



City of Greater Sudbury

**Public Information Centre
November 21st, 2011**

Information Package Questionnaire

Optional Contact Information:

Name: _____ Company: _____
(if applicable)

Address: _____ Telephone: _____

The above contact information will only be used to obtain clarification to your comments, if required. Your personal information will remain confidential and will be discarded following a review of your comments.

What is the Nature of your Interest in this project? (i.e. Resident, Landlord, Retailer, Ratepayer, Government Agent, etc.):

1. Please comment on the importance of finding an alternative to the practice of bleeding water in Whitefish.

2. Please comment on your experience with the Bay Street Bleeder and water filling station. (ex. Personal use, observed use, concerns, convenience, etc.)

3. Please comment on the importance of the evaluation criteria and provide any additional criteria that you feel should be considered in the evaluation.

4. Please comment on the advantages and disadvantages of each proposed solution and add any comments that will assist the project team with the selection of the preferred alternative.

a) Do Nothing- Continue Use of Existing Manual Bleeders _____

b) Reduce Demand – Turn off Existing Bleeders _____

c) Re-chlorination/ Re-chloramination Station near Naughton _____

d) Looping and/or Recirculation Pump _____

e) Chloramination at Vermilion Water Plant _____

f) Automated Bleeder _____

g) Combination of Alternatives c), d) and f) _____

5. Provide any additional comments _____

6. Please indicate if you would like a member of the Project Team to contact you to discuss your comments: Yes No

Phone Number: _____ Preferred Contact Time: _____

