



First & Last Name _____

Impacted Resident Survey

We want to hear your preferences for safe drinking water solutions in the Tule Basin. The Tule Basin Management Zone (Tule Basin MZ) is developing solutions for local communities that may not have safe drinking water due to nitrates. If you are located within the boundary of the Tule Basin MZ, please complete this Impacted Resident Stakeholder Survey to voice your concerns and provide your valuable input for short-term and long-term safe drinking water. * Required

1. Which region of the Tule Basin Management Zone do you reside in? (i.e. nearest community) *

2. How many people live in your household? *

3. Are you the owner or tenant?

Owner

Tenant

Other: _____

4. Do you know if your tap water comes from a public water system or a private domestic well?

Public Water System

Private Water System

Unsure

Other: _____

5. Do you know if your tap water is impacted by nitrates or other constituents?

Yes

No

Unsure

6. If yes to 5, how long have you known?

7. If yes to 5, which constituents impact your tap water?

8. If yes to 5, are you drinking bottled water instead?

Yes

No

9. If yes to 5, are you using any type of water treatment?

Yes

No

10. If your drinking water comes from a public water system, what is the name of the public water system?

11. If you currently receive bottled water delivery through an existing program, what is the name of the program providing you water?

12. If you currently buy bottled water, how many miles from your residence do you travel to get bottled water?

13. If you currently buy bottled water, how many gallons do you purchase each month?

14. If your water comes from a private domestic well, do you know if the drinking water well was previously tested for nitrates?

- Yes
- No

15. If yes to 12, what was the reported result?

16. If no, why have you not had it tested?

- Don't know how
- Don't want to
- Other: _____

17. If no 12, would you like to have your drinking water tested?

- Yes
- No

18. If you would like to have your domestic well water tested, please include your name, telephone number and/or email address.

19. Do you have concerns regarding your drinking water quality?

- Yes
- No

20. If yes, what are they?

21. How would you describe your water quality? (e.g. taste, color, odor)

22. If your drinking water is deemed unsafe, please rank your preference for free short-term replacement water. (1 is top preference, 4 is low preference)

Filling Station (kiosk) _____
Bottle water available for pick-up _____
Bottled water delivery _____
Home treatment system _____

23. For filling station (kiosk) and/or bottled water pick-up, how many miles from your home would you be willing to travel for short-term replacement water?

- Less than 5 miles
- 5 to 10 miles
- 10 to 20 miles
- Over 20 miles

24. Do you have recommendations regarding long-term safe drinking water supplies?

- Yes
- No

25. If yes, what are they?

26. Please share any other pertinent information the Tule Basin MZ should be aware of or take into consideration while addressing short-term and long-term safe drinking water solutions in your area/community.

27. What are the best ways for Tule Basin MZ to communicate with you? (select up to 3)

- Receive email newsletter
- Website: www.TuleMZ.com
- Engage on social media
- Radio stations
- Postcard mailers
- Online/phone-in meetings
- In-person tailgate events (when safe)
- Posters in stores and public buildings
- Newspapers and bulletins
- Email or text distribution

28. What are the best ways for you to communicate with the Tule Basin MZ? (select up to 3)

- Leave a voicemail message at (559) 733-2948
- Send email to info@TuleMZ.com
- Send regular mail to Tule Basin MZ, 324 S. Santa Fe Street, Visalia, CA 93292
- Online/phone-in meetings
- Surveys delivered to your email or posted at www.TuleMZ.com
- Other: _____

29. Please share your email address if you would like to receive updates from the Tule Basin MZ about replacement drinking water.
