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Economic Impact Study – Ontario Drinking Water Systems Regulation 170/03

This online web-survey is an independent effort to gather statistical information for the purpose of assessing the Economic Impact that Drinking Water Systems Regulation 170/03 is likely to have on Ontario's Tourism infrastructure.

As concerned members of the business community, we consider it necessary to conduct this study because the Ontario government has demonstrated little concern for the impact these regulations will have on tourism, and on the people and businesses that serve it.

If you own or operate a business, service or community facility of ANY kind that serves the public and relies on its own source of water, then this regulation directly affects you.

Please communicate this link to everyone you know who is affected by this Regulation.

If you are served by a MUNICIPAL system, or if you are NOT involved in an enterprise that provides water to the general public, please do not complete this survey. It has not been designed for your situation.

Statement of Privacy and Confidentiality

This study is being hosted by Acrobat Research Ltd., an independent market research datacollection firm. All information gathered under this research study is confidential and will be used only in the aggregation of statistics. No answers will be linked to any individual respondents.

To ensure both confidentiality and a proper research approach, we have developed a login procedure. After filling in your name and email address, you will immediately receive an automated email reply, with a link to the questionnaire. This procedure is in place for the sole purpose of providing survey access. Your name and email are not tied to the answers you provide.

We may use your email address to notify you when results of this study are completed, and where key findings can be viewed online.

Length & Navigation

This study contains about 45 questions and will take 10 to 15 minutes to complete. As you go through the questions, please use the "Next" or "Back" buttons on the survey forms. Do not use the browser "Back" button.

Results

Results will be tabulated and reported from time to time as responses are submitted. There is no closing date for this study at this time.

**If for any reason you are unable to complete the survey online, print this form and fax
(excluding this page), to 519-843-1868, or mail to:
0568 South River Road, RR2
Elora, ON, N0B 1S0**

1. In which Ontario tourist region are you located?

- Southwestern Ontario
 Niagara Falls Region
 Greater Toronto
 Central Ontario
 Eastern Ontario
 Ottawa Region
 Northern Ontario

2. Please write in your nearest village, town or city.

Municipality _____

2 (a) What is the approximate population in your immediate community?

- Rural – not part of any immediate community
 Less than 1,000
 1,000 to less than 5,000
 5,000 to less than 10,000
 10,000 to less than 20,000
 20,000 to less than 50,000
 50,000 to less than 100,000
 100,000 to less than 250,000
 250,000 to less than 500,000
 500,000 or more

3. Please indicate your type of establishment.

- Accommodation (including overnight camps)
 Day Camp
 Restaurant/Food & Beverage
 Church
 Community Centre
 Event site or attraction
 Retail store
 Service Station
 Other (please specify) _____

*If Accommodations, go to 3 (a) and (b). If not, skip to 4.***3 (a) What type of accommodation do you offer?**

- Bed and Breakfast
 Small Inn
 Resort or other motel/hotel
 Camping Facility / Trailer Park
 Communal Cottage
 Other

3 (b) How many rooms or overnight campsites do you have?*(Enter number)* _____

4. How many months per year are you open to the public?

(Enter number) _____

5. Into which “category of system” do you fall under the Regulation? *(A description of system categories is available at*

<http://www.ene.gov.on.ca/envision/water/sdwa/dwsroverview.htm>)

- _____ Small Non-Municipal Non-Residential
- _____ Large Non-Municipal Non-Residential
- _____ Non-Municipal Seasonal Residential
- _____ Non-Municipal Year-round Residential
- _____ Small Municipal Non-Residential
- _____ Large Municipal Non-Residential
- _____ Small Municipal Residential
- _____ Large Municipal Residential

6. Does your water come from

- _____ A lake or other surface water system
- _____ A private drilled well
- _____ A private dug well
- _____ A public/municipal water system

7. Whom does your system service?

- _____ Only myself and my family
- _____ Members of the public who frequent my establishment
- _____ Both. My well serves me AND the general public

8. Do you have any water treatment equipment installed at your site now?

- _____ Yes *(if yes, go to Question 9)*
- _____ No *(if no, go to Question 10)*

9. What kind of equipment is it? *(Check all that apply)*

- _____ Cartridge Filters
- _____ Sand Filters
- _____ Chemical Assist Filters
- _____ Chlorination
- _____ Ultra violet
- _____ Deionizer
- _____ Reverse Osmosis
- _____ Filtration to 1 micron absolute
- _____ Taste and Odor
- _____ Other (Please specify) _____
- _____ Don't know

10. How often do you test your water?

- Daily
- Weekly
- Monthly
- Quarterly
- Three times per year
- Twice per year
- Annually
- Other
- Do not test *(If you do not test, skip to Question 16, otherwise continue to Question 11)*

11. Have you ever received a rating that indicated "Significant evidence of bacterial contamination", or "Unsafe to drink", or any other rating considered by the test as less than acceptable?

- Yes *(go to Question 11-a)*
- No *(go to Question 12)*
- Don't know *(go to Question 12)*

11(a) What action did you take?

- Took no action *(go to Question 12)*
- Inspected system and retested *(go to Question 11-b)*
- Changed filters and retested *(go to 11-b)*

11(b) Was the situation resolved?

- Yes
- No

12. Who conducts your water tests? *(Check all that apply)*

- Department of Health test centre
- Private lab
- Self-test
- Other (Please specify) _____

13. Do you pay for these tests?

- Yes *(go to Question 14)*
- No *(go to Question 15)*

14. How much do you pay PER TEST?

Cost \$ _____

15. How satisfied are you with the way your water tests are currently being conducted?

- Very satisfied
- Mostly satisfied
- Neither satisfied nor dissatisfied
- Mostly dissatisfied
- Very dissatisfied

16. Please answer frankly. Has there ever been an instance where someone has become ill as a result of drinking water from your well or drinking-water system?

- Yes
- No

17. Are you PERSONALLY FAMILIAR with any incident where someone has become ill as a result of drinking from another PRIVATE drinking-water source?

- Yes (*If yes, go to Question 17-a*)
- No (*If no, go to Question 18*)

17(a) In which community did this occur?

Community _____

18. Do you live at the premises served by this drinking-water system?

- Yes
- No

19. Do you yourself regularly drink this water?

- Yes
- No

20. Do your own children also drink this water?

- Yes
- No, my children don't drink from the tap
- No, I have no children, or they don't live here.

21. How did you first become aware of Ontario Drinking Water Systems Regulation 170/03?

- Received a written notice and / or a copy of the Regulation from the Government of Ontario
- Through the news media
- Government advertising
- Through the internet
- Word of mouth, friend or neighbour
- Chamber of Commerce or Association
- Other (please specify) _____
- Not sure / Don't remember

22. Have you already implemented, or begun to implement the Regulation?

- Yes
- No

23. Have you obtained a report, evaluation or estimate outlining what you must do to be in compliance?

- Yes – a report from a professional engineer as required by the Regulation (go to 24)
- Yes – an evaluation or general estimate from another qualified source (go to 24)
- No (*skip to Question 25*)

24. What is the estimated cost for your situation?

	High	Low	Don't know
One time capital cost	_____	_____	_____
Estimated annual cost of testing	_____	_____	_____

25. The Regulation provides a date by which you are required to submit a written report to the Ministry of the Environment (MOE) indicating your intention to comply with the Regulation. Given this requirement, have you already, or do you intend...

- _____ To give notice to comply, submit an engineer's report and start weekly testing as required?
- _____ To seek an exemption by posting warnings as per the wording and at locations required by the Regulation?
- _____ To seek an exemption by posting warnings (as above), AND providing bottled water for guests and for all other purposes where drinking water is called for as an ingredient (for example, coffee, baking, etc.)?
- _____ To continue with existing water services and plan to discontinue operations on the date by which the Regulation says you must be in compliance.
- _____ To assess your source and system for providing safe water and continue operations without contacting the Ministry of Environment. (Note that liability insurance may not cover this situation, and that there may be exposure to prosecution under law.)
- _____ We have already closed facilities as a result of this Regulation
- _____ We are already in compliance with this Regulation
- _____ Other (please specify) _____

26. Is it your feeling that the amendments announced by MOE on May 12, 2004, will influence (or have already influenced) the action you intend to take?

- _____ Yes
- _____ No
- _____ Don't know

27. How confident are you that the MOE's Advisory Council as appointed May 12, 2004, will make recommendations appropriate to what you consider the needs and reality of your situation? *(A list of Advisory Council members is available at:*

<http://www.ene.gov.on.ca/envision/news/2004/051201mb2.htm>)

Not at all Confident							Extremely Confident
1	2	3	4	5	6	7	

28. Do you feel that you understand what the Regulations require you to do?

Level of understanding:

Not at all							Extremely well
1	2	3	4	5	6	7	

35. How often do they attend or participate in other activities in the community?

- Always / Almost always
 A majority of the time
 About half the time
 Occasionally
 Never

36. Based on what you know about overnight vacancy rates and the popularity of your destination, do you feel that accommodation facilities served by municipal water systems have the capacity to accommodate overnight visitors if most or all rural accommodations in your area were to close?

- There is probably enough capacity in our area to accommodate almost everyone
 There will be times when there is little or no vacancy
 I believe visitors to our area will be turned away frequently due to a lack of accommodations
 Don't know

Please tell us about your business.

37. Is the business that is directly affected by Regulation 170/03:

- Your only business
 Your primary business
 A secondary business
 Not applicable: we are a community-based group

38. Excluding family members and volunteers, how many paid employees (part-time and full-time) do you have?

Employees _____

39. Excluding paid employees, how many family members (including yourself) work in your business?

Family members _____

40. How many volunteers give their time freely to your enterprise?

Volunteers _____

41. Considering all sources of income, what percentage of your total revenue would you lose if Regulation 170/03 forced you to close?

Percentage of income lost _____%

42. Do you receive any funding from public or other sources? (e.g., government, parish members, community organizations)

- Yes, we operate entirely through private fundraising and the financial support of others
 No, we are a private business and receive no public money
 Both. We receive public funds as well as income from an on-going business

To help us understand overall economic impact, we need an idea of the total amount of money these regulations would take out of the economy. Please remember that the answers you provide are combined with those of other survey respondents, and are not associated directly with you.

43. If you close, what is the annual dollar amount in gross revenue that you would lose?
Revenue lost \$ _____

44. Given your situation, how much do you believe you could invest in new drinking-water management equipment and testing before it becomes uneconomical to do so?

On a capital cost bases, I could invest \$ _____ Don't know _____

On an annual basis for on-going testing, I could spend \$ _____ Don't know _____

Please respond to the following statements, using a scale from 1 to 7 (1 = not at all concerned/important; 7 = very concerned/important)

45. I am concerned about my exposure to liability with regard to insurance claims if I continue to operate without complying with the regulations

Not at all							Very
1	2	3	4	5	6		7

46. I am concerned about my exposure to penalties and fines that may be issued under law for non-compliance with the regulations

Not at all							Very
1	2	3	4	5	6		7

47. It is important to me personally to ensure that the water from my system is completely safe to drink

Not at all							Very
1	2	3	4	5	6		7

48. I am confident in the safety and quality of the water supply from my drinking-water system

Not at all							Very
1	2	3	4	5	6		7

49. Finally, which one statement best describes how you feel about the impact of these regulations?

_____ I have little or no problem complying because I believe the regulations are the right thing to do

_____ I consider this a cost of doing business and will budget other expenditures accordingly

_____ I don't like them, but feel I have no choice but to comply if I want to stay in business

_____ I can't comply because my revenue after expenses cannot support the cost of what the Regulation requires me to do

_____ I refuse to comply because the cost will put me out of business

_____ I'm not happy about the cost, but I am even more concerned about the complexity of the Regulation, and the degree of difficulty it involves in my situation.

_____ Other (please specify) _____

We appreciate any additional comments you wish to make.

*If you are unable to complete the survey online, fax to 519-843-1868,
or mail to:*

**Garrett Klassen
Survey Co-ordinator
The 3 Bears Bed and Breakfast
0568 South River Road, RR2
Elora, ON, N0B 1S0**

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We will enter your information into the Acrobat Research survey database on your behalf. For us to obtain a unique password from the system, we require your name and email address (if available).

Name _____

Email address _____

Organization (optional) _____

Thank you for your participation.