



## Water Use Questionnaire *Residential Customers*

Building/Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Water System: \_\_\_\_\_

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 sprinkler/irrigation system
		Drip irrigation system
		Water treatment system (e.g., water softener)
		Solar heating system
		Residential fire sprinkler system
		Swamp cooler
		Other water supply (whether or not connected to plumbing system)
		Sewage pumping facilities or grey water system (not a gravity septic system)
		Boat moorage with water supply
		Hobby farm
		Animal watering troughs
		Swimming pool or spa
		Greenhouse
		Decorative pond with water supply
		Photo lab or dark room
		Home-based business. If Yes, list type/describe (e.g., beauty salon, machine shop, etc.): _____ _____

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

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

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

If Yes, to any of the above, please provide your daytime telephone number: \_\_\_\_\_

**Please return completed form by Month Day, 2012 and send to: Jocelyne Gray, N. 21971 Highway 101, Shelton, WA 98584 or email [jocelyneg@hctc.com](mailto:jocelyneg@hctc.com).**