



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
		Booster pump
		Other water supply (whether or not connected to plumbing system)
		Sewage pumping facilities or grey water system (not a gravity septic system)
		Boat moorage/dock with water supply
		Hobby farm
		Animal watering troughs
		Swimming pool or spa/hot tub
		Greenhouse
		Decorative pond or fountain 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 _____, 201__ and send to: Water Operations, N. 21971 Highway 101, Shelton, WA 98584 or email waterdept@mason-pud1.org.