

<Water System Name>

## Water Use Questionnaire for Residential Customers

Date: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Please indicate whether the special plumbing or activities listed below apply to your premises:

Yes	No	Plumbing or Activity Present on Customer's Premises
		Underground irrigation sprinkler system for landscaping
		Water treatment system (e.g., water softener)
		Solar heating system
		Residential fire sprinkler system
		Other water supply (whether or not connected to the plumbing system, e.g. well, lake, river, cistern, etc.)
		Individual sewer mechanical treatment plant with irrigation spray or septic tank system
		Sewage pumping system or gray water system
		Portable dialysis machine or equipment
		Boat dock/moorage with water supply
		Hobby farm
		Livestock or Animal watering troughs
		Swimming pool or hot tub
		Greenhouse
		Decorative pond
		Photo lab or dark room
		Home-based business. If Yes, list type or describe (e.g., beauty salon, machine shop, etc.):

Completed by (print name): \_\_\_\_\_ Date: \_\_\_\_\_

Residents Signature: \_\_\_\_\_