**Si usted necesita traducción en español, comuníquese con**

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**WILLIAM FISHER MEMORIAL WATER COMPANY**

**SURVEY**

**Statement of Support and Understanding**

**Point of Use (POU) Treatment Devices**

**Customer Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Building**: [ ]  House [ ]  Apartment [ ]  Business

[ ]  Business with residential dwellings [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you the property owner? [ ]  Yes [ ]  No

If no, please provide the contact information for the property owner.

**Property Owner Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property Owner Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE SELECT ONE:***

**\_\_\_ I vote FOR the use of Point-of-Use treatment devices.** POU treatment provides treated water at one location faucet at each property where you drink and cook. It is the most cost-effective treatment alternative for William Fisher MWC.

**\_\_\_ I vote AGAINST the use of Point-of-Use treatment devices**. A vote against POU means that you want William Fisher to install either centralized treatment (provides treated water to all water used by customers including irrigation) or Point of Entry (POE) treatment (provides treated water to all water used inside the property). Both centralized treatment and POE treatment are more expensive treatment alternatives per the William Fisher MWC April 2020 treatment study.

**General**

***PLEASE SHOW YOU UNDERSTAND THE FOLLOWING BY INITIALING ALL GENERAL CONDITIONS:***

\_\_\_ I have reviewed the information provided by the water system on the POU compliance program.

\_\_\_\_ I understand the need for treatment and how the POU treatment device will provide drinking water that is in compliance with regulations.

\_\_\_ I understand that monitoring and maintenance will be provided through the water provider.

\_\_\_I understand that upon property transfer/sale/rental of the building, I will disclose that water service is conditioned upon participation in the POU treatment program.

**Building-Specific**

***PLEASE SHOW YOU UNDERSTAND THE FOLLOWING BY INITIALING THE BUILDING-SPECIFIC CONDITION THAT APPLIES TO YOU:***

\_\_\_\_***For homeowners only***: I understand that the kitchen sink water is the only water in my house that will produce water below the arsenic MCL.[[1]](#footnote-2) Therefore, I understand that this is the only tap water in my house that shall be consumed for drinking and cooking related activities.

\_\_\_\_***For renters only***: I understand that the kitchen sink water is the only water in my household that will produce water below the arsenic MCL. Therefore, I understand that this is the only tap water in the house that shall be consumed for drinking and cooking related activities.

***PERMISSION:***

\_\_\_\_ I hereby give permission to the William Fisher Mutual Water Company/McMor Chlorination to implement the POU treatment program as presented during the public hearing and information provided by the water system. Furthermore, I will allow the water operator, POU vendor or designee to enter my building to *install and maintain* any and all Point of Use treatment devices.

**Customer Signature Date**

**Customer Name Printed**

**Due Date for Returning the Completed Survey: June18, 2021**

1. In the event that the plumbing for the kitchen sink cannot be readily accessible to install the POU, as the homeowner I will contact the water system to discuss an acceptable alternative location for installation. [↑](#footnote-ref-2)