

RESIDENTIAL WATER SURVEY

Name _____ Condo Assoc./HOA Yes No
Address _____ Suite/Apt _____
City _____ State _____ Zip _____
Email _____

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

- Permanent lawn irrigation system
- Fire sprinkler system
- Boiler
- Hot tub/spa directly piped to water supply
- Alternate water source (i.e. well, pond, etc.)

Do any existing backflow prevention assemblies exist? Yes No

Other equipment connections, please list _____

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:

Manufacturer _____ Model _____

Serial _____ Size _____

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

Signature _____ Date _____

Printed Name _____