WATSON WATER COMPANY, INC. – WATER SURVEY QUESTIONNAIRE

Name: _____ **Property Located at:** _____

Address: _____ Phone Number: _____

_____

Account No.: _____

Please answer the following questions if your facility is **Commercial, Industrial or Public Authority**	Please answer the following questions if your facility has a **Fire Protection System**
Please check all boxes that describe the water use at your facility: ☐ Typical such as bathrooms, drinking fountains, outside water faucet, household laundry or dishwashing appliance ☐ Private well(s) supplying any part of your facility ☐ Piped into any manufacturing process ☐ Piped into a chemical process ☐ Piped to a storage tank or reservoir ☐ Piped to lawn irrigation ☐ Piped to swimming pool ☐ Piped into water operated/cooled equipment/appliance ☐ Piped to cooling tower or boiler	Please check all boxes that best describe your fire protection system: ☐ This account serves private hydrants only (no fire sprinkler system in facility) ☐ This account serves an installed fire sprinkler system ☐ Fire sprinkler system has an outside fire department connection(s) for pumping into the system ☐ Fire Sprinkler system contains antifreeze or other chemicals ☐ Fire sprinkler system is also supplied by an auxiliary source of water (i.e. pond, reservoir or storage tank)
Please describe the general business conducted at your facility, including any chemical or biological materials used in process, or stored at the facility:	
Please check the type(s) of backflow prevention devices installed on your plumbing system: ☐ None ☐ Reduced Pressure Principle Backflow Preventer (RP) ☐ Double Check Valve Assembly (DCVA) ☐ Double Check Detector Assembly (DDCA) ☐ Other _____	Please check the type(s) of backflow prevention devices installed on your fire sprinkler system: ☐ None ☐ Reduced Pressure Principle Backflow Preventer (RP) ☐ Double Check Valve Assembly (DCVA) ☐ Double Check Detector Assembly (DDCA) ☐ Other _____
If backflow prevention devices are installed on your plumbing/fire sprinkler system and are installed to isolate that system from the public water supply, they are required by the Indiana Department of Environmental Management (IDEM) to be tested annually by an Indiana Certified Backflow Tester. Copies of the test reports are to be maintained on file with the water company. If you do not have current copies of the test reports on file with us, please attach copies of the test(s) to this survey.	
Signature of individual completing this survey:	**Date:**
Phone:	**Email:**
Please mail or email completed Survey to:	Watson Rural Water Company 4106 Utica Sellersburg Rd. Jeffersonville, IN 47130
	E-mail: dianna@watson-water.com