

Date: _____

Business Customer Survey

Company Name: _____

Applicant Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Please check all that apply

RPZ

- | | | |
|--|--|---|
| <input type="checkbox"/> Dry Cleaners | <input type="checkbox"/> Coin operated laundry | <input type="checkbox"/> Hotel or Motel |
| <input type="checkbox"/> Poultry farm (any type) | <input type="checkbox"/> Doctor Clinic | <input type="checkbox"/> Dental office |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Animal hospital | <input type="checkbox"/> Veterinary clinic |
| <input type="checkbox"/> Medical building | <input type="checkbox"/> Car wash facility | <input type="checkbox"/> Exterminating company |
| <input type="checkbox"/> Nursing or Convalescent home | | <input type="checkbox"/> Major office building over 3 stories |
| <input type="checkbox"/> Chemical plant | | <input type="checkbox"/> Laboratories and research facility |
| <input type="checkbox"/> Petroleum processing and storage plant | | <input type="checkbox"/> Packing house and rendering plant |
| <input type="checkbox"/> Beauty parlor, Barber shop, Beauty or Barber school | | |
| <input type="checkbox"/> Auto garage, Truck repair (with steam cleaner, acid cleaning equipment or solvent) | | |
| <input type="checkbox"/> Landscaping business that uses portable insecticide or herbicide or herbicide spray tanks | | |

Testable DC

- | | |
|---|---|
| <input type="checkbox"/> School | <input type="checkbox"/> Day care |
| <input type="checkbox"/> Dairy farm | <input type="checkbox"/> Apartment houses, Condominiums |
| <input type="checkbox"/> Cattle farm | <input type="checkbox"/> Mobile home park |
| <input type="checkbox"/> Recreational vehicle park, Campground | <input type="checkbox"/> Manufacturing plant |
| <input type="checkbox"/> Warehouse | <input type="checkbox"/> Box Store |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Restaurant or food handling |
| <input type="checkbox"/> Auto garage, Truck repair (with out steam cleaner, acid cleaning equipment or solvent) | |

 Business is not listed (please state what type of business you have.)

Is there any equipment connected to a potable water source?

Are chemicals of any kind used here? If so please list: _____

Date: _____

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Applicant Name: _____

Physical Address: _____

Please check all that apply

RPZ

- _____ Auxiliary water source water such as a well, used for irrigation
- _____ Lawn irrigation system
- _____ Green house, nursery
- _____ Medical, dental or dialysis equipment, portable dialysis machine
- _____ Laboratory working with chemicals or biohazards
- _____ Commercial boiler or steam system
- _____ Cooling towers
- _____ Use of anti-freeze flush kits
- _____ Agricultural food processing
- _____ Chillers
- _____ Automotive repair with stem cleaners, acid cleaning equipment, or solvent-RPZ
- _____ User of pesticides, herbicides, liquid fertilizer, if so please list which ones: _____
- _____ Mobile or stationary small or large water tank filling station or pipe

Testable DC

- _____ Any drink machines connected to potable water?
- _____ Swimming pool, hot tub, Jacuzzi, sauna
- _____ Landscape fountains, ponds,
- _____ Do you have any equipment hooked directly to your waterline?
- _____ Auxiliary water source used for geothermal heating or cooling
- _____ Church with baptismal pools
- _____ Farm, dairies, feedlot operations
- _____ Fire Sprinkler System
- _____ Water cooled ice machine

Vacuum Breaker

- _____ Yard hydrant

RPZ or Testable DC

Water system booster pumps, please explain where they are installed; _____

_____ Do you have any other water using equipment on your property not mentioned above? If so please explain

_____ If your business use potable water with chemicals, list chemicals _____

_____ Check here if none apply