



MISSOURI AMERICAN WATER
1 (866) 554-2912
WATER SURVEY QUESTIONNAIRE

Mailing Address Name:
Mailing Address:
Mailing City, Mailing State:
Mailing Zip:
Account Number:

Property located at:
Service Address:
Service City, Service State:
Service Zip:
Premise Number:

Revenue Class:
Meter Number:

Please answer the following questions for water use other than Fire Protection	Please answer the following questions if you use water for Fire Protection
<p>Please check the box or boxes that best describe the use of water with your facility:</p> <p><input type="checkbox"/> Typical, such as bathrooms, drinking fountains, outside water faucets, household laundry or dishwashing appliances</p> <p><input type="checkbox"/> Private well(s) supplying any part of your facility</p> <p><input type="checkbox"/> Piped into a manufacturing process</p> <p><input type="checkbox"/> Piped into a chemical process</p> <p><input type="checkbox"/> Piped, underground lawn sprinkler/irrigation system</p> <p><input type="checkbox"/> Piped into a swimming pool</p> <p><input type="checkbox"/> Piped into water operated/cooled equipment/appliances/boilers</p> <p><input type="checkbox"/> Medical, pathology, research chemical or bacteriological lab</p> <p><input type="checkbox"/> Piped into Photo Processing Lab</p>	<p>Please check the box or boxes that best describe your Fire Protection Account:</p> <p><input type="checkbox"/> This account serves private hydrants only (no fire sprinkler system in facility)</p> <p><input type="checkbox"/> This account serves an installed fire sprinkler system</p> <p><input type="checkbox"/> Fire sprinkler system has outside fire department connections for pumping into the system</p> <p><input type="checkbox"/> Fire sprinkler system contains antifreeze or other chemicals</p> <p><input type="checkbox"/> Fire sprinkler system is also supplied by an auxiliary source of water (i.e., pond, reservoir, or storage tank)</p>

<p>Please check the types of backflow prevention devices installed on your plumbing system.</p> <p><input type="checkbox"/> Dual Check (RDC)</p> <p><input type="checkbox"/> Reduced Pressure Zone device (RPZ)</p> <p><input type="checkbox"/> Double Check Detector Assembly (DCDA)</p> <p><input type="checkbox"/> Double Check Valve (DCV)</p> <p><input type="checkbox"/> Pressure vacuum Breaker (PVB)</p>	<p>Please check the types of backflow prevention devices installed on your sprinkler system if applicable.</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Reduced Pressure Zone device (RPZ)</p> <p><input type="checkbox"/> Reduced Pressure Principle Detector Assembly (RPDA)</p> <p><input type="checkbox"/> Double Check Valve (DCV)</p> <p><input type="checkbox"/> Double Detector Check Assembly (DCDA)</p> <p><input type="checkbox"/> Other _____</p>
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Existing Device Information: Manufacturer _____ Model _____ Serial # _____ Size _____

Type: (Circle) RP : DC : DCDA : RPDA : PVB : RDC

If backflow prevention devices are installed on your plumbing/fire sprinkler system, they are required by to be tested annually and copies of the test reports be maintained on file with the water company. If you do not have current copies of the test reports on file with us, please attach copies of the test(s) to this survey.

Date:	Signature of individual completing the survey:
	PHONE:

<p>Please fax or e-mail completed survey to: (preferred methods)</p> <p>Fax: 314-576-2054</p> <p>E-mail: moaw.crossconnection@amwater.com</p>	<p>Or mail to:</p> <p>Missouri American Water Company Attn. Cross Connection Department 901 Hog Hollow Road Chesterfield, Mo 63017</p>
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