

COMMERCIAL WATER SURVEY

Name _____ Manager _____

Address _____ Suite/Apt _____

City _____ State _____ Zip _____

Email _____

Type of business (restaurant, hair, industrial) _____

PLEASE CHECK YES/NO, IF YOU HAVE THE FOLLOWING:

- | | |
|---|---|
| <input type="checkbox"/> Permanent lawn irrigation system | <input type="checkbox"/> Fire sprinkler system |
| <input type="checkbox"/> X-ray machine | <input type="checkbox"/> Large, Commercial Boiler |
| <input type="checkbox"/> Commercial Ice Maker | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Cooling tower | <input type="checkbox"/> Farm Equipment |
| <input type="checkbox"/> Hose aspirator for spraying chemicals | <input type="checkbox"/> Medical Equipment |
| <input type="checkbox"/> Photo Lab | <input type="checkbox"/> Water tank truck filling station |
| <input type="checkbox"/> Alternate water source (i.e. well, pond, etc.) | |

Does your business use chemicals such as a medical facility or beauty salon? Yes No

Do you have any equipment hooked directly to your water lines? Yes No

If you have one of the above items, and know of an existing backflow prevention device at your home, please list your backflow prevention assembly information: (Use back if more room is needed)

Manufacturer _____	Model _____
Serial _____	Size _____
Manufacturer _____	Model _____
Serial _____	Size _____
Manufacturer _____	Model _____
Serial _____	Size _____
Manufacturer _____	Model _____
Serial _____	Size _____

I affirm all this information to be true and accurate to the best of my knowledge.

Signature _____ Date _____

Printed Name _____