

Lake Utopia Property Owners Survey

Name: _____

Address: _____

Contact #: _____

Residency: Permanent Seasonal

Length of Residency: (approximate in years) _____

Are you currently a member of a lake association, if so, which?: _____

If not, are you interested in participating in a lake association?: _____

Septic:

Type of Septic System:

- Gravity (drainage field below tank)
- Pressure Distribution (pumped to distribute water evenly)
- Sand Filter (Sand between pump tank & drainage field)
- Mound (used in shallow soils. Mounds of sand used to filter water)
- Aerobic (uses aeration, breaks down solids by bacteria providing cleaner waste water)
- Cesspool (simple pot in the ground with walls lined by stone or metal holes covered by a lid)

Size of tank: _____

Last Pumped: _____

Have you had any septic related issues?: _____

Property:

What is your primary source of water on your property?

Well Lake Bottled

Has there been any recent construction/landscaping done on your property?

yes no

Do you use any methods of preventing erosion?

Retaining wall Buffer Zone Other

Explain: _____

Have you experienced major erosion on your property?

yes no

Have you experienced any issues with groundwater on your property?

yes no

Have you experienced flooding on your property?

yes no

Do you use any lawn care/garden products, including pesticides and fertilizer?

yes no

Do you use household cleaning chemicals?

yes no

If so, how do you dispose of those chemicals? _____

Do you use biodegradable or environmentally friendly products/cleaners?

yes no

Are you aware of any chemical spills in the area? (including petroleum products)

yes no

Explain: _____

Lake:

Do you engage in any recreational activities on the lake?

- kayaking/canoeing
- fishing
- boating
- jet skiing
- swimming
- other, explain:

Have you observed any dead animals floating or washed up around the lake? frogs, fish, birds, etc)

- yes
- no

Have you noticed algae growth around your property or other areas of the lake?

- yes
- no

How often in the past have you noticed algae growth/blooms?: _____

Explain and if possible include years: _____

Do you feel the visible algae blooms have increased over your time as a lake user?

- yes
- no

Are you aware of any possible contamination areas around the lake?: _____



Please return completed survey to Eastern Charlotte Waterways at:

881 Main Street, Blacks Harbour N.B. E5H 1E6

By Phone: (506) 456-6001 by Fax: (506) 456-6187 or Email: ecwinc@nbnet.nb.ca