

## City of Post Falls Water Use Survey

1) Property Type: Industrial \_\_\_ Commercial \_\_\_ Owner's Name: \_\_\_\_\_  
 Occupancy: Rent \_\_\_ Own \_\_\_ Owner's / Contact Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2) Post Falls / service / Business Name: \_\_\_\_\_  
 Post Falls / service / Business Address: \_\_\_\_\_  
 Post Falls / service / Business Phone: (208) \_\_\_\_\_ - \_\_\_\_\_ Post Falls, ID 83854

3) Do you have any of the following directly plumbed to the water supply on site?

(Check all that apply :)	✓	(Check all that apply :)	✓
Landscape sprinkler system		Dishwasher	
Fire sprinkler system		Steam table	
Boiler		Carbonators	
Swamp cooler		Make up tank or chemical feeder	
Cooling Tower		Secondary well or water supply	
Solar System		Booster pump	
Re-circulated water		Janitor closet	
Water operated equipment i.e.; Espresso Machine		Utility sink with threaded faucet for a hose	

4) Do you use any of the following on site? (Check all that apply :)

- Antifreeze flush kits \_\_\_
- Darkroom developing equipment \_\_\_
- X-ray equipment \_\_\_
- Portable dialysis equipment \_\_\_
- Insecticide or weed killer sprayers that attach to a garden hose \_\_\_
- Other water operated or cooled, equipment or machinery \_\_\_

5) Do you have a tank, tub or vessel that fills from the bottom or below an overflow drain?  
 Yes / No / Uncertain?

6) Do you have a water softener or any other treatment system connected to the potable water supply?  
 Yes / No / Uncertain?

7) Do you receive irrigation water from a different source, private well or the Spokane River? Yes / No

8) Do you have a backflow prevention assembly on site now? Yes / No / Uncertain?  
 Are all backflow prevention assemblies being tested annually, prior to May 15<sup>th</sup>? Yes / No

9) Do you have any other water usage on site not mentioned above? Yes / No

10) Do you have any unprotected cross connections with the City of Post Falls potable water supply?  
 Yes / No / Uncertain?

\_\_\_\_\_  
 Print Name

(\_\_\_\_) \_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**\* Please e-mail, mail or hand deliver completed survey to the City of Post Falls Water Division. Your cooperation is greatly appreciated and our sincere thanks for helping us to protect the public potable water supply.**