

Customer Survey for Pumping Trough Pipeline (PTP) Conversion to Recycled Water Use

1. Property Information:

a. **Property Contact:** Please provide your contact information below:

NAME and ROLE: _____
 COMPANY: _____
 ADDRESS: _____
 PHONE NUMBER: _____
 E-MAIL ADDRESS: _____

b. **Property Identification:** Please identify all properties for which you own, lease, operate or manage land that receives and uses water from the PTP system. Please use the Assessor Parcel Number(s) (APN) as shown in the attached map to identify your property(s).

1.	<u>Property Number and APN</u>	<u>Turn-out</u>		<u>Operator for</u>		<u>Residence On-site?</u>		<u>Office, Workshop or</u>		
		<u>Own</u>	<u>Lease</u>	<u>Number</u>	<u>Water System?</u>		<u>Yes</u>	<u>No</u>	<u>Retail On-site?</u>	<u>Yes</u>
1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Property Information (continued):

- c. **Site Supervisor(s):** For each of your properties identified in 1(b), please provide the contact information for the water system Site Supervisor. The Site Supervisors will receive training on recycled water use and be responsible for training employees that work in contact with recycled water. If additional pages are needed, please copy and attach.

SITE SUPERVISOR CONTACT INFORMATION:

SITE SUPERVISOR FOR PROPERTY(S):

1. NAME:	_____	_____
PHONE:	_____	
E-MAIL:	_____	
2. NAME:	_____	_____
PHONE:	_____	
E-MAIL:	_____	
3. NAME:	_____	_____
PHONE:	_____	
E-MAIL:	_____	

- d. **Domestic Water Well(s):** Are there any wells located on your property(s) that provide drinking water to residences, offices, workshops, retail spaces, park spaces, picnic areas, restrooms or drinking fountains?

Yes. The State Well ID No(s) is (if available): _____ No Not sure

- e. **Domestic Water Connection(s):** Are there any connections to drinking water distribution systems located on your property(s)?

Yes. The water purveyor is: _____ No Not sure

- f. **Septic System(s):** Are there any septic systems located on your property(s)?

Yes No Not sure

- g. **Sewer System(s):** Are there any sewer system connections located on your property(s)?

Yes No Not sure

2. Crop Information:

a. Please identify all crops that are grown on your property(s). This includes current and planned crop plantings. Select all that apply and use the blank "other" space to add any crops that are not listed.

Property Numbers from 1(b)	Avocados	Blueberries	Cabbage	Celery	Cilantro	Flowers	Grapefruit	Kale	Leafy Greens	Lemons	Lettuce	Livestock	Mandarins	Oranges	Peppers	Raspberries	Spinach	Strawberries	Tomatoes	Other	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

b. Please identify what methods of irrigation are used on your property(s). Please relate the irrigation method to the type(s) of crop(s) grown:

Irrigation Method

Crop(s) or Landscaping Description

1. Spray: _____
2. Drip: _____
3. Other: _____