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 15th? 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
cooporation is greatly appreciated and our sincere thanks for helping us to protect the public potable water
supply.