

# Water Reclamation Plant

Providing Water Resources to the West Plains

## Meeting Questionnaire

November 14, 2007

To ensure that the project team understands and can consider your concerns, issues, and opinions, please answer the following questions.

1. Would you like any of the following public access options to be provided at the site (outside of the areas that need to be secured)?

Please circle your interests:            Education Programs            Interpretive Signs            Facility Tours

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is there a portion of the site that you would like screened with landscape elements such as trees?

Yes                            No                            Unsure

Please provide specific comments and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any comments and/or perspectives on the landscape elements incorporated into the site design?

Yes                            No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you know of any industrial, commercial, or institutional entities that might be interested in using Airway Heights' reclaimed water for reuse (e.g., irrigation or industrial processes)?

Yes                            No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- over -



5. Do you have other ideas or suggestions for the project team to consider regarding the Water Reclamation Plant?

Yes No Unsure

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Overall, how would you rate tonight's meeting format, presentation, and opportunities to provide comments?

Excellent Good Fair Poor

What could have made the meeting better or more helpful to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How did you learn about this meeting? Please check all that apply:

- Flyer mailed to house
- Neighborhood Council
- Media
- Ad in newspaper
- Notice faxed or emailed to business
- From a friend
- City web page

How do you prefer to learn about public meetings: \_\_\_\_\_

8. Please share any other ideas and input that will help the City of Airway Heights Public Works effort.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Optional: E-Mail \_\_\_\_\_ Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

