## 3.5 Code Sheet Page Summary Tables

3.5.1 Introduction These tables relate the question numbers, for each form, with the page and index numbers in the data base.

To use the code sheets, employ the following steps:

- 1) Locate the question on the appropriate questionnaire form type.
- 2) Note the question type for any translation requests.
- 3) Use the question number to locate it on the table for the appropriate form type.
- 4) Record form type, code sheet page number and index number for entry into tally command. Also, note any special format which is used.

#### Notes:

- 1) Dates are recorded month#day#year, as three parts. Month is in numbers and year is only the last two digits.
- 2) Special formats are described in the keypuncher's manual in the section titled "Special Cases" (Section 3.1.5).
- 3) Some summary tables are missing, see Introduction to Annotated Questionnaires for explanation.
- 4) To locate description of access number, see Section 3.3.7.1, WIERD, 99, NR and Binary Tally Format.

# 3.5.2 Forms A3 and A5 (Differences are noted and

## A4 follows this format.)

| Index<br>Number | Question<br>Number | Description           | Notes on Questions ,<br>with Special Format                         |
|-----------------|--------------------|-----------------------|---------------------------------------------------------------------|
| Page 1          |                    |                       | - Special Format                                                    |
| 1               |                    | Respondent No.        | Part 1 is Addendum form type. Part 2 is Addendum respondent number. |
| 2               |                    | Date distributed.     |                                                                     |
| 3               |                    | Site distributed.     |                                                                     |
| 4               |                    | Site category.        |                                                                     |
| 5               |                    | Method of distribut   | ion.                                                                |
| 6               |                    | Date filled.          |                                                                     |
| 7               |                    | Date received.        |                                                                     |
| 8               |                    | Site location.        |                                                                     |
| Page 2          |                    |                       |                                                                     |
| 2               |                    | Grid designation      | (never entered.)                                                    |
| 3               |                    | Age.                  |                                                                     |
| 4               |                    | Sex.                  |                                                                     |
| 5               |                    | Marital status.       |                                                                     |
| 6 1             |                    | # of people.          |                                                                     |
| 7 2             |                    | Family.               |                                                                     |
| 8 4             |                    | Primary destination.  |                                                                     |
| 9 5             |                    | How long here?        |                                                                     |
| 10 6            |                    | Where do you stay?    |                                                                     |
| 11 7            |                    | Primary Activities?   |                                                                     |
| 12 8            |                    | How long coming here? | In Form A5, if response                                             |
|                 |                    |                       | is 1 or 2 put 1; (2 means number of years, and put 'yr.' also.      |

| Index<br>Number |           | uestion<br>umber | Desription                         | Special R                     |
|-----------------|-----------|------------------|------------------------------------|-------------------------------|
| Page 3          |           |                  |                                    | Special Formats               |
| 2               | 3         |                  | Head of household<br>Respondent 1. | SPF1 (Special Purpose Form 1) |
| 3               | 3         |                  | Respondent 2.                      | FOIM I)                       |
| 4               | 3         |                  | Respondent 3, and so on.           |                               |
| Page 4          |           |                  |                                    |                               |
| 2               | 9         |                  | Will you return?                   |                               |
| 3               | 10        |                  | Positive attributes.               |                               |
| 4               | 11        |                  | Annoying aspects.                  |                               |
| 5               | 12        |                  | Ever been turned away?             |                               |
| 6               | 13        |                  | Area quality.                      |                               |
| 7               | 13        |                  | Water quality.                     |                               |
| 8               | 14        |                  | Importance of water.               |                               |
| Page 5          |           |                  |                                    |                               |
| 2               | 15        |                  | Permanent residence.               |                               |
| 3               | 16        |                  | Occupation.                        |                               |
| 4               | 17        |                  | Spend per day.                     |                               |
| :               | <u>A3</u> | <u>A5</u>        |                                    |                               |
| 5 .             | 18        | 18a              | Did you swim?                      |                               |
| 6               | 19        | 18b              | If not, why?                       |                               |
| 7               | 20        | 19               | Has lake water affected you        | ır recr.?                     |
| 8               | 21        | 20               | Object to anything about la        | •                             |
| 9               |           | 21               | 0-11                               | question 21 on Form A3.       |

## 3.5.3 Form A4

| Index<br>Number | Question<br>Number | Description             | Notes on Questions<br>with Special Format            |
|-----------------|--------------------|-------------------------|------------------------------------------------------|
| Page l          |                    |                         |                                                      |
| 2               | <del></del>        | Date distributed.       |                                                      |
| 3               |                    | Site distributed.       |                                                      |
| 4               |                    | Site category.          |                                                      |
| 5               |                    | Method of distribution. |                                                      |
| 6               |                    | Date filled.            |                                                      |
| 7               |                    | Date received.          |                                                      |
| 8               | <del></del>        | Site location.          |                                                      |
| Page 2          |                    |                         |                                                      |
| 2               | <del></del>        | Grid designation.       | Never entered.                                       |
| 3               | <del></del>        | Age.                    |                                                      |
| 4               |                    | Sex.                    |                                                      |
| 5               | <del></del>        | Marital status.         |                                                      |
| 6               | 1                  | # people.               |                                                      |
| 7               | 2                  | Family.                 |                                                      |
| 8               | 4                  | Prim. destination.      |                                                      |
| 9               | 5                  | How long here?          | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ |
| 10              | 6                  | Where do you stay?      |                                                      |
| 11              | 8                  | How long coming here?   |                                                      |
| 11              | 8                  | 1st time here.          | Use CK. for checkmark.                               |
| 12              | 8                  | # year coming here.     | If put years, then use suffix 'yr'.                  |
| 13              | 9                  | Will you return?        |                                                      |

|         | Index<br>Number | Question<br>Number | Description               | Special               |
|---------|-----------------|--------------------|---------------------------|-----------------------|
|         | Page 3          |                    |                           | Special Formats       |
|         | 2,3             | 3                  |                           | CDT                   |
|         | Page 4          |                    |                           | SPF1                  |
|         | 2               | 1                  | Primary activities.       |                       |
|         | 3               | 10                 | Positive attributes.      |                       |
|         | 4               | 11                 | Annoying aspects of are   | a                     |
| •       | 5               | 12                 | Ever been turned away?    |                       |
|         | 6               | 13a                | Area quality.             |                       |
|         | 7               | 13b                | Water quality.            |                       |
| ·<br>*, | 8               | 14                 | Importance of water.      |                       |
| •       | Page 5          |                    |                           |                       |
|         | 2               | 15                 | Permanent residence.      | SPF2                  |
|         | 3               | 16                 | Occupation.               | If present, spouse's  |
|         | 4               | 17                 | Spend per day.            | occupation is Part 2. |
|         | . 5             | 18                 | Did you swim?             |                       |
|         | 6               | 19                 | If not, why?              |                       |
|         | 7.              | 20                 | Has lake water affected y | our recr.?            |
|         | 8               | 21                 | Objection to anything     |                       |
|         |                 |                    | about lake water?         |                       |
|         |                 |                    |                           |                       |

## 3.5.4 Form A7

| Index<br>Number | Question<br>Number | Description             | Notes on Questions with Special Format                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------|--------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Page 1          |                    |                         | "Ten opecial Format                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2               |                    | Date distributed.       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ·               |                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3               |                    | Site distributed.       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4               |                    | Site category.          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5               |                    | Method of distribution. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6               |                    | Date filled.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7               |                    | Date received.          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8               |                    | Site location.          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Page 2          |                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2               |                    | Grid designation        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                 |                    |                         | Never entered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3               |                    | Age.                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4               |                    | Sex.                    | The state of the s |
| 5               |                    | Marital status.         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6               | 1                  | Number of people.       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7               | 2                  | Family                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8               | 4                  | Primary. destination?   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9               | 5                  | How long here?          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10              | 6                  | Where do you stay?      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                 | 7                  | (How long coming here?) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11              |                    | 1st time here.          | Use CK. for checkmark.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                 |                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1.2             |                    | # of times/year.        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 13              |                    | # of years coming here. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14              | 8                  | Will you return?        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Index<br>Number | Question<br>Number | Description Special Formats                                  |
|-----------------|--------------------|--------------------------------------------------------------|
| Page 3          |                    | Decial Formats                                               |
| 1               | 3                  | Head of house                                                |
|                 |                    | Respondent 1. SPF1                                           |
| 2 ,             | 3                  | Respondent 2 Up to 12 people.                                |
| 3               | 3                  | Respondent 3, and so on.                                     |
| Page 4          |                    |                                                              |
| 2               | 9                  | Primary activities.                                          |
| 3               | 10                 | Positive attributes of area.                                 |
| 4               | 11                 | Annoying aspects of area.                                    |
| 5               | 12a                | Ever been turned away?                                       |
| 6               | 12b                | If turn away, were you able to find suitable accommodations? |
| 7               | 13a                | Area quality.                                                |
|                 | 13b                | Water quality.                                               |
| 9               | 14a                | Area quality changes.                                        |
| 10              | 14b                | Water quality changes.                                       |
| 11              | 15                 | Importance of water.                                         |
| Page 5          |                    |                                                              |
| 2               | 16                 | Permanent Residence.                                         |
| 3               | 17                 | Occupation. If present, spouse's                             |
|                 |                    | occupation is part 2.                                        |
| 4               | 18                 | Spend per day.                                               |
| 5               | 19a                | Did you swim?                                                |
| 6               | 19b                | If not, why?                                                 |
| 7               | 20                 | Has lake water affected your recreating here?                |

| Index.<br>Number | Question<br>Number | Description Special Formats                                                       |
|------------------|--------------------|-----------------------------------------------------------------------------------|
| . 8              | 21                 | Object to anything about lake water?                                              |
| 9                | 22                 | Family income.                                                                    |
| 10               | 23                 | Years of schooling.                                                               |
| Page 6           |                    |                                                                                   |
| 2                | 24a                | Names of associations or agencies which could or do protect the lake environment. |
| 3                | 24b                | Are you a member?                                                                 |
| 4                | 25                 | Did you participate in this survey last year?                                     |

3.5.5 Form B2

| Index<br>Number |    | Question<br>Number | Description                | Notes on Questions  |
|-----------------|----|--------------------|----------------------------|---------------------|
| Page 1          |    |                    |                            | with Special Format |
| 2               |    |                    | Date distributed.          |                     |
| 3               | •  |                    | Site distributed.          |                     |
| 4               |    |                    | Method of distribution.    |                     |
| 5               |    |                    | Date filled.               |                     |
| 6               |    |                    | Date received.             |                     |
| 7               |    |                    | Site location.             |                     |
| Page 2          |    |                    |                            |                     |
| 2               |    |                    | Site category.             | Never entered.      |
| <b>.</b> 3      |    |                    | Type of residence.         |                     |
| 4               |    |                    | Age.                       |                     |
| 5               |    |                    | Sex.                       |                     |
| 6               |    |                    | Marital status.            |                     |
| 7               | 1  |                    | Own residence?             |                     |
| 8               | 2  |                    | Permanent residence.       | SPF2.               |
| 9               | 3  |                    | # of rooms.                |                     |
| 10              | 4  |                    | # of people.               |                     |
| Page 3          |    |                    |                            |                     |
| 2               | 5  |                    | Type of sewage disposal s  | ystem.              |
| 3               | 6  |                    | Water supply.              |                     |
| 4               | 7  |                    | Water treatment.           |                     |
| 5               | 8  |                    | Intake pipe length increa  | sed?                |
| 6               | 9  |                    | Do you have a beach area?  |                     |
| 7 :             | 10 |                    | How many feet of shoreling | a? -                |

| Index<br>Number | Index<br>Number | Description Special Formats                           |
|-----------------|-----------------|-------------------------------------------------------|
| 8               | 11              | Docking facilities.                                   |
| 9               | 12              | Do you have powerboats?                               |
| Page 4          |                 |                                                       |
| 2               | 13              | Distance of your facility to shoreline?               |
| 3               | 14              | Are you the original owner?                           |
| 5               | 16              | Total purchase price.                                 |
| 6               | 17              | # of times bought & sold.                             |
| 7               | 18              | Water quality.                                        |
| <br>8           | 19              | Importance of lake water.                             |
| 9               | 20              | Has lake water affected your recreating here?         |
| 10              | 21 ·            | Objections about lake water?                          |
| Page 5          |                 | <del></del>                                           |
| 2               | 22              | Primary activities.                                   |
| 3               | 23              | Positive attributes.                                  |
| 4               | 24              | Annoying aspects.                                     |
| 5               | 27              | Occupation If present, spouse's occupation is part 2. |
| 6               | 28              | \$ spend/week.                                        |
| Page 6          |                 |                                                       |
| 2               | 25              | Family income.                                        |
| 3               | 26              | Years of schooling.                                   |

## 3.5.6 Forms B3 & B4

| Index<br>Number | Question<br>Number | Description                    | Notes on Questions with Special Format                                |
|-----------------|--------------------|--------------------------------|-----------------------------------------------------------------------|
|                 |                    | Addendum Respondent<br>Number. | Part 1 for Addendum form type. Part 2 for Addendum respondent number. |
| 2               |                    | Date distributed.              |                                                                       |
| 3               |                    | Site distributed.              |                                                                       |
| 4               |                    | Method of distribution.        |                                                                       |
| 5               |                    | Date filled.                   |                                                                       |
| 6               |                    | Date received.                 |                                                                       |
| 7               |                    | Site location.                 |                                                                       |
| Page 2          |                    |                                |                                                                       |
| 2 .             |                    | Site category.                 |                                                                       |
| 3               |                    | Type of residence              |                                                                       |
| 4               |                    | _Age                           |                                                                       |
| 5               |                    | Sex.                           |                                                                       |
| 6               |                    | Marital status.                |                                                                       |
| 7               | 1                  | Own residence?                 |                                                                       |
| 8               | 2                  | Permanent residence.           | SPF2.                                                                 |
| 9               | 3                  | # of rooms.                    |                                                                       |
| 10              | 4                  | # of people.                   |                                                                       |
| Page 3          |                    |                                |                                                                       |
| 2               | 3                  | Type of sewage disposal        | system.                                                               |
| 3               | 6                  | Water supply.                  |                                                                       |
| 4               | 7                  | Water treatment.               |                                                                       |
| 5               | 8a                 | Intake pipe length incre       | eased?                                                                |
| 6               | d8                 | How many feet?                 | Not on B3.                                                            |

| Index<br>Number     | Question<br>Number  | Description Special Formats                                                                             |
|---------------------|---------------------|---------------------------------------------------------------------------------------------------------|
| <u>B3</u> <u>B4</u> |                     |                                                                                                         |
| 6 7                 | 9                   | Beach area shorelength (feet).                                                                          |
| 7 8                 | 10                  | Docking facilities.                                                                                     |
| 8 9                 | 11                  | If you have powerboats then what is the length/H.P./type of engine? SPF3                                |
| Page 4              |                     |                                                                                                         |
| 2                   | 12                  | Distance of your facility to shoreline?  Feet, where there is no abbreviation. For miles, put 'M' also. |
|                     | 13                  | Original owner?                                                                                         |
| 3<br>4              | 14                  | When become owner?                                                                                      |
| 5                   | 15                  | Total purchase price.                                                                                   |
| 6                   | 16                  | # of times bought & sold.                                                                               |
| .7                  | 17a                 | Area quality.                                                                                           |
| 8                   | 17b                 | Water quality.                                                                                          |
|                     | <u>B3</u> <u>B4</u> |                                                                                                         |
| 9                   | 18                  | Importance of lake water. Not on B3                                                                     |
| 10                  | 18 19               | Has lake water affected your recreating here?                                                           |
| 11                  | 19 20               | Objections about lake water?                                                                            |
| Page 5              |                     |                                                                                                         |
| 2                   | 20 21               | Primary activities.                                                                                     |
| 3                   | 21 22               | Positive attributes.                                                                                    |
| 4                   | 22 23               | Annoying aspects of area.                                                                               |
| <u>B3</u> <u>B4</u> | ·                   |                                                                                                         |
| 5                   | 24                  | Do you use fertilizers? Not on B3.                                                                      |

| Inde<br>Numb |           | Que:      | stion<br>per |   | Description Sp          | ecial Formats                     |
|--------------|-----------|-----------|--------------|---|-------------------------|-----------------------------------|
| <u>B3</u>    | <u>B4</u> | <u>B3</u> | <u>B4</u>    |   |                         |                                   |
|              | 6         |           | 24           |   | How much and what kind? | Not on B3.                        |
| 5            | 7.        | 23        | 25           | : | Occupation.             | For spouse's occupation, use EOP. |
| 6            | 8         | 24        | 26           |   | Spend per week.         |                                   |
| Page         | <u>6</u>  |           |              |   |                         | Page 6 only for B4.               |
| 4 - 1        | 2         |           | 27           |   | Family income. No       | et on B3.                         |

## 3.5.7 Form B5

|   | Index Question Number Number | Description              | Notes on Questions with Special Format |
|---|------------------------------|--------------------------|----------------------------------------|
|   | Page 1                       |                          |                                        |
|   | 2                            | Date distributed.        |                                        |
|   | 3                            | Site distributed.        |                                        |
|   | 4                            | Method of distribution.  |                                        |
|   | 5                            | Date filled.             |                                        |
|   | 6                            | Date received.           |                                        |
|   | 7                            | Site location.           |                                        |
| - | Page 2                       |                          |                                        |
|   | 1, <b>2</b>                  | Site Category.           |                                        |
|   | 3                            | Type of residence.       |                                        |
|   | 4                            | Age.                     |                                        |
|   | 5                            | Sex.                     |                                        |
|   | 6                            | Marital status.          |                                        |
|   | 7 1                          | Own residence?           |                                        |
|   | 8 2                          | Permanent residence.     | SPF2                                   |
|   | 9 3                          | # of rooms.              |                                        |
|   | 10 4                         | # of people.             |                                        |
|   | Page 3                       |                          |                                        |
|   | 3,4 5                        |                          | SPF1 (See A7 -3)                       |
|   | Page 4                       |                          |                                        |
|   | 6                            | How long coming here?    |                                        |
|   | 2                            | First time here.         | Use CK. for checkmark.                 |
|   | 3                            | <pre># times/year.</pre> |                                        |
|   | 4                            | # years coming here.     |                                        |

|   | Index  | Question |                                                               |
|---|--------|----------|---------------------------------------------------------------|
|   | Number | Number   | Description Special Formats                                   |
|   | 5      | 7        | Type of sewage disposal system.                               |
|   | 6      | 8        | Water supply.                                                 |
|   | 7      | 9        | Water treatment.                                              |
|   | 8      | 10a      | Intake pipe length increased?                                 |
|   | 9      | 10b      | How many feet?                                                |
|   | 10     | 11       | Beach area shore length (ft.).                                |
| • | 11     | 12       | Docking facilities.                                           |
|   | 12     | 13a      | If you have powerboats, What is L./HP./Engine type? SPF3.     |
|   | 13     | 13b      | If non-power boats, then what kind & how many? SPF5.          |
|   | Page 5 |          |                                                               |
|   | 2      | 14       | Distance of your facility to  shoreline. For feet there is    |
|   | •      |          | shoreline. For feet there is no suffix, but for miles, use M. |
|   | 3      | 15       | Are you the original owner?                                   |
|   | 4      | 16       | # times bought & sold.                                        |
|   | 5      | 17       | Date built.                                                   |
|   | 6      |          | Date purchased.                                               |
|   | 7      |          | Purchased price.                                              |
|   | 8      | 18       | Primary activities.                                           |
|   | 9      | 19       | Positive attributes.                                          |
|   | 10     | 20       | Annoying aspects.                                             |
|   | Page 6 |          |                                                               |
|   | 2      | 21a      | Have you ever been turned away?                               |
|   | 3      | 21b      | Did you find suitable accommodations?                         |

|              | Index                 | Question                    |                                                                                             |        |
|--------------|-----------------------|-----------------------------|---------------------------------------------------------------------------------------------|--------|
| •            | Number (              | Number                      | Description Special Formats                                                                 |        |
|              | 4                     | 22a                         | Area Quality.                                                                               |        |
|              | 5                     | 22b                         | Water quality.                                                                              |        |
|              | 6                     | 23a                         | Area quality changes.                                                                       |        |
|              | 7                     | 23b                         | Water quality changes.                                                                      |        |
|              | 8                     | 24                          | Importance of lake water?                                                                   |        |
|              | 9                     | 25a                         | Did you swim?                                                                               |        |
| <u>.</u>     | 10                    | 25b                         | If not, then why?                                                                           |        |
|              | 11.                   | 26                          | Has lake water affected your recreation?                                                    |        |
| <del>*</del> | 12                    | 27                          | Objections about lake water.                                                                |        |
|              | Page 7                |                             |                                                                                             |        |
|              |                       |                             |                                                                                             |        |
|              | 2                     | 28a                         | Do you use fertilizers, pesticides,                                                         |        |
|              | 2                     |                             | or chemicals?                                                                               |        |
|              | 3                     | 28a<br>28b                  |                                                                                             |        |
|              |                       |                             | Occupation. Spouse's occu                                                                   | pation |
|              | 3                     | 28b                         | Or chemicals?  How much and what kind?                                                      | pation |
|              | 3                     | 28b<br>29                   | Occupation.  Spouse's occupate is part 2.                                                   | pation |
|              | 3<br>4<br>5           | 28b<br>29<br>30             | Occupation.  Spouse's occupate is part 2.  Spend per week?                                  | pation |
|              | 3<br>4<br>5<br>6      | 28b<br>29<br>30<br>31       | Occupation.  Spouse's occupis part 2.  Spend per week?  Family income.                      | pation |
|              | 3<br>4<br>5<br>6<br>7 | 28b<br>29<br>30<br>31       | Occupation.  Spouse's occupis part 2.  Spend per week?  Family income.                      |        |
|              | 3 4 5 6 7 Page 8      | 28b<br>29<br>30<br>31<br>32 | Occupation.  Spouse's occu is part 2.  Spend per week?  Family income.  Years of schooling. |        |

## 3.5.8 Form C4

| Page 1  Date distributed.  Site distributed.              | ecial Format                 |
|-----------------------------------------------------------|------------------------------|
| Date distributed.                                         |                              |
| 3 Site distributed.                                       |                              |
|                                                           |                              |
| 4 Method of destribution.                                 |                              |
| 5 Date received.                                          |                              |
| 6 Site location.                                          |                              |
| 7 Site category.                                          |                              |
| Page 2                                                    |                              |
| 2 1 Type of facility. SPF2                                |                              |
| Permanent residence.                                      |                              |
| 4 3 Total number of rooms, and types of rooms as follows: |                              |
| 5 Single rooms.                                           | ent de galen y (m. 1. galen) |
| 6 Double rooms.                                           |                              |
| 7 Triple rooms.                                           |                              |
| 8 Housekeeping cottages.                                  |                              |
| 9 4 Do you provide meals?                                 |                              |
| 10 5 Size of pool?                                        |                              |
| 11 6 Beach area short length?                             |                              |
| Page 3                                                    |                              |
| 2 7 Docking facilities.                                   |                              |
| 3 8 Rent boats?                                           |                              |
|                                                           | there is no out for miles,   |

|   | Index<br>Number | Question<br>Number | Description Special Formats                    |
|---|-----------------|--------------------|------------------------------------------------|
|   | 5               | 10                 | Type of disposal system.                       |
|   | 6               | 11                 | Water supply.                                  |
|   | 7               | 12                 | Water treatment.                               |
|   | 8               | 13a                | Intake pipe length increased?                  |
|   | 9.              | 13b                | How many feet?                                 |
|   | •               | 14                 | (Percentage rooms used, by season as follows:) |
|   | 10              |                    | Summer                                         |
|   | 11              |                    | Fall.                                          |
|   | 12              |                    | Winter.                                        |
|   | 13              |                    | Spring.                                        |
|   | Page 4          |                    |                                                |
|   | . 2             | 15                 | Are you the original owner?                    |
|   | 3               | 16a                | Date purchased.                                |
| • | 4               | 16b                | Total purchase price.                          |
|   | 5               | 17                 | # of times bought & sold.                      |
|   | 6               | 18                 | Importance of lake water to business.          |
|   |                 | 19                 | %business attracted by the following:          |
|   | 7               |                    | Area quality.                                  |
|   | 8               |                    | Water quality.                                 |
|   | 9               | 20                 | Objections about lake water?                   |
|   | 10              | 21                 | How often has water quality affected business? |
| • | 11              | 22a                | Area quality.                                  |
|   | 12              | 22b                | Water quality.                                 |

| Index<br>Number | Question<br>Number | <u>Description</u>       | Special Formats                     |
|-----------------|--------------------|--------------------------|-------------------------------------|
| Page 5          |                    |                          |                                     |
| 2               | 23                 | Positive attributes.     |                                     |
| 3               | 24                 | Annoying aspects of area | 3.                                  |
|                 | 25                 | # of people employed.    |                                     |
| 4               |                    | Full time.               |                                     |
| 5               |                    | Part time.               |                                     |
|                 | 26                 | (Room rates).            | Different rates are separate parts. |
| 6               |                    | Single.                  |                                     |
| 7.              |                    | Double.                  |                                     |
| 8               |                    | Cottage.                 |                                     |
| 9               | 27                 | Annual gross receipts.   |                                     |

#### 3.5.9 Form D4

|                                       | Index<br>Number | Question<br>Number | Description                                     | Notes of Questions with Special Format     |
|---------------------------------------|-----------------|--------------------|-------------------------------------------------|--------------------------------------------|
|                                       | Page l          |                    |                                                 | •                                          |
|                                       | 2               |                    | Date distributed.                               |                                            |
|                                       | 3 * * * * *     |                    | Site distributed.                               |                                            |
|                                       | 4               |                    | Method of distribution.                         |                                            |
|                                       | 5               |                    | Date filled.                                    |                                            |
|                                       | 6               |                    | Date received.                                  |                                            |
|                                       | 7               |                    | Site location.                                  |                                            |
|                                       | 8               |                    | Site category.                                  |                                            |
|                                       | Page 2          |                    |                                                 |                                            |
|                                       | 2               | 1                  | Permanent residence.                            | SPF2.                                      |
|                                       | 3               | 2                  | Type of business.                               |                                            |
|                                       | 4               | 3                  | Distance to shoreline. (feet or miles.)         | For feet there is no suffix, but for miles |
|                                       | *               |                    |                                                 | use M.                                     |
| •                                     | 5               | 4                  | Type of sewage disposal.                        |                                            |
|                                       | 6               | 5                  | Water supply.                                   |                                            |
| :                                     | 7               | 6                  | Water treatment.                                |                                            |
|                                       | 8               | 7a                 | Intake pipe length increa                       | ased.                                      |
|                                       | 9               | 7b                 | How many feet?                                  |                                            |
|                                       | Page 3          |                    |                                                 |                                            |
|                                       |                 | 8                  | (Average business volume by season as follows:) | , %,                                       |
|                                       | 2               |                    | Summer.                                         |                                            |
| •                                     | 3               |                    | Fall.                                           |                                            |
| · · · · · · · · · · · · · · · · · · · | 4               |                    | Winter.                                         |                                            |

|   | Index<br>Number | Question<br>Number | Description Special Formats                       |
|---|-----------------|--------------------|---------------------------------------------------|
|   | 5               |                    | Spring.                                           |
|   |                 | 9                  | (Amount of business due to:)                      |
|   | 6               |                    | % Summer recreationists.                          |
|   | 7               |                    | % Winter recreationists.                          |
|   | 8               | 10                 | Are you the original owner?                       |
|   | 9               | 11                 | Date purchased.                                   |
|   | 10              | 11                 | Total purchase price.                             |
|   | 11              | 12                 | # times bought & sold.                            |
|   | 12              | 13                 | Importance of lake water to business.             |
|   |                 | 14                 | % of business attracted by each of the following: |
|   | 13              |                    | Area quality.                                     |
|   | 14              |                    | Water quality.                                    |
|   | 15              | 15                 | Objections about lake water.                      |
|   | Page 4          |                    |                                                   |
|   | 2               | 16                 | How often has water quality affected business?    |
|   | 3               | 17a                | Area quality.                                     |
|   | 4               | 17b                | Water quality.                                    |
|   | 5               | 18                 | Positive attributes.                              |
| • | 6               | 19                 | Annoying aspects.                                 |
|   | 7               | 20a                | # of people employed part time.                   |
|   | 8               | 20b                | # of people employed full time.                   |
|   | . 9             | 21                 | Annual gross receipts.                            |
|   |                 |                    |                                                   |

#### 3.5.10 Form E4

|   | Index  | Question |                                               | Notes of Questions   |
|---|--------|----------|-----------------------------------------------|----------------------|
|   | Number | Number   | Description                                   | with Special Formats |
|   | Page 1 |          |                                               |                      |
|   | 1490 4 | •        |                                               |                      |
|   | 2      |          | Date distributed.                             |                      |
|   | 3      |          | Site distributed.                             |                      |
|   | 4      |          | Method of distribution.                       |                      |
|   | 5      |          | Date received.                                |                      |
|   | 6      |          | Site location.                                |                      |
|   | 7      |          | Site category.                                |                      |
|   | Page 2 |          |                                               |                      |
|   | 2      | 1        | Permanent residence.                          | SPF2.                |
|   | 3      | 2        | Services you provide.                         |                      |
|   | 4      | 3        | How many berths for boat                      | s?                   |
| · | 5      | 4a       | -Rental boats, how many?-                     |                      |
|   | 6      | 4b       | Boats rented times/year.                      |                      |
|   |        | 5        | (Average horsepower of t following:)          | he                   |
| * | 7      |          | Private boats.                                |                      |
|   | 8      |          | Rental boats.                                 |                      |
|   |        | 6        | (% of outboard engines o the following:)      | <b>n</b>             |
|   | 9      |          | Private boats.                                |                      |
| : | 10     |          | Rental boats.                                 |                      |
|   | Page 3 |          |                                               |                      |
|   |        | 7        | <pre>(# of people employed as follows:)</pre> |                      |
| • | 2      |          | Full time.                                    |                      |
|   | 3      |          | Part time                                     |                      |
|   |        |          |                                               | •                    |

|   | Index<br>Number | Question<br>Number | Description                                              | Charial Harman                                                                                                                                                                                                                 |
|---|-----------------|--------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| · | TIGUESET        | HUMBEL             | Describeron.                                             | Special Formats                                                                                                                                                                                                                |
|   |                 | 8                  | (Average business volume by season as follows:)          | tana di Kabupatèn K<br>Kabupatèn Kabupatèn |
|   |                 |                    |                                                          |                                                                                                                                                                                                                                |
|   | 4               |                    | Summer.                                                  |                                                                                                                                                                                                                                |
|   | 5               |                    | Fall.                                                    |                                                                                                                                                                                                                                |
|   | 6               |                    | Winter.                                                  |                                                                                                                                                                                                                                |
|   | 7               |                    | Spring.                                                  |                                                                                                                                                                                                                                |
|   |                 | 9                  | (Business % attracted by the following:)                 |                                                                                                                                                                                                                                |
|   | 8               |                    | Summer recreationists.                                   |                                                                                                                                                                                                                                |
|   | 9               |                    | Winter recreationists.                                   |                                                                                                                                                                                                                                |
|   | 10              | 10                 | Distance of facility to shoreline (feet or miles)        | - For feet there is no                                                                                                                                                                                                         |
|   |                 |                    |                                                          | suffix, but for miles use M.                                                                                                                                                                                                   |
|   |                 | 11                 | (Gallons of gasoline and oil sold by season as follows:) |                                                                                                                                                                                                                                |
|   | 11              |                    | Summer.                                                  |                                                                                                                                                                                                                                |
|   | 12              |                    | Fall.                                                    |                                                                                                                                                                                                                                |
|   | 13              |                    | Winter.                                                  |                                                                                                                                                                                                                                |
|   | 14              |                    | Spring.                                                  |                                                                                                                                                                                                                                |
|   | 15              |                    | Annual.                                                  |                                                                                                                                                                                                                                |
|   | 16              | 12                 | # of boats pumped out/year                               | r <b>.</b>                                                                                                                                                                                                                     |
|   | Page 4          |                    |                                                          |                                                                                                                                                                                                                                |
|   | 2               | 13                 | Type of sewage disposal s                                | ystem?                                                                                                                                                                                                                         |
|   | 3               | 14                 | Water supply.                                            |                                                                                                                                                                                                                                |
|   | 4               | 15                 | Water treatment.                                         |                                                                                                                                                                                                                                |
| • | 5               | 16                 | Intake pipe length increa                                | sed?                                                                                                                                                                                                                           |
|   | 6               | 17                 | How many feet?                                           |                                                                                                                                                                                                                                |
| • |                 |                    |                                                          | •                                                                                                                                                                                                                              |

|   |   | Index  | Question |                                             |
|---|---|--------|----------|---------------------------------------------|
|   |   | Number | Number   | Description Special Formats                 |
|   | • | 7      | 18a      | Date purchased.                             |
|   |   | 8      | 18b      | Total purchase price.                       |
|   |   | 9      | 19       | # times bought & sold.                      |
|   |   | 10     | 20       | Importance of lake water.                   |
|   |   |        | 21       | (% of business attracted by the following:) |
| • |   | 11     |          | Area quality.                               |
|   |   | 12     |          | Water quality.                              |
|   |   | Page 5 |          |                                             |
|   |   | 2      | 22       | Objections about lake water.                |
|   |   | 3      | 23       | How often has water affected business (%)?  |
|   |   | 4      | 24a      | Area quality.                               |
|   | - | 5      | 24b      | Water quality.                              |
|   | • | 6      | 25       | Positive attributes.                        |
|   |   | 7      | 26       | Annoying aspects of area.                   |
|   |   | 8      | 27       |                                             |
|   |   |        | 27       | Annual gross receipts.                      |

3.5.11 Form F2

| Index<br>Number        | Question<br>Number | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Notes on Questions with Special Format |
|------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Page 1                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |
| 2                      |                    | Date distributed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |
| 3                      |                    | Site distributed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |
| 4                      |                    | Site category.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |
| 5                      |                    | Method of distribution.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |
| 6                      |                    | Date filled.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |
| 7                      |                    | Date received.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |
| 8                      |                    | Site location.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |
| Page 2                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |
| 2                      |                    | Grid designation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Never entered.                         |
| 3                      |                    | Age.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |
| 4                      |                    | Sex.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |
|                        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |
| 5                      |                    | Marital status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |
| 5                      | 1                  | Marital status. # of people.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |
|                        | 1                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |
| 6                      |                    | # of people.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |
| 6<br>7                 | 2                  | <pre># of people. Family.</pre>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |
| 6<br>7<br>8            | 2                  | <pre># of people. Family. Primary activities.</pre>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |
| 6<br>7<br>8<br>9       | 2<br>3<br>4        | <pre># of people. Family. Primary activities. Shore or boat. If you have powerboats, to the people of the people o</pre> |                                        |
| 6<br>7<br>8<br>9<br>10 | 2<br>3<br>4<br>5   | <pre># of people. Family. Primary activities. Shore or boat. If you have powerboats, tlength/H.P./type of engine</pre>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |
| 6<br>7<br>8<br>9<br>10 | 2<br>3<br>4<br>5   | <pre># of people. Family. Primary activities. Shore or boat. If you have powerboats, tlength/H.P./type of engin Primary destination.</pre>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |

| Index       | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |                     |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Number      | Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Description                                                                                                                  | Special Formats     |
| Page 3      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                     |
| 2           | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Why fish here?                                                                                                               |                     |
| 3           | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Type of fisherman (serio                                                                                                     | us or casual)       |
|             | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (How much do you fish here?)                                                                                                 |                     |
| 4           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lst time here.                                                                                                               |                     |
| 5           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | days/yr. fished here.                                                                                                        |                     |
| 6           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | hrs/day fished here.                                                                                                         |                     |
| 7           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | no. yrs. fished here.                                                                                                        |                     |
| 8           | 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | What did you fish for th                                                                                                     | is year?            |
| 9           | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Intend to eat fish?                                                                                                          |                     |
| - 10        | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | If no, then why?                                                                                                             |                     |
|             | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (What did you catch?)                                                                                                        | SPF4.               |
| 11          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Species.                                                                                                                     |                     |
| 12          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | number.                                                                                                                      |                     |
| 13          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Average size (in.)                                                                                                           |                     |
| 14          | e de la companya de l | Average weight (lbs.)                                                                                                        |                     |
| Page 4      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                     |
| . Ġ         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                     |
| 2           | 17a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Area quality.                                                                                                                |                     |
| 3           | 17a<br>17b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Area quality. Water quality.                                                                                                 |                     |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                     |
| 3           | 17b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Water quality.                                                                                                               | nt                  |
| 3           | 17b<br>18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Water quality.  Importance of lake water  Is water quality importa                                                           | nt<br>catch?        |
| 3<br>4<br>5 | 17b<br>18<br>19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Water quality.  Importance of lake water  Is water quality importato the type of fish you  # and kinds of fish relationship. | nt<br>catch?<br>ted |

| Index<br>Number | Question<br>Number | Description                  | Special Formats                            |
|-----------------|--------------------|------------------------------|--------------------------------------------|
| Page 5          |                    |                              |                                            |
| 2               | 23                 | Objections about lake water. | SPF2.                                      |
| 3               | 24                 | Permanent residence.         |                                            |
| 4               | 25                 | Family income.               |                                            |
| 5               | 26                 | Occupation.                  | If present, spouse's occupation is part 2. |
| 6               | 27                 | Spend per day.               |                                            |

## 3.5.12 Form F3

|   | Index<br>Number | Question<br>Number | <u>Description</u>      | Notes on Questions     |
|---|-----------------|--------------------|-------------------------|------------------------|
|   | Page l          |                    |                         | with Special Format    |
|   | rage I          |                    |                         |                        |
|   | 2               |                    | Date distributed.       |                        |
|   | 3               |                    | Site distributed.       |                        |
|   | 4               |                    | Site category.          |                        |
|   | 5               |                    | Method distribution.    |                        |
|   | 6               |                    | Date filled.            |                        |
|   | 7               | •                  | Date received.          |                        |
|   | 4 <b>8</b>      |                    | Site location.          |                        |
|   | Page 2          |                    |                         |                        |
|   | 2               |                    | Grid designation.       | Never entered.         |
|   | 3               |                    | Age                     |                        |
|   | 4               |                    | Sex.                    |                        |
| • | 5<br>5          |                    | Marital status.         |                        |
|   | 6               | 1                  | # people.               |                        |
|   | 7               | 2                  | With family or friends? |                        |
|   | 8               | 4                  | Primary destination?    |                        |
|   | 9               | 5                  | How long here?          |                        |
|   | 10              | 6                  | Where do you stay?      |                        |
|   |                 | 7                  | (How long coming here?) |                        |
| • | 11              |                    | 1st time here.          | Use CK. for checkmark. |
|   | 12              |                    | # times/year here.      |                        |
|   | 13              |                    | # years coming here?    |                        |
| • | 14              | 8                  | Will you return?        |                        |

| Index<br>Number | Question<br>Number | Description                                               | Special Formats    |
|-----------------|--------------------|-----------------------------------------------------------|--------------------|
| Page 3          |                    |                                                           |                    |
| 3,4             | 3                  |                                                           | SPF1 (See A7 - 3). |
| Page 4          |                    |                                                           |                    |
|                 | 9                  | How much do you fish?                                     |                    |
| 2               |                    | # days/year.                                              |                    |
| 3               |                    | # hrs/each day.                                           |                    |
| 4               | 10                 | Shore or boat fisherman?                                  |                    |
| 5               | 11                 | Why fish here?                                            |                    |
| 6               | 12                 | Type of fisherman (seriou                                 | s or casual)?      |
| 7               | 13                 | What did you fish for on this lake this year?             |                    |
| 8               | 14a                | Intend to eat fish?                                       |                    |
| 9               | 14b                | If no, then why?                                          |                    |
| •               | 15                 | (Tithent 3: 7                                             | SPF4.              |
| 10              |                    | Species.                                                  |                    |
| 11              |                    | Number.                                                   |                    |
| 12              |                    | Size (in.)                                                |                    |
| 13              |                    | Weight (lbs.)                                             |                    |
| Page 5          |                    |                                                           |                    |
| 2               | 16a                | Area quality.                                             |                    |
| 3               | 16b                | Water qulatiy.                                            |                    |
| 4               | 17a                | Area quality changes.                                     |                    |
| 5               | 17b                | Water quality changes.                                    |                    |
| 6               | 18                 | Importance of lake water.                                 |                    |
| 7               | 19                 | Is water quality important<br>the type of fish you catch: | to<br>?            |

| Index<br>Number  | Question<br>Number           | Description Sp                                                                                                                                    | ecial Formats                  |
|------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 8                | 20                           | <pre># and kinds of fish related to algae levels?</pre>                                                                                           |                                |
| 9                | 21                           | Primary activities.                                                                                                                               |                                |
| 10               | 22                           | Positive attributes.                                                                                                                              |                                |
| Page 6           |                              |                                                                                                                                                   |                                |
| 2                | 23                           | Annoying aspects of area?                                                                                                                         |                                |
| 3                | 24a                          | Ever been turned away?                                                                                                                            |                                |
| 4                | 24b                          | Have you found suitable acc                                                                                                                       | ommodations?                   |
| 5                | 25a                          | If you have powerboats, the is L./HP/engine type?                                                                                                 | n what<br>SPF3.                |
| 6                | 25b                          | If you have non-power boats what kind and how many?                                                                                               | , then SPF5.                   |
| 7                | 26                           | Permanent residence.                                                                                                                              | SPF2.                          |
|                  |                              |                                                                                                                                                   |                                |
| 8                | 27                           | Occupation.                                                                                                                                       | If present,                    |
| 8                | 27                           | Occupation.                                                                                                                                       | spouse's occupation            |
| 8 Page 7         | 27                           | Occupation.                                                                                                                                       |                                |
|                  | 27                           | Occupation.  Spend/day.                                                                                                                           | spouse's occupation            |
| Page 7           |                              |                                                                                                                                                   | spouse's occupation            |
| <u>Page 7</u>    | 28                           | Spend/day.                                                                                                                                        | spouse's occupation            |
| Page 7<br>2<br>3 | 28<br>29a                    | Spend/day. Did you swim?                                                                                                                          | spouse's occupation is part 2. |
| Page 7<br>2<br>3 | 28<br>29a<br>29b             | Spend/day.  Did you swim?  If not, why?  Has lake water quality                                                                                   | spouse's occupation is part 2. |
| Page 7 2 3 4 5   | 28<br>29a<br>29b<br>30       | Spend/day.  Did you swim?  If not, why?  Has lake water quality affected you recreating here Object to anything                                   | spouse's occupation is part 2. |
| Page 7 2 3 4 5   | 28<br>29a<br>29b<br>30       | Spend/day.  Did you swim?  If not, why?  Has lake water quality affected you recreating here Object to anything about lake water?                 | spouse's occupation is part 2. |
| Page 7 2 3 4 5   | 28<br>29a<br>29b<br>30<br>31 | Spend/day.  Did you swim?  If not, why?  Has lake water quality affected you recreating here Object to anything about lake water?  Family income. | spouse's occupation is part 2. |

| Index<br>Number | Question<br>Number | Description                                   | Special Formats |
|-----------------|--------------------|-----------------------------------------------|-----------------|
| 3               | 34b                | Are you a member?                             |                 |
| 4               | 35                 | Did you participate in this survey last year? |                 |

3.5.13 Form Gl (Cruiser and Houseboat Addendum)

|   | Index<br>Number | Question<br>Number |                                          | Notes of Questions with Special Format               |
|---|-----------------|--------------------|------------------------------------------|------------------------------------------------------|
| • | Page 1          |                    |                                          |                                                      |
|   |                 |                    | Main form respondent numb and form type. | ers Part lForm Type Part 2Respondent Number          |
|   | 2               | la                 | Boat make (manuf. brand)                 |                                                      |
|   | 3 - 1           | lb                 | Boat construction.                       |                                                      |
|   | 4               | lc                 | Boat type.                               |                                                      |
|   | 5               | ld                 | Boat length (ft.)                        |                                                      |
|   | 6               | le                 | Boat registration number.                |                                                      |
|   | 7               | lf                 | Brand name of engine.                    |                                                      |
| • | 8               | lg                 |                                          | If horse power present, it is Part 2 suffixed by HP. |
|   | 9               | 2a                 | Sanitary facilities.                     | <del></del>                                          |
|   | 10              | 2b                 | Type of waste treatment sy               | ystem.                                               |
|   | 11              | 2c                 | Tank size gal.                           |                                                      |
|   | 12              | 2đ                 | Disposal of kitchen waste                | S.                                                   |
|   | Page 2          |                    |                                          |                                                      |
|   | 2               | 2e                 | Disposal of solid wastes.                |                                                      |
|   | 3               | 2f                 | Disposal of sanitary waste               | es.                                                  |
|   | 4               | 2g                 | Pump out or dump tank (time              | mes/mo.)                                             |
| • | 5               | 3a                 | # people normally on board               | 1.                                                   |
|   | 6               | 3b                 | Sleeping accommodations (# of people.)   |                                                      |
| • | 7               | 3c                 | (Boating frequency)                      |                                                      |
|   | 7               |                    | Average days/yr. I                       | f only checked; note X.                              |

| Index Question  Number Number Description | n Special Formats                |
|-------------------------------------------|----------------------------------|
| 8 Average 1                               | nrs./day If only checked; note y |
| 9 4a Opinion on                           | zoning.                          |
| 10 4b Rating of 1                         | ouoy system.                     |
| (# of boat                                | launch sites).                   |
| 11 4c Private.                            |                                  |
| 12 4d Public.                             |                                  |

| 3.5.1 | 4 Form | G2 | (Boating | addendum) |
|-------|--------|----|----------|-----------|
|       |        |    |          |           |

| Index<br>Number | Question<br>Number | Description                                  | Notes on Questions with Special Format                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------|--------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Page 1          |                    | •                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1               |                    | Main form respondent number and form type.   | Part 1Form type.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                 |                    | named and form type.                         | Part 2Respondent Number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2               | la                 | Boat make.                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3               | lb                 | Boat construction.                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4               | lc                 | Boat type.                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5               | ld                 | Boat length (ft.)                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6               | le                 | Boat registration number                     | . SPF6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 7               | lf                 | Power source.                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8               | lg                 | Engine type.                                 | The state of the s |
| 9               | 1                  | Engine manufacture brand name.               | Never entered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 10              | lh                 | Fuel source                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11              | li                 | Horsepower rating.                           | SPF6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 12              | lj                 | Quantity of gas & oil used per year on lake. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Page 2          |                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2               | lk                 | Buy gasoline on lake?                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3               | 2a                 | Primary use for boat.                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4               | 2b                 | (How often do you boat?) # times/year.       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5               |                    | Boating days/year.                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6               |                    | # hrs per boating day.                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7               | 2c                 | # people normally on boa                     | rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 8               | 2d                 | Sleeping accommodations (# of people).       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|   | Index<br>Number | Question<br>Number | Description s                       | pecial Formats |
|---|-----------------|--------------------|-------------------------------------|----------------|
|   | 9               | 2e                 | Area of lake used most?             |                |
|   | 10              | 3a                 | Boat summer storage.                |                |
|   | 11              | 3b                 | Boat winter storage.                |                |
|   | 12              | 3c                 | Boat transport.                     |                |
|   | Page 3          |                    |                                     |                |
|   | 2               | 3đ                 | Spending for boat docking.          |                |
|   | 3               | 4a                 | # years owned boat.                 |                |
|   | 4               | 4b                 | # times cleaned boat.               |                |
|   | 5               | 4c                 | # times refinished hull?            |                |
|   | 6               | 5a                 | Zoning opinion.                     |                |
|   | 7               | 5b                 | Navigation & safety patroly rating. | 5              |
|   | 8               | -5c                | Safety patrols seen on lake         | <del>3</del> 3 |
|   | 9               | 5d                 | Opinion on buoy system.             |                |
|   | 10              | 5e                 | Opinion on limiting horsepo         | ower size.     |
|   | •               | 5                  | (Opinion on boat launching          | sites)         |
|   | 11              | 5f                 | Private.                            |                |
|   | 12              | 5f                 | Public.                             |                |
|   | Page 4          |                    |                                     |                |
|   |                 | 5g                 | (Opinion on pump-out static         | ns).           |
|   | 2               |                    | Private. Public.                    |                |
|   | 4               | 6a                 | Sanitary facilities provide         | đ?             |
| • | 5               | 6b                 | Type of waste treatment sys         |                |

| Index<br>Number | Question<br>Number | Description Special Formats        |
|-----------------|--------------------|------------------------------------|
| . 6             | 6c                 | Tank size (gal.).                  |
| 7               | 6d .               | Disposal of sanitary wastes.       |
| 8               | 6e                 | Pump out or dump tank (times/mo.). |
| 9               | 6f                 | Disposal of kitchen wastes.        |
| 10              | 6g                 | Disposal of solid wastes.          |
|                 |                    |                                    |