

Village of Sikes Water System Water Use Questionnaire

Dear Water System Customer:

The State of Louisiana Sanitary and Plumbing Codes (LAC Title 51:XII and LAC Title 17:I), require public water systems to develop and implement cross-connection control programs. Cross-connection control programs help protect public health by preventing contamination of the drinking water as it is delivered to water system customers. The attached brochure explains what a cross-connection is, describes typical household cross-connections, and what you can do to help protect your drinking water.

As part of our efforts to keep your drinking water safe, we are conducting a cross-connection control hazard survey of the customers served by our system. The purpose of the survey is to help us determine if any of our customers have special plumbing or activities on their premises that could increase the risk of contamination to our water system.

For most residential and commercial customers, the cross-connection control hazard posed to the public water system is minimal. This is because your plumbing was installed in compliance with the Louisiana Plumbing Code. The Louisiana Plumbing Code generally provides adequate protection of your water potable water piping and our public water distribution system from cross-connections. However, a few customers with special plumbing or activities on their premises may pose an increased health risk to other customers served by our system. These customers may need to have a backflow preventer installed on their service lines or provide alternate protection to prevent contamination of the public water system.

Please complete the attached questionnaire by checking the applicable boxes on the table, and return the completed, signed questionnaire by **September 30, 2022** to:

**Sikes Water System
P.O. Box 106
Sikes, LA 71473**

Failure to return the questionnaire may result in a disconnection of services.

Thanks in advance for filling out the questionnaire. We appreciate your cooperation in helping us to protect the drinking water we deliver to our customers. If you have any questions about the survey or how to fill out the questionnaire, please contact us at **(318) 628-2634**. We will review your questionnaire and determine whether we need to contact you for further information.

Respectfully,
Sikes Water System

Enclosures: CCC Brochure
Water Use Questionnaire

**Village of Sikes Water System
Water Use Questionnaire for Residential Customers**

Date: _____

Customer Account Number: _____

Customer Name: _____

Customer Address: _____

Please indicate whether the special plumbing or activities listed below apply to your premises:

Yes	No	Plumbing or Activity Present on Customer's Premises
		Underground irrigation sprinkler system for landscaping
		Water treatment system (e.g., water softener)
		Solar heating system
		Residential fire sprinkler system
		Other water supply (whether or not connected to the plumbing system, e.g. well, lake, river, cistern, etc.)
		Individual sewer mechanical treatment plant with irrigation spray or septic tank system
		Sewage pumping system or gray water system
		Portable dialysis machine or equipment
		Boat dock/moorage with water supply
		Hobby farm
		Livestock or Animal watering troughs
		Swimming pool or hot tub
		Greenhouse
		Decorative pond
		Photo lab or dark room
		Home-based business. If Yes, list type or describe (e.g., beauty salon, machine shop, etc.):

Completed by (print name): _____ Date: _____

Residents Signature: _____

(see reverse for commercial customer questionnaire)

Preliminary Cross-Connection Control Hazard Assessment Form Non-Residential Customers Questionnaire

Date:		Owner Occupied <input type="checkbox"/> - Leased <input type="checkbox"/> - Rented <input type="checkbox"/> - Other <input type="checkbox"/>
Address:		
Facility Type:	Business <input type="checkbox"/> - Multi-Residential <input type="checkbox"/> - Master Meter <input type="checkbox"/> - Government <input type="checkbox"/> - Church <input type="checkbox"/> School <input type="checkbox"/> - Other <input type="checkbox"/> _____	
Customer Name:		
Contact Info:		
Owner Name:		
Contact Info:		

Check all that apply

Agricultural (farm or dairy)	Metal plating industry	
Beverage bottling plant	Funeral Home/Mortuary	
Car wash	Petroleum processing or storage plant	
Chemical plant	Marina, pier or dock	
Commercial laundry or dry cleaners	Survey access denied or restricted	
Having both reclaimed water and potable water provided	Radioactive material processing plant or nuclear reactor	
Film processing equipment	Wastewater treatment plant	
Food Processing plant	Wastewater lift station or pumping station	
Hospital, medical center, nursing home, veterinary, medical or dental clinic, or blood plasma center	Having an unapproved auxiliary water supply interconnected with the potable water supply	
Irrigation System	Fire Sprinkler System	
Swimming Pool	Golf Course	
Multistoried (over 3 floors)	School	
Church baptismal	Recreation area, playgrounds, etc.	
Laboratory	Commercial kitchen	
Having separate irrigation system using purveyor's water and adding chemicals	Other, describe:	

Note to Customer: This form is used for preliminary assessment only. The water purveyor may require a more thorough assessment at a later date.

This form was completed by (print name): _____

Signature: _____ Date: _____

Customer Name (if different from above, print): _____

Customer Signature _____ Date: _____