

Remote Water Supplies

Survey Form



Mackenzie
DISTRICT COUNCIL

Name _____ Organisation (if applicable) _____

Address _____

Phone _____ Lat/Long (if known) _____

1. Do you have your own water supply (bore, spring, stream, roof)? Yes No

2. If not, are you supplied by another person, and if so, what is their address? You can skip to Q14 if you are supplied by another.

Yes No _____

4. If you have your own supply, do you supply more than your household? If not, please skip to Q16.

Yes No

5. If you supply others, how many other households are supplied?

1 2 - 5 5 - 10 More than 10

6. Do you have a plan showing the other houses supplied/network? If so, please attach.

Yes No

7. What is the water source?

Deep bore Shallow bore Spring Stream Roof Don't know

8. What is the treatment type? If unknown, please go to Q10.

Filter U.V. Chlorine pH dosing None Don't know

9. What maintenance is carried out, and how frequently?

As specified by installer/manufacture Monthly Annually Don't know



10. Is water sampling undertaken? If no, please go to Q13.

Yes No

11. What sampling is carried out?

E-Coli Nitrate Cloudiness/turbidity Other

12. How often is sampling carried out?

Weekly Monthly Annually Don't know

13. What is the land use in the area of the source?

14. Anything else? Names/addresses of others being supplied; any specific water quality/quantity issues; other observations/information?

15. What is the best way Mackenzie District Council can help you?

16. Do you want us to contact you to provide further information about improving the safety of your drinking water?

Yes No

Thank you for taking the time to complete this survey. The information we gather will help us to help you. If you have further questions, please contact us on 0800 685 8514. We're here to help.

When you have completed this form, please:

Email to: info@mackenzie.govt.nz

Mail to: Remote Water Supply Survey
Mackenzie District Council
PO Box 52, Fairlie, 7949.

Drop to: our office in Twizel or Fairlie

