

<b>Contact Information</b>		Workshop Date:
First Name:	Last Name:	
Small Water System:		
Mailing Address:		
City, Province:	Postal Code:	
Email:	Phone:	
Role: <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Operator, please provide EOCB Number _____ (for CEU credit) <input type="checkbox"/> Elected or Appointed Director or Trustee for Improvement District, Strata, Water Users Community, etc. <input type="checkbox"/> Other, please explain: _____		

<b>Community</b>	
<b>Population (# of people served):</b>	
How many homes are connected to the water system (Tick one)	0-25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100-250 <input type="checkbox"/> 250-500 <input type="checkbox"/> Other _____
What is your average daily water use in the winter? (m <sup>3</sup> /day)	
What is your average daily water use in the summer? (m <sup>3</sup> /day)	

<b>Source</b>	
Do you use groundwater or surface water?	Groundwater <input type="checkbox"/> Surface water <input type="checkbox"/>
<i>If groundwater:</i>	
How many wells/infiltration galleries do you have?	
Were they assessed for GUDI or GARP status?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
If yes, what were they classified as?	
Is access to the well site restricted or can the public easily get there?	Restricted <input type="checkbox"/> Not restricted <input type="checkbox"/>
<i>If surface water:</i>	
Where do you draw water from (e.g., river, lake, creek...)?	
What kind of intake(s) do you have? (e.g., infiltration gallery, sunken screen, river bank weir and screen...)	
What is the biggest source of maintenance at your intake(s)?	
Is access to the intake site restricted or can the public easily get there?	Restricted <input type="checkbox"/> Not restricted <input type="checkbox"/>
Is your water license enough to supply water to your system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do your resident/customers purchase bottled water for daily use?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Treatment	
List what treatment chemicals you use:	
What kind of filtration do you use, if any? (rapid sand media, membranes, etc.)	
What kind of disinfection do you use? (Chlorine, UV, etc.)	
List any other treatment you use:	
List the output capacity of your treatment system:(m3 /day or L/s)	
Do the homes in your community use point-of-entry (POE) or point-of-use (POU) treatment systems?	POE <input type="checkbox"/> POU <input type="checkbox"/>

Reservoir (If you have a reservoir)	
What is your reservoir storage capacity? (express as litres or as number of days'/hours' worth of storage)	
Do you have trouble maintaining water levels in your reservoir?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Distribution System	
What is your typical distribution system water pressure? (psi)	
Do you have hydrants or means of flushing the piping system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any booster pump stations or pressure reducing valve stations?	Booster Pump <input type="checkbox"/> PRV Stations <input type="checkbox"/> Stations <input type="checkbox"/>

Staff	
How many operators do you have running and maintaining the water system?	Paid: _____
	Volunteer: _____

Fees Charged	
How much do you currently charge users for water services?	\$_____ month / or \$_____ year

Additional Workshop Participants*	
First Name:	Last Name:
Email:	Phone:
Role: <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Operator, please provide EOCF Number _____ (for CEU credit) <input type="checkbox"/> Elected or Appointed Director or Trustee for Improvement District, Strata, Water Users Community, etc. <input type="checkbox"/> Other, please explain: _____	

*\*Each small water system is asked to send up to 2 participants to the workshop. One of the participants should be involved in managing the finances for the system.*