



WATER USER SURVEY QUESTIONNAIRE

We want to hear from you! The Town of Midland has initiated an update to the existing Waterworks Services Master Plan (2013) to reflect growth in the community, planned development, and operational changes. This proposed update to the existing Waterworks Master Plan will provide a comprehensive water servicing infrastructure plan for the community for the next 20 years. This questionnaire has been prepared to solicit input regarding the Town's municipal water system. Your input is important and will assist the Project Team in defining any issues with the current water system and in developing appropriate solutions.

Please Print Your Name and Contact Information Below:

Name:			
Address:			
Telephone:		Email:	
Check the box below for your water consumption type:			
Single Family Residence:		<input type="checkbox"/>	
Multi Family Residence (townhouse/apartments):		<input type="checkbox"/>	
Commercial:		<input type="checkbox"/>	
Institutional:		<input type="checkbox"/>	
Industrial:		<input type="checkbox"/>	
Other:		<input type="checkbox"/>	

Please complete this Questionnaire by answering the specific questions below and / or identify any other issues that you have noticed with the current water supply.

Have you noticed an odour with your drinking water? If yes, please describe.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	

Have you noticed any issues with water pressure? If yes, please describe.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	

Have you observed any issues with the colour of your drinking water? If yes, please describe.	
<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	

Have you noticed any changes in the taste of your drinking water? If yes, please describe.	
<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	

Is your water use metered?		
<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/> One meter for indoor and outdoor water use.	<input type="checkbox"/> One meter for indoor use and a second meter for outdoor use.

Number of people living in your household.			
Over 19 years of age:	_____	From 4 to 12 years of age:	_____
From 13 to 18 years of age:	_____	Less than 4 years of age:	_____

Are you concerned about the quality of your water? (Please check all that apply)		
<p>YES NO Other (Please specify)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		

