

**Water System Name**  
**Water Use Questionnaire for Residential Customers**

Date \_\_\_\_\_

1)

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 sprinkler system
		Water treatment system (e.g., water softener)
		Solar heating system
		Residential fire sprinkler system
		Other water supply (whether or not connected to plumbing system, e.g. well)
		Sewage pumping system or grey water system
		Boat dock/moorage with water supply
		Hobby farm
		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.):

\*Based on their knowledge of residential connections served, public water systems may "customize" this list by adding or deleting plumbing categories or activities.

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

Resident's Signature: \_\_\_\_\_