewater treatment plant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance difficulties for wastewater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contaminated wells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failing/inadequate wells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents relying on bottled water for consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents relying on hauled water for household needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance difficulties for drinking water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too far to connect to city water or sewer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't Know
Failing/inadequate stormwater infrastructure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High mosquito population reported	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-income levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violations, enforcement actions (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Industrial contaminants present, such as PFOA, PFAS (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health concerns like higher cases of Hepatitis A or E, Salmonella, H. Pylori, Blue Baby Syndrome, lead poisoning, cancer, premature deaths (describe below).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cases of gastrointestinal illnesses reported (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31) Describe the selected characteristics, if possible.

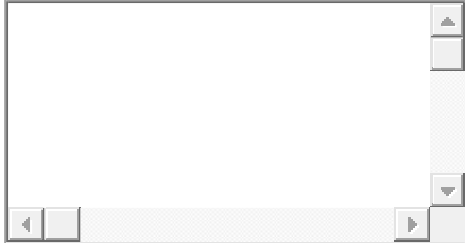
Describe violations or enforcement actions.

An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

Describe the industrial contaminants present.

An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

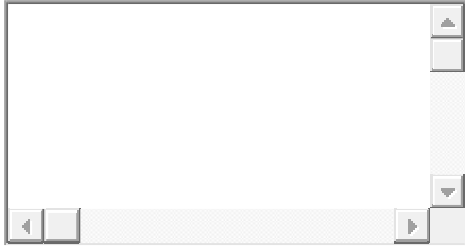
Describe the public health concerns.

An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

Describe the cases of gastrointestinal illnesses reported.

An empty rectangular text box with a light gray background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

Describe "other" characteristics.



32) Is there any additional information that is important to know?



Informed Consent Digital Signature

INDIANA UNIVERSITY INFORMED CONSENT STATEMENT FOR RESEARCH

STUDY NAME: A Rapid Community Assessment: Connecting Health and Water, Wastewater, and Stormwater Needs

LEAD RESEARCHERS: Sarah Hudson, Indiana Finance Authority, and Dr. Michelle Del Rio, Assistant Professor of the Department of Environmental and Occupational Health at Indiana University Bloomington School of Public Health.

ABOUT THIS RESEARCH You are being asked to take part voluntarily in a research study on the water, wastewater, and stormwater needs in the state of Indiana. This study is being conducted by Indiana Finance Authority and Indiana University in Bloomington. Your decision to not participate will not result in any penalty or loss of benefits to which you are entitled and will not affect your relationship with Indiana Finance Authority and Indiana University. Please read this form, and ask any questions you may have, before agreeing to be in the study.

WHY IS THIS STUDY BEING DONE? The purpose of this study is to attempt to quantify the areas with water, wastewater, and stormwater needs in the 92 counties of Indiana. The information generated from this study will deliver insights into the infrastructure needs and inform funding decisions of the Indiana Finance Authority. We are inviting environmental health specialists in local health departments and other key informants knowledgeable about water, wastewater, and stormwater needs to answer a brief online survey, and have a follow-up conversation over the phone. If you agree to participate, you will be one of the 92 environmental health specialists or key informants to take part in this study.

WHAT WILL HAPPEN DURING THE STUDY? If you agree to be in the study, proceed with completing the online survey. The survey takes about 10-15 minutes to complete. After completing the survey, a research team member may contact you to clarify your survey responses with a 10–15-minute follow-up phone call and/or invite you to participate in a 30-minute phone call interview to discuss more in-depth area needs. With your consent, the research team member will audio record the interview.

HOW WILL MY INFORMATION BE PROTECTED? Your participation in this study and survey answers will only be seen by you and authorized members of our research team. Audio recordings from interviews will be kept in a secured electronic database, accessible only to trained and authorized research personnel. No information which could identify you will be shared in publications about this study. Information collected for this study may be used for future research studies or shared with other researchers for research. In this case, information that could identify you will be removed. Since identifying information will be removed, we will not ask for additional consent. Your information and results will be kept in a secured electronic database, accessible only to trained and authorized research team members. In the case of an information breach, we will comply with measures required by Indiana University to manage the data breach.

WHAT ARE THE RISKS OF TAKING PART IN THE STUDY? We do not anticipate that our survey questions and follow-up phone conversations will make you feel discomfort as our intent is to collect information that will identify areas with water, wastewater, and stormwater infrastructure needs. In the case you do feel there is a problem, please report them to the researcher immediately.

WHO SHOULD I CALL WITH QUESTIONS OR PROBLEMS? For questions regarding the survey, contact the Indiana Finance Authority, at WaterResources@ifa.in.gov. For questions about the study, contact the lead researcher, Dr. Michelle Del Rio, at midelrio@iu.edu. For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Subjects Office at 800-696-2949 or at irb@iu.edu.

CAN I WITHDRAW FROM THE STUDY? If you decide to participate in this study, you can change your mind and decide to leave the study at any time in the future. If you decide to withdraw, you may reach out to the research team, with the contact information above, indicating you no longer wish to be a participant in the study or that you no longer wish to allow the results of your sample to be used in the study.

33) Please indicate that you have read the above information.*

I have read the above information

34) Please sign to confirm your participation in this voluntary survey.

I know I can contact the study staff to review this information and answer any questions before choosing to participate in this study. To contact the study staff email midelrio@iu.edu. I know that being in this study is voluntary, and I choose to be in this study. I know I can stop being in this study without penalty. I have access to a copy of this informed consent document to keep for my records and can get information on the results of the study later if I wish. By signing this form, I agree to take part in this study.

_____ (signature)

Thank You!

Thank you for completing this survey. An email confirmation will be sent, along with a copy of your responses. If you have questions, please contact: WaterResources@ifa.in.gov
