



RESIDENTIAL WATER USAGE SURVEY (SINGLE FAMILY / DUPLEX / MULTI FAMILY) CIRCLE ONE

PLEASE RETURN COMPLETED SURVEY FORM TO OUR OFFICE WITHIN 30 DAYS. ALL UNCOMPLETED FORMS WILL REQUIRE ONSITE VISITS FROM OUR OFFICE TO IDENTIFY ANY CROSS- CONNECTIONS.	Ripley Gas, Water & Wastewater Department 116 Church Street, Ripley, Tennessee 38063 Phone: 731-635-1212 Fax: 731-635-0892
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Today's Date: _____

Name: _____

Account Number: _____ Phone Number: _____

Property Address: _____

City: _____ State: _____ Zip: _____

(Complete If Different Than Above)

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

(1) Please Indicate If Your Residence Has Any Of The Following:

(Please CIRCLE Yes or No for each question listed below.)

Auxiliary Water (Well / Pond / Creek / Other)	YES / NO	Underground Sprinkler System	YES / NO
Fire Sprinkler System	YES / NO	Drip / Soaker / Irrigation System	YES / NO
Solar Water Heating Systems	YES / NO	Ghost Pipes (unidentified)	YES / NO
Utility Sink (with threaded faucet)	YES / NO	Insecticide Sprayers (used on garden hoses)	YES / NO
Hose End Sprayers	YES / NO	Wood Burning Hot Water Heater	YES / NO
Commercial Darkroom Equipment	YES / NO	Waterbed	YES / NO
Dialysis Machine	YES / NO	Green House	YES / NO
Swimming Pool / Hot Tub / Jacuzzi Tub	YES / NO	Additional Water Treatment / Water Softener	YES / NO
Livestock Watering Trough	YES / NO	Bathtub That Fills from the Bottom	YES / NO

(2) Is your home or building elevated above your water meter? YES / NO

(3) Do you have a booster pump or well pump connected to your home plumbing? YES / NO

(4) Do your outside hose bibs have an AVB (Atmospheric Vacuum Breaker) installed? YES / NO

Questionnaire Must Be Completed, Signed, and Returned to Our Office within 30 Days.

Print Name of Person Signing Form Here	
Signature of Person Completing This Form Here	

By signing this form, all information above is complete, to the best of my knowledge, for purposes of monitoring cross connections.