

City of Minonk
Drinking Water & Wastewater Departments
670 N. Chestnut Street
Minonk, IL 61760

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 parking lot at 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
Baptismal 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 _____