

SYSTEM PROTECTION QUESTIONNAIRE

To assist us in assessing your backflow prevention requirements for this account, please fill out and check all applicable fields. Return both sides of this form to the address or fax listed above within 14 days of the date of the enclosed letter.

PERSON COMPLETING THIS QUESTIONNAIRE

NAME (PRINT) _____
 TITLE _____
 CONTACT PHONE #'S _____
 EMAIL ADDRESS: _____

"I hereby certify that all information furnished on this form is complete and correct to the best of my knowledge. I further understand that incomplete or inaccurate information may result in additional backflow prevention requirements that may not be necessary. I also understand that as the water service customer or their representative, I am the responsible party for the information provided."

SIGNATURE

ACCOUNT INFORMATION

CWS ACCOUNT # _____
 NAME ON ACCOUNT _____
 BUSINESS NAME (if different) _____
 SERVICE ADDRESS _____
 CITY / STATE / ZIP _____

TYPE OF WATER SERVICE

- Residential Commercial / Industrial
 Irrigation System Fire Sprinkler System

BACKFLOW PREVENTION ASSEMBLY ALREADY INSTALLED?

- No Don't Know? Yes If Yes, What Type?
 Pressure Vacuum Breaker Double Check Valve Assembly
 Reduced Pressure Principle Assembly Air Gap

IRRIGATION SYSTEMS

- In-ground lawn sprinkler Decorative fountain, waterfall, pond, etc.
 Injection or aspiration of chemicals Hose bib only
 Elevated piping/tubing for porches, window sills, terraces, hanging planters, etc. Pool, spa, hot tub
 Alternate water source (i.e., well, rain water collection system, recycled water, etc.) Dock

Provide contact information for your irrigation contractor:

Name / Company _____
 Phone # _____
 Address _____

FIRE SUPPRESSION SYSTEMS

- Water Only System Chemicals Added to System (i.e., anti-freeze, Foamite, etc.)

Provide contact information for your fire service contractor:

Name / Company _____
 Phone # _____
 Address _____

CHARLESTON WATER SYSTEM BACKFLOW PREVENTION QUESTIONNAIRE

Check and fill in all applicable fields. Return completed form within 14 days as instructed on Page 1.

COMMERCIAL SERVICES

- Retail Type: _____
Number of Units Served by the Meter: _____
Additional Unit Types: _____
- Industrial/Manufacturing Type: _____
- Warehouse Type: _____
- Medical List Equipment: _____
- Dental List Equipment/Type of Chairs: _____
- Laboratories Type: _____
- Morgue / Mortuary _____
- Waterfront Facilities (i.e., dock, marina, etc.) _____
- Auto Sales/Repair _____
- Vehicle Washing On-Site? Yes No
- Veterinary Office / Pet Groomer _____
- Restaurant _____
- Manicure / Pedicure / Spa Pedicure Chairs? Yes No Type: _____
- Church Baptismal Pool? Yes No
- School Science Lab? Yes No
- Apartments # of Floors _____
- Hotel/Motel # of Floors _____

GENERAL QUESTIONS

- Multiple stories? Number: _____
- Is there restricted access to this property / facility? Yes No
- Recirculating Water System? (i.e., boiler, chiller, cooling tower, reservoirs, etc.) Explain / List below:

- Chemicals added, injected or aspirated into system? (i.e., film processor, sanitizer, pool, x-ray, etc.)
Explain / List below:

Additional Comments: _____

Provide contact information for your plumbing contractor:

Name / Company _____
Phone # _____
Address _____

Contact CWS Cross-Connection Control Department if you have any questions:
Phone: 843-727-7148 Fax: 843-579-6852 email: backflow@charlestoncpw.com