Olds Municipal Utilities Water Usage Survey

Account Number_____

Current Resident_____

Physical Address_____

Single Family____ Apartment_____ Business_____

Is there a Backflow Preventer on your incoming water line? Yes___ No___ Do not know___
If "Yes" what model, size, and serial number? _____
Date last tested:_____

Is there any other source of water such as a private well? Yes____ No____ Do not know_____

Do you have any of the following connected to the Public Water Supply? Check or circle those that apply.

Boiler for steam or water heat
Truck or Tank Water Filling Station
Cooling Towers
Fire Suppression System (sprinklers)
Geothermal Heat Pump
Photo or X-ray Equipment
In Floor Radiant Heat
Water Storage Tank
Utility Yard Hydrant
Pedicure Chairs
Livestock Watering Tank
Pumps connected to plumbing
Whole house water filter

Swimming Pool or Hot Tub
Boiler for hot water heat
Underground Lawn Sprinklers
Water Cooled Equipment
Steam Tables
Water Recycling Equipment
Plumbed Soft Drink Dispenser
Soap Injectors
Mixing of fertilizers or pesticides
Dental Equipment
Water Backup Sump Pump
Water Softener
Reverse Osmosis Filtering Equip

Is the water meter properly installed? _____
Is the shutoff valve in working order? _____
Majority of interior plumbing material _____

Survey was completed by_____
Date _____
Signature of Owner_____

Any additional notes can be written on the back.