Please return survey within 15 days to City of Minonk, 670 N. Chestnut St., Minonk, IL 61760 or place in water bill collection box in the rear of City Hall

Name of Water Customer:_____ Date:_____
Address:_____ Phone:_____
Account No. (Can be found on Bill):_____ Do you: Rent   Own

Please Answer the Following Question by Circling

1. **Do you have any other source of water, other than the city water supply, that is connected to the public water supply?**
   Yes   No

2. **Do you have a permanent in ground lawn irrigation system installed on your property?**
   (This does not include lawn watering devices connected to a garden hose.)
   Yes   No

3. **Do you have a swimming pool or hot tub?**
   Yes   No

4. **If yes, is the above filled by a permanent connection to the water system?**
   Yes   No

5. **Do you have a sump pump on your property?**
   Yes   No

6. **If yes, is it connected by any means to the city sewer?**
   Yes   No

7. **If yes, does it connect to a city storm sewer or drain?**
   Yes   No

8. **Do you have any of the equipment listed below on the premises? (Circle all that apply)**

Fire Sprinkler System	**Pressure Washer**	**Chemical Feeder**
Pressure Booster	**Steam Equipment**	**Soft Drink Dispenser**
Sterilizer	**Photo Processor**	**Sink with Sprayer**
Industrial Fluid System	**Water Softener**	**Utility Sink with Hose connections**
Soap Injector	**Water cooled equipment**	**Truck / Tank Filling Equipment**
Babtismal Fountain / Tub	**Hot Water Heating System**	

9. **Are there any back-flow prevention devices installed on the premises?**
   Yes   No

10. **If yes, what type?**
    Reduced Pressure Zone (RPZ) Backflow Preventers
             Yes   No
    Single Check Valve
             Yes   No
    Dual Check Valve
             Yes   No
    Dual Check Valve with inspection ports
             Yes   No
    If Yes have this device been test?
             Yes   No

The City of Minonk is required by law to inform owners and operators who are using the city water system that they are responsible for any damage occurring to their system when using a backflow preventer. We advise the installation of a pressure relief device to remedy this potential occurrence Consult your local plumber if you have any question/concerns.

--Office Use Only---

Ins____N/T____Cont____Signature_____ Date_____