TOWN OF SALTVILLE WATERWORKS
QUESTIONNAIRE
2015 Date

Name_____
Address_____
Home Telephone_____
Work Telephone_____

Property Owner if not current resident
Name _____
Address _____
City, State, Zip _____
Telephone_____

Please check any item that may apply to your premises:

___outside spigots without vacuum breaker
___swimming pool
___animal watering trough
___shampoo bowl/sink
___private well, spring or cistern
___darkroom/photo development
___frost-proof spigot with vacuum breaker
___Jacuzzi/hot tub
___frost-proof spigot without vacuum breaker
___ lawn irrigation sprinkler system
___ fire protection sprinkler system
___mop sink/laundry sink/utility sink with hose bib threads
___baptismal pool
___dye vat
___steam or hot water heating system
___carbonated drink machine
___yard hydrant/yard spigot/standpipe
___fish pond
___pressure booster pump
___solar heating system
___dialysis equipment
___water storage tank
___hose end sprayer for fertilizer or other chemicals
___pressure washers