

City of Decatur
Department of Water Public Works
Residential Cross Connection Customer Survey

| Customer Information | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|--|
| Account# | Customer' Name | | | Customer's Address | | | | |
| Please Fill Out The Information Below | | | | | | | | |
| Phone# | Date of Survey | | | Name of Person Completing Survey | | | | |
| Please Check All That Apply | | | | | | | | |
| Inside Residential Devices | | | | | | | | |
| | Yes | No | Not Sure | | Yes | No | Not Sure | |
| Kitchen Sink Faucet Sprayer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electric Dish Washer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ice Maker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Purifier | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bath Shower Sprayer with Hose | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Whirlpool / Hot Tub | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Softner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Boiler Heat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deep Utility Sink | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Outside Residential Devices | | | | | | | | |
| | Yes | No | Not Sure | | Yes | No | Not Sure | |
| Outside Faucets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Whirlpool / Hot Tub | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lawn Irrigation / Permanent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lawn Irrigation / Portable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Portable High Pressure Washer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garden Hose Fertilizer Sprayer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Swimming Pool | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Private Well / Cistren | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Garden Hose Chemical Sprayer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yard Hydrant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Comments | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <p><i>Thank You,</i></p> <p>This survey will help prevent accidental contamination of our water system. Please return your completed survey in the enclosed envelope. No postage is needed. If you have any questions, please call Water Services at 875-5705.</p> | | | | | | | | |