

## **TELL US WHAT YOU THOUGHT!**

Nutri-Gold Program Biosolids Land Application

| Please indicate the extent to which you agree with each of the following statements. |  | 1<br>Strongly<br>Disagree | 2<br>Disagree | 3<br>Agree | 4<br>Strongly<br>Agree | 5<br>Not Sure |
|--|--|---------------------------|---------------|------------|------------------------|---------------|
| 1.   | Were you satisfied with the results of the application?                    |                           |               |            |                        |               |
| 2.   | Did EPCOR make it easy to get an application?                              |                           |               |            |                        |               |
| 3.   | Were you satisfied with the knowledge from the EPCOR staff?                |                           |               |            |                        |               |
| ŀ.   | Were you satisfied with the communication procedure to get an application? |                           |               |            |                        |               |
| 5  | Were you satisfied with the work done by the contractor?                   |                           |               |            |                        |               |
| ò.   | Would you recommend the program to someone else?                           |                           |               |            |                        |               |
| 7.   | Would you leave land out of production for an application?                 |                           |               |            |                        |               |
|  |  | Poor                      | Average       | Good       | Excellent              | Not Sure      |
| 3.   | How do you rate the program overall?                                       |                           |               |            |                        |               |
|  | Please share any other comments that you have                              |                           |               |            |                        |               |
|  | ou wish to be contacted directly, please provide u                         |                           |               |            |                        |               |
| E-r  | nail:  |                           |               |            |                        |               |
| Wh   | at is the best time to contact you?  |                           |               |            |                        |               |

## THANK YOU FOR YOUR TIME AND FEEDBACK!