

Chippewas of Georgina Island First Nation

Water Servicing Feasibility Questionnaire – A – All Members Home's



Address: _____

As you may be aware, the Chippewas of Georgina Island First Nation are in the process of completing a water servicing feasibility study to service members on the eastern and southern regions of the island. Included in the scope of this study is an assessment of existing community infrastructure, and an evaluation of the future servicing requirements that will be required to support the growth of the entirety of Georgina Island First Nation.

This survey considers questions related to the types of residences in Georgina Island, as well as residence occupancy. It considers current sewage treatment strategies, which will assist in the process of determining the best solution for developing an effective and reliable wastewater treatment system for the community. Your answers will be held in the strictest confidence and will be tabulated with those of other members to determine community needs, desires and possible concerns. Thank you for your time and assistance.

Section 1: Residential Survey

This section of the survey will ask questions that will help with the development of the wastewater servicing options, with the goal of upgrading the existing lagoons or consider alternative servicing options.

1. Where do you reside on the island?

- Western region of Georgina Island
- Eastern region of Georgina Island
- Southern region of Georgina Island

2. What type of dwelling do you reside in?

- Single Story Home (Bungalow)
- Double Story Home
- Other

If other, please provide more information

3. Including yourself, how many people currently reside in your home?

Number of People _____

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4. Please indicate the age and gender of everyone in your residence below:

Age	Gender	Age	Gender
	Male / Female		Male / Female
	Male / Female		Male / Female
	Male / Female		Male / Female
	Male / Female		Male / Female

5. What type of sewage system do you have?

- Septic Tank
 Holding Tank
 Unsure

6. How often is the tank pumped out?

- Once a month
 Every three months
 Once per year
 Every three to five years

Does your tank have a **riser** similar to the pictures below to allow for maintenance? (pictures are for informational purposes only)



What year was your sewage system installed? _____

7. Do you have any problems with your wastewater disposal system?

- Odours
 Back-Ups
 Overflow
 Wet or Soft Ground Around System
 Other

Please provide additional details:

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8. Would you consider connection to a new Communal Wastewater System and decommissioning of your existing sewage system?

- Yes
- No

9. Do you have a trailer or RV on your property?

- Yes
- No

If so, where is your wastewater going?

10. Please rate the following factors related to wastewater treatment:

Parameter	Importance				
	Very Important	Important	Somewhat Important	Least Important	No Response
Visual Impact to Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of Contamination to Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size - Facility Footprint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septage Disposal Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you have any other comments or suggestions related to sewage treatment?

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Section 2: Community Survey

To aid in the development of a community plan that will guide, monitor, and control the growth of the community, it is important to know the following information:

12. In what year was your residence constructed? If unsure, please provide an estimate.

Actual: _____ Estimated: _____

13. What would you rate the condition of your home?

- Excellent Good Fair Poor Unacceptable

14. Do you have, or plan to have, a business on Georgina Island?

- Yes No Future Plans

If so, please provide more information pertaining to the type of business and when it will be opened to assist in planning for water demand?

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15. Would you like to see the current residential area further developed? (i.e more houses built within the current residential area?)

- Yes No

If so, what type of housing types would you like to see developed? Please select all that apply. (pictures are for informational purposes only)

<input type="checkbox"/> Single Storey (bungalow)	
<input type="checkbox"/> Double Storey	
<input type="checkbox"/> Townhomes (Two or more houses attached)	
<input type="checkbox"/> Low Rise- Apartments	

Please provide any more comments you have regarding housing:

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16. Some of the services in the community may be integrated into the feasibility study. How often do you use the following facilities? Please indicate approximate usage in days per month, if applicable.

Facility	Usage					
	Unaware of Facility	Never	Daily	Weekly	Monthly	Days per Month
Administration Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Niigaan-Naabiwag Child Care Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waabgnon Gamig School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitness Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Are there facilities or services on the island that you would like to see developed or upgraded?

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17. Are there areas of the community that should be protected from development due to cultural or other reasons? (i.e. Sacred land, burial grounds, natural significance). Please provide the location on the map and significance.



Location 1:

Significance: _____

Location 2:

Significance: _____

Location 3:

Significance: _____

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18. Do you have any additional comments or suggestions?



Thank you for participating in this survey. The responses that you provided will help in the determination of the community's needs for water servicing. Please keep this stub of the page in case you want to contact us with any further suggestions or concerns.

You may contact us by emailing Brandon Smit at brandon.smit@sbaengineering.com or at **519-941-2949 ext. 247**.