



Town of Fort Jones
CROSS-CONNECTION CONTROL CUSTOMER SURVEY

Please take a few moments to fill out this survey. By doing so, you will help to protect your water supply. Mark all boxes that apply to your parcel.

	Yes	No
1. Private well, storage tank or reservoir	<input type="checkbox"/>	<input type="checkbox"/>
2. Fire Sprinklers	<input type="checkbox"/>	<input type="checkbox"/>
3. Irrigation system not installed according to plumbing codes	<input type="checkbox"/>	<input type="checkbox"/>
4. Domestic water served by a different source (i.e. creek, pond, or spring)	<input type="checkbox"/>	<input type="checkbox"/>
5. Irrigation served by a different source (i.e. private well, creek, or pond)	<input type="checkbox"/>	<input type="checkbox"/>
6. Swimming pool, spa or hot tub not installed according to plumbing codes	<input type="checkbox"/>	<input type="checkbox"/>
7. Animal troughs	<input type="checkbox"/>	<input type="checkbox"/>
8. Solar hot water heating panels not installed according to plumbing codes	<input type="checkbox"/>	<input type="checkbox"/>
9. Gray water systems	<input type="checkbox"/>	<input type="checkbox"/>
10. Cistern/Rainwater Harvesting systems	<input type="checkbox"/>	<input type="checkbox"/>
11. Water supplying an ornamental pond	<input type="checkbox"/>	<input type="checkbox"/>
12. Any commercial activities that utilize the water system	<input type="checkbox"/>	<input type="checkbox"/>
13. Wastewater treatment facility	<input type="checkbox"/>	<input type="checkbox"/>
14. Plumbing modifications-Water Softener	<input type="checkbox"/>	<input type="checkbox"/>

Please describe in detail any boxes checked "yes"(attach additional sheet if necessary):_____

Name & address: _____

Signature & date: _____