

INDUSTRY PUBLIC UTILITIES

Cross-Connection Control Program



CUSTOMER SURVEY - RESIDENTIAL

Customer Name

Date

Service Address

City

Property Contact Name

(if different from above)

Phone Number

Mailing Address

E-mail Address

May we e-mail annual testing and backflow related notices? ☐ Yes ☐ No

RESIDENTIAL WATER USAGE

Please indicate if your Residence has any of the following (Check all that apply):

☐ Home Based Business – Type of Business:

☐ Landscape Irrigation System / In-ground Sprinkler System

Can you add chemicals to the system? ☐ Yes ☐ No

☐ Fire Sprinkler System

Can you add chemicals to the system? ☐ Yes ☐ No

☐ Home Dialysis Machine and/or Medical Equipment Connected to Water

☐ Solar System

Heat exchangers or boilers? ☐ Yes ☐ No

☐ Livestock Watering

Hose filled automated? ☐ Yes ☐ No

☐ Water Treatment Equipment (i.e. Water Softener)

Is backwash/cleaning cycle air gapped? ☐ Yes ☐ No

☐ Swimming Pool, Hot Tub, or Decorative Pond

If you fill it with a hose, does a hose bib vacuum breaker protect it? ☐ Yes ☐ No

If you fill it by direct water line, is it protected by a RP backflow preventer? ☐ Yes ☐ No

☐ Alternate Water Source

☐ On-site Sewage (Septic) Pump Station

(This is pumping equipment that pumps raw sewage to a municipal sewer or pumps effluent from a septic tank to a drain field.)

☐ Currently have air vacuum breakers or check valves on your outside faucets?

☐ NONE OF THE ABOVE

☐ Do you currently have a back flow prevention device installed? ☐ Yes ☐ No If yes, please provide the following:

Make Model Serial # Size

Location of Assembly

Date of last test

Please attach a copy of the latest test form and return with this survey.

I confirm that the information provided above is true and correct, and that I have the authority to respond as the customer of record.

Signature

Print Name

Date

Submit the completed survey via e-mail to backflow@lapuentewater.com