**SABINE PARISH WATER DISTRICT #1**

**Water Use Questionnaire for Residential Customers**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate whether the special plumbing or activities listed below apply to your premises:

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Plumbing or Activity Present on Customer’s Premises** |
|  |  | Underground irrigation sprinkler system for landscaping |
|  |  | Water treatment system (e.g., water softener) |
|  |  | Solar heating system |
|  |  | Residential fire sprinkler system |
|  |  | Other water supply (whether or not connected to the plumbing system, e.g. well, lake, river, cistern, etc.) |
|  |  | Individual sewer mechanical treatment plant with irrigation spray or septic tank system |
|  |  | Sewage pumping system or gray water system  |
|  |  | Portable dialysis machine or equipment |
|  |  | Boat dock/moorage with water supply |
|  |  | Hobby farm |
|  |  | Livestock or Animal watering troughs |
|  |  | Swimming pool or hot tub |
|  |  | Greenhouse |
|  |  | Decorative pond |
|  |  | Photo lab or dark room |
|  |  | Home-based business. If Yes, list type or describe (e.g., beauty salon, machine shop, etc.): |

Completed by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_