



### WATER USAGE SURVEY FORM

Please complete one survey questionnaire for each water service line on your property.  
Customers with more than one water meter will need to fill out more than one survey.  
Submit completed survey forms to 116 Research Drive, Suite 2204, Bethlehem, PA 18015-4731.

**Section 1:** Please verify the following information:

- 1. Service Address: \_\_\_\_\_
- 2. Billing Address: \_\_\_\_\_
- 3. Property Type:     Residential         Commercial         Other (Specify) \_\_\_\_\_

**Section 2:** Please answer the following questions:

- 4. Is this service line connected to any of the following plants or facilities (Check all that apply)?
  - Aircraft/Missile     Automated Manufacturing     Automatic Car Wash     Auxiliary Water System
  - Beauty Salon     Brewery/Distillery     Chemical Plant     Commercial Laundries
  - Dairies/Cold Storage Plants     Dye Works     Film Processing     Labs     Meat Processing
  - Medical Facilities     Metal Plating     Mortuary/Morgue     Paper Production
  - Petroleum/Gas Processing or Storage     Power Plant     Radioactive Materials     Recycled Water Systems
  - Rubber Plant     Sand/Gravel Plant     Schools w/ Labs     Sewer/Stormwater Treatment
  - Use of Toxic Metals     Waterfront Facilities
  - Where a known Cross-Connection is to be maintained (specify): \_\_\_\_\_
- 5. Do you have any of the following items receive water from this service line (Check all that apply)?
  - Antifreeze Flush Kits     Auxiliary Well     Booster Pump     Carbonated Beverage Dispenser
  - Chemical Mixer     Commercial Boiler     Commercial Ice Maker     Cooling Tower
  - Farm Equipment     Fire Sprinkler System     Greenhouse     Hose Aspirating Chemical Sprayer
  - Hose Connected Insecticide Sprayer     Hot-Tub Jacuzzi     Irrigation System     Lawn Irrigation System
  - Medical Equipment     Pond     Portable Dialysis Machine     Sewage Ejector
  - Solar Water Heating System     Swamp Cooler     Swimming Pools     Unknown Pipes
  - Utility Sink w/ Threaded Faucet     Water Tank Truck Filling Station     X-Ray Machine
- 6. Do you have any water-using equipment connected to the service line not mentioned above?
  - Yes         No         Unsure
  - a. If yes, please describe: \_\_\_\_\_
- 7. Do you have any backflow prevention devices on your property?
  - Yes         No         Unsure
  - b. If yes, please have a certified tester provide their most recent backflow prevention test report for each valve
- 8. Please indicate if we may contact you by email.         Yes         No
  - c. If yes, please confirm email address: \_\_\_\_\_

This form has been completed by

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PHONE #

Submit completed survey forms to [survey@universalccc.com](mailto:survey@universalccc.com) or 116 Research Drive, Suite 2204, Bethlehem, PA 18015-4731.

If you need further assistance, please contact Cross-Connection Control at [survey@universalccc.com](mailto:survey@universalccc.com) or 267-866-0303.