



# Balranald Shire Council Private Domestic Water Providers: Residents Questionnaire Water Sources, Water Treatment and Usage Survey



**This survey relates to domestic use water ONLY.** Domestic water means tap water supplied via plumbing fittings to your home for drinking, washing, cooking, laundry, sanitation and other household uses.

**Address:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/2020

### Question 1

Please specify how many people in the relevant age groups currently live at your residence?

Age Group	Number of people
< 1	
1 - 4	
5 - 9	
10 - 19	
20 - 54	
55+	

### Question 2

Do all persons living at your residence use the onsite domestic water supply? Circle the most appropriate answer.

Yes	No	If no, who does not use the water? Specify age: _____
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### Question 3

Does anyone at your residence identify as having a chronic health condition or immunocompromised such as transplant patients, cancer patients, dialysis patients or other?  
Circle the most appropriate answer.

Yes	No
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### Question 4

Approximately how much water is used in total at your residence for domestic purposes each day?  
Circle the most appropriate answer.

<10L	10 – 99L	100 – 199L	>200L
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### Question 5

Where is your domestic water sourced from? Please circle *Yes or No* for each and tick the applicable boxes where appropriate.

Source	Circle Yes or No
<b>Rainwater:</b> Collected from roofs and stored within a tank for future use.	Yes or No
If <b>yes</b> to rainwater, tick the following that apply: <input type="checkbox"/> Trees over hang the roof. <input type="checkbox"/> First flush device installed. <input type="checkbox"/> Bitumen or lead items on roof. <input type="checkbox"/> Animal droppings (bats, birds) on roof. <input type="checkbox"/> Aerial spraying occurs on nearby lands.	
<b>Surface water:</b> Drawn from rivers, creeks and dams which may or may not be stored in a tank prior to use.	Yes or No
If <b>yes</b> to surface water, tick the following that apply: <input type="checkbox"/> Intake distant from septic tanks. <input type="checkbox"/> Surface water restricted from live stock.	
<b>Shallow groundwater:</b> Drawn from bores, wells or springs that are 1 to 20 meters deep, which may or may not be stored in a tank prior to use	Yes or No
If <b>yes</b> to shallow ground, tick the following that apply: <input type="checkbox"/> Bore distant from septic tanks. <input type="checkbox"/> Bore cover secure. <input type="checkbox"/> Bore protected from contaminated seepage from rubbish or agricultural run-off.	
<b>Deep groundwater:</b> Drawn from bores, wells or springs that are >20 meters deep, which may or may not be stored in a tank prior to use	Yes or No
If <b>yes</b> to shallow ground water, tick the following that apply: <input type="checkbox"/> Bore distant from septic tanks. <input type="checkbox"/> Bore cover secure	
<b>Carted water:</b> From a mains or town water supply, transferred by tanker and stored in a tank prior to use	Yes or No
If <b>yes</b> to carted water, tick the following that apply: <input type="checkbox"/> Tanker is purpose built and maintained for drinking water transportation. <input type="checkbox"/> Tanker hose appears clean and does not come in contact with water in your tank.	
<b>Other</b> (Please specify): _____	

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### Question 6

If you use a tank to store your domestic water, which if the following best describes your tank? Tick the most appropriate answer.

Tank description	Tick if applicable
Above ground tank with screens or is totally sealed	<input type="checkbox"/>
Above ground without screens or is unsealed	<input type="checkbox"/>
Below ground tank	<input type="checkbox"/>
Use both above & below ground tanks	<input type="checkbox"/>
I don't use a tank to store domestic water	<input type="checkbox"/>

### Question 7

Which best describes the type(s) of water treatment used on your domestic water supply? Tick all that apply.

Treatment type	Tick if Applicable
Untreated – No treatment (e.g. filtration, disinfection) used on site	<input type="checkbox"/>
Filtered – Using a sand and/or activated carbon filter	<input type="checkbox"/>
Disinfection – using commercial compounds such as chlorine (Sodium hypochlorite)	<input type="checkbox"/>
Ultra-violet (UV) – short wavelength ultraviolet light	<input type="checkbox"/>
Boil water	<input type="checkbox"/>
Other treatment method not listed above. Please specify: _____	<input type="checkbox"/>

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### Question 8

What part of your residence is supplied treated water? Tick the most appropriate answer.

Part of the residence where treated water is available	Tick if Applicable
None – No taps supply treated water. All water available is untreated	<input type="checkbox"/>
One outlet – Only one tap supplies treated water e.g. kitchen sink only	<input type="checkbox"/>
Multiple outlets – A number of taps supply treated water. How many: _____	<input type="checkbox"/>
All outlets – All taps throughout the residence supply treated water.	<input type="checkbox"/>

### Question 9

Specify if domestic water used for the following activities at your residence is treated or untreated?  
Please circle *Yes* or *No* for each

Domestic water use activity	Treated? Yes or No
Drinking water	Yes or No
Food preparation	Yes or No
Bathing	Yes or No
Washing clothes and dishes	Yes or No
Brushing teeth	Yes or No
Watering gardens	Yes or No
Children's play	Yes or No
Provided to a business E.g. Accommodation / food business or other business venture.	Yes or No or Not Applicable
Other: _____	Yes or No

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### Question 10

On a scale of 1 to 10 how satisfied are you with the **quality** of your domestic water supply? Circle the most appropriate answer.

**1 – Very dissatisfied**

**10 – Very satisfied**

1 ☹️	2	3	4	5 😊	6	7	8	9	10 😊
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**Question 11**

On a scale of 1 to 10 how concerned are you about the **safety** of your domestic water supply? Circle the most appropriate answer.

**1 – Very Concerned**

**10 – Not concerned at all**

1 ☹️	2	3	4	5 😊	6	7	8	9	10 😊
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**Do you wish to make any additional comments relating to your water supply?**

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**Finished**

**Thanks for your participation.**

**Please return the completed questionnaire to Council with your water sample.**

