



Little River Water & Sewerage Company SYSTEM PROTECTION QUESTIONNAIRE

Date: _____ Account Number: _____

Customer Name _____
(PLEASE PRINT LEGIBLY)

Service Address _____

Proposed Business Name _____

WATER SERVICE TYPE: (PLEASE CHECK/ANSWER ALL THAT APPLY):

Residential Single Family Water Use Only _____

LAWN IRRIGATION/SPRINKLER SERVICES

In-Ground Irrigation System _____ Garden Hose Use Only _____

Is there a well on-site _____

PLEASE CHECK ALL THAT APPLY: Type of Heads: Pop-up _____ Shrub _____
Soaker _____ Other _____

Will your irrigation system be designed to add fertilizer, weed control, or other additives by using pressure, injection, or aspiration methods either manually or automatically?

Yes _____ No _____

Will your irrigation system need or use a booster pump? Yes _____ No _____

Is this water meter used to fill a swimming pool, hot tub or spa: Yes _____ No _____

Irrigation Contractor Name & Telephone Number: _____

Multi-Family Services

Apartment Complex _____ Mobile Home Park _____

(Total # of Units) _____

Commercial _____ Industrial _____ Government or School _____

Temporary Bldg/Construction _____

Multi-story or High-rise building _____ (Number of Stories) _____

Multi-tenant building _____

(Number of tenants served by this water service) _____

COMMERCIAL OR INDUSTRIAL SERVICES

Type of Business: Medical, Restaurant, Catering, Video Rental/Sales, Auto-Detail/Repair Shop, Clothing, Office, Industrial, Gas Station, Laundromat, Grocery/Deli, Dry Cleaners, Sweet Shop, Nail Salon, Barber/Beauty, Other:
(PLEASE DEFINE BUSINESS) _____

WATER WILL BE USED FOR: Cooking/Drinking _____ Boilers _____
Chillers _____ Cooling Tower _____
Equipment _____ What Type? Please define:

Are corrosion inhibitors, chemical treatments or other additives used in processing; Boilers; Chillers; or Cooling Towers?) Yes _____ No _____ Are there any mop sinks? Yes _____ No _____
Does your church have baptismal pool? Yes _____ No _____ Are vehicles washed on-site? Yes _____ No _____
Will a Film Processor/Developer be used onsite? Yes _____ No _____

FIRE SPRINKLER SERVICES

PLEASE ANSWER "YES" OR "NO" TO ALL BLANKS

Is your proposed fire sprinkler system a wet system _____ or a dry system _____
Is it used to supply private fire hydrant(s) _____
Wall-mounted fire hose cabinet(s) _____
Will your fire sprinkler system contain / use anti-freeze or foaming agents? _____
If there is any other type of fire sprinkler system that is not listed above, please describe:

Fire Sprinkler Contractor Name & Telephone No.: _____

TO BE SIGNED BY PERSON MAKING APPLICATION FOR WATER SERVICE

I hereby certify that all information furnished is complete and correct. I further acknowledge that incomplete or incorrect information may result in additional or different requirements insofar as Backflow Prevention Assemblies at the water service connection are concerned.

Applicant Name **(PLEASE PRINT LEGIBLY)**

Applicant Signature: _____ Date: _____
Telephone Number (W) _____ (H) _____
(Fax) _____ (Mobile) _____