



City of Auburn Water Usage Survey

Please mark all of the items that apply to your premises.

YES	NO	?	
			1. Fire Protection System
			with chemicals
			alternate water system
			booster
			2. Lawn Irrigation System
			chemicals
			booster
			3. Water Cooled Equip.
			4. Sewage Tanks or Pumps
			5. Chemical Hose Aspirators
			6. Laboratory Equip.
			7. Swimming Pool or Spa
			8. Truck or Tank Filling
			9. Industrial Fluid Systems (using H ₂ O)
			10. Steam Generating Equip.
			11. Photo Processing Equip.
			12. Laundry or Dye Equip.
			13. Petroleum Processing
			14. Premises where reclaimed and Potable Water Provided
			15. Sand or Gravel Washing
			16. Premises with Separate Irrigation System using the Water Purveyor's Water Supply with Chemicals
			17. Boiler
			with chemicals
			with feed lines
			with circulator
			18. Heat Exchanger
			double wall
			19. Solar Energy System
			double wall
			20. Livestock Waters
			21. Pressure Booster
			22. Wastewater Lift Station and Pumping Stations
			23. Steam Table
			24. Water Storage Tank (Emergency)
			25. Plating Facility
			26. Cannery Equipment

YES	NO	?	
			27. Temporary Service
			28. Reservoirs
			29. Car Wash
			30. X-ray Equip.
			31. Sterilizer
			32. Dental Equip.
			33. Ice Machine
			water cooled
			34. Processed Water
			with potable water
			with make up line
			35. Cooling Tower
			with make up line
			36. Restricted Access
			37. Building Over 3 Stories
			38. Commercial Laundry/Dry Cleaners
			39. Soft Drink Dispenser
			40. Hospital, Medical Center Nursing Home, Veterinary, or Blood & Plasma Center
			41. Petroleum Storage
			42. Premises with an Unapproved Auxiliary Water Supply Interconnected with the Potable Water Supply, i.e., well
			43. Soap Injectors
			44. Beverage Bottling Plant
			45. Chemical Plant
			46. Film Processing Facility
			47. Laboratory
			48. Metal Plating Facility
			49. Mortuary
			50. Food Processing Facility
			51. Petroleum Processing or Storage Plant
			52. Piers or Docks
			53. Radioactive Material Processing or Nuclear Plant
			54. Agriculture (Farms and Dairies)
			55. Survey Access Denied
			56. Wastewater Treatment Plant and Pumping Stations

Please list any other water-using equipment not mentioned above

Owner of Building

Name: _____
 Company: _____
 Address: _____
 City, State, and Zip: _____
 Phone: _____ FAX: _____

Tenant of Building

Name: _____
 Company: _____
 Address: _____
 City, State, and Zip: _____
 Phone: _____ FAX: _____

Please make sure the information provided in this survey is an accurate and current description of the water system at this address.

Signature of person completing this form

Date