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) _________

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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) ____________________

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