Burton Water Company CROSS CONNECTION CONTROL SURVEY REPORT RESIDENTIAL QUESTIONNAIRE

Dear Burton Water Customer,

The Washington State Department of Health requires us to survey our customers periodically to assess potential contamination risks to our system. Please take a few moments to tell us whether the following systems, features or activities are present on your property. **Please be sure to check YES or NO on each line**. Customers who do not respond should expect a personal call and/or visit from a Burton Water official to determine whether such risks exist on their property. Customers who do not respond to this survey will be charged a site visit fee.

YES NO	
	_ Underground sprinkler system
	_ Water treatment system (e.g. water softener or purifier)
	_ Solar heating system
	_ Residential fire sprinkler system
	Private well, including those not connected to your plumbing system
	_ Pressure booster pump
	_ Boat moorage
	_ Greenhouse
	_ Farming or intensive gardening on more than one acre (excluding landscape)
	_ Pond
	_ Photo lab or darkroom
	_ Grey water system
	_ Cistern for irrigation water
	_ Piping for livestock watering
	_ Grinder pump and/or off-site septic field
	_ Home-based business, if yes, please describe:
	Installed, certified backflow prevention device. If yes, list type, installation date, and location:
your prope	this statement you certify that the above features or activities do or do not exist on rty. In the event of a status change in any of the above items you agree to notify the ter Company so that appropriate measures can be taken to protect water quality.
BY:	Date: Telephone:
	esident's signature
SERVICE	ADDRESS:
I am a Dai	rt-time resident Full-time resident (Please check one)
1 am a. 1 a	time resident i un-time resident (i lease effect one)

Please return this questionnaire to: Mark Graham, PO Box 1938, Vashon, WA 98070

Questions? Call Mark Graham (Home) 463 0711 (Cell) 459 3062

Your cooperation in completing this questionnaire is most appreciated!